

**Financial Information Certification (Natural Person)
(Includes Sole Proprietorships and Family Trusts)**

**PLEASE COMPLETE THIS FORM BY CHECKING EACH APPROPRIATE BOX AND SIGNING BELOW.
DO NOT LEAVE ANY STATEMENTS OR QUESTIONS UNANSWERED.**

Do you have any outstanding judgments? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are any assets pledged or debts secured except as shown? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you named as a defendant in a lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you declared bankruptcy in the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you established a family trust? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you established a family limited partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No

If you responded "Yes" to any of the above questions, please explain: _____

FINANCIAL INFORMATION

<u>Financial Statement Date</u>	<u>Net Worth</u>	<u>Federal Tax Return Date</u>	<u>Adjusted Gross Income</u>
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

The financial information described above, furnished for the purpose of procuring and establishing credit from time to time with Meadows Bank ("Lender") and to induce Lender to permit the undersigned to become indebted to Lender on notes, endorsements, guarantees, overdrafts or otherwise, represent(s) the most recent financial information prepared by or for the undersigned.

Each of the undersigned agrees to notify Lender immediately of the extent and character of any material change in said financial condition. Each of the undersigned further agrees that all of the obligations of the undersigned to Lender or held by Lender shall, at Lender's option, become immediately due and payable, without demand or notice if: (1) the undersigned or any endorser or guarantor of any of the obligations of the undersigned, at any time fails in business or becomes insolvent, or commits an act of bankruptcy, or dies, or (2) a writ of attachment, garnishment, execution or other legal process be issued against property of the undersigned, or (3) any assessment for taxes against the undersigned, other than taxes on real property, is made by the federal or state government or any department thereof, or (4) any of the representations made in said financial information prove to be untrue, or (5) the undersigned fails to notify Lender of any material changes as above agreed, or if such change occurs, or (6) the business, or any interest therein, of the undersigned is sold. Any blank spaces in any financial statements under "liabilities" or "contingent liabilities" which have been or may be left blank shall be construed by Lender the same as though the word "none" were written in each of the spaces.

The undersigned solemnly declares and certifies that the attached financial information and any supporting schedules, both printed and written, give a full, true and correct statement of the financial condition of the undersigned as of the date indicated. Said financial information shall be construed by Lender to be a continuing statement of the condition of the undersigned and a new and original statement of all assets and liabilities upon each and every transaction in which the undersigned hereafter becomes indebted to Lender until such time as the undersigned advises Lender in writing to the contrary. These representations and warranties apply to each and every statement of financial condition delivered at any time by the undersigned.

SIGNATURES

Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number (TIN). For individuals, this is your social security number (SSN). For sole proprietorships or family trusts, it may be your SSN or employer identification number (EIN). For a resident alien not eligible for an SSN, this is your IRS individual taxpayer identification number (ITIN).

Applicant TIN: _____ Co-Applicant TIN: _____

Meadows Bank ("Lender") is authorized to check the credit and employment history of the undersigned and to answer any questions about Lender's credit experience with the undersigned.

Applicant Signature

Co-Applicant Signature

Print Name of Applicant Signer

Print Name of Co-Applicant Signer

Date: _____

Date: _____

Under the Fair Credit Reporting Act, you have the right to make a written request, no later than **60** days after you receive any notification of credit denial, termination, or change, for disclosure of the nature of this information.

Important Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discrimination against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicants income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning this creditor is the **Federal Deposit Insurance Corporation, FDIC Consumer Response Center, 1100 Walnut Street, Box #11, Kansas City, MO 64106.**