

PERSONAL INFORMATION

Home Telephone _____ Social Security No. _____ Date of Birth _____

Employer(s) of Applicant(s) _____

Are any assets pledged or restricted other than indicated on the following schedules? If so, describe. _____

Are you a defendant in any legal actions or suits? If so, describe. _____

Are you a partner or officer in any other venture? If so, describe. _____

Do you have a will? Yes No If so, name of Personal Representative _____

Have you ever been declared Bankrupt? If so, describe. _____

Driver's License (or State ID Card) Name, No., State and Expiration Date _____

Changed Name on Driver's License or State ID Card in Past 5 Years No Yes, and give Prior Name _____

Schedule A - Cash, Checking Accounts, Savings Accounts, & Certificates of Deposit

| Type | Name of Financial Institution | Amount | In Name Of: | PLEGGED | |
|------|-------------------------------|--------|-------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

Schedule B-1 - U.S. Government Securities

| No. of Shares or Face Value (Of Bonds) | Description* | Owner | Market Value | PLEGGED | |
|----------------------------------------|--------------|-------|--------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

*Indicates if Securities are Restricted By Contract or SEC Regulations.

Schedule B-2 - Publicly Traded Securities

| No. of Shares or Face Value (Of Bonds) | Description* | Owner | Market Value | PLEGGED | |
|----------------------------------------|--------------|-------|--------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

*Indicates if Securities are Restricted By Contract or SEC Regulations.

Schedule B-3 - Unlisted Securities

| No. of Shares or Face Value (Of Bonds) | Description* | Owner | Market Value | PLEGGED | |
|----------------------------------------|--------------|-------|--------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

*Indicates if Securities are Restricted By Contract or SEC Regulations.

Schedule C - Life Insurance Carried, Include Group

| Face Amount | Name of Company | Owner | Beneficiary | CASH SURRENDER | |
|-------------|-----------------|-------|-------------|----------------|-------|
| | | | | Value | Loans |
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Schedule D - Real Estate Owned

| Address & Type of Property | Date Acquired | Owner | Cost | Mkt. Value | Amount | MORTGAGE | | Insurance |
|----------------------------|---------------|-------|------|------------|--------|------------|----------|-----------|
| | | | | | | Monthly \$ | Maturity | |
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Schedule E-1 - Notes Payable - Lenders/Secured

| Name & Address of Lender | Borrower | Date Made | Monthly Payment | Due | High Credit | Current Balance |
|--------------------------|----------|-----------|-----------------|-----|-------------|-----------------|
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Schedule E-2 - Notes Payable - Lenders/Unsecured

| Name & Address of Lender | Borrower | Date Made | Monthly Payment | Due | High Credit | Current Balance |
|--------------------------|----------|-----------|-----------------|-----|-------------|-----------------|
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Schedule E-3 - Notes Payable - Others

| Name & Address of Lender | Borrower | Date Made | Monthly Payment | Due | High Credit | Current Balance |
|--------------------------|----------|-----------|-----------------|-----|-------------|-----------------|
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Schedule F - Notes and Loans Receivable

| Unpaid Amount | Name of Maker | Date Made | Security Pledged |
|---------------|---------------|-----------|------------------|
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NOTICE: We may report information about your account to credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report.

I certify that this financial statement is true and complete. I authorize Lender or its agents to verify the information obtained in this statement and to obtain additional information concerning my financial condition, including, without limitation, consumer credit reports, although Lender may rely on this financial statement without any further verification. I authorize Lender to furnish such information and any other credit experiences with me to others and to answer any questions about my credit experience and other financial relationships with Lender, to the extent not prohibited by applicable law. I agree to notify Lender, in writing, of any change that materially affects the accuracy of this statement.

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|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| It may be a crime punishable by a fine or imprisonment or both to knowingly make false statements concerning any of the above information, under provisions of applicable federal and state law. |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

(Date Signed)

X _____
Applicant Signature

X _____
Joint Applicant Spouse Signature (joint credit only)

For married Wisconsin resident. I understand Lender may be required by law to give notice of any credit transaction to my spouse. The credit applied for, if granted, will be incurred in the interest of my marriage or family.

X _____
Applicant Signature

