

CONFIDENTIAL FINANCIAL STATEMENT

As Of _____

APPLICANT		SOCIAL SECURITY NO.	CO-APPLICANT/SPOUSE (If Joint Statement)	SOCIAL SECURITY NO.
HOME ADDRESS		BIRTH DATE	HOME ADDRESS (if different)	BIRTH DATE
CITY	STATE	ZIP CODE	CITY	STATE
HOME PHONE		DEPENDENTS	HOME PHONE	
BUSINESS/EMPLOYER			CO-APPLICANT'S BUSINESS/EMPLOYER	
POSITION		YEARS	POSITION	YEARS
BUSINESS ADDRESS		BUSINESS PHONE	CO-APPLICANTS BUSINESS ADDRESS	BUSINESS PHONE
CITY	STATE	ZIP CODE	CITY	STATE

ASSETS			LIABILITIES		
ASSETS	IB	Checking	NOTES PAYABLE (IB)	Unsecured	
		Savings, CD	(Schedule G)	Secured	
	Other Banks	Checking	NOTES PAYABLE (OTHER)	Unsecured	
		Savings, CD	(Schedule G)	Secured	
SECURITIES (Schedule B)	Marketable (NYSE, OTC, ASE)		ACCOUNTS PAYABLE		
	Non-Marketable		INCOME TAXES PAYABLE		
	Restricted/Controlled		PROPERTY TAXES PAYABLE		
ACCOUNTS RECEIVABLE (Schedule C)			OTHER CURRENT LIABILITIES		
NOTES RECEIVABLE (Schedule C)					
CASH VALUE LIFE INS (Schedule D)			LOANS ON INSURANCE		
REAL ESTATE (Schedule E)	Homestead		MORTGAGES PAYABLE (Schedule E)	Homestead	
	Partial Interest in R/E			Part Interest	
	Real Estate Owned			R/E Owned	
AUTOS			OTHER LIABILITIES (Schedule H)	Credit Cards	
PERSONAL PROPERTY				Other	
				Other:	
OTHER ASSETS	Aircraft		TOTAL LIABILITIES (See Schedule I for Contingencies)		
	Oil/Gas Interests				
	IRA (Schedule F)		NET WORTH		
	Profit Sharing (Schedule F)				
TOTAL ASSETS			TOTAL LIAB. AND NET WORTH		

CASH FLOW INFORMATION					
(Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.)					
CASH SOURCES	THIS YEAR 20____	PROJECTED NEXT YEAR 20____	CASH USES	THIS YEAR 20____	PROJECTED NEXT YEAR 20____
Salary (Gross)			Personal Living Expenses		
Commission/Bonus			Home Mortgage		
Interest/Dividends			Other Mortgages		
Rental Income			Bank Loans (Prin and Int)		
Oil/Gas Rev (Net)			Other Loans (Prin and Int)		
Bsns/Ptnr/JV Income			Credit Cards		
Sale of Assets			Rental Expense		
Trust Disbribution			Insurance		
Tax Refund			Income Taxes		
Other:			Other:		
Total Cash Sources			Total Cash Uses		
			NET CASH FLOW		

SCHEDULE A - DEPOSIT ACCOUNTS

Title of Account	Name & Location Where Held	Balance	Type of Account	Account Number	Restricted? Yes or No
Total					

SCHEDULE B - STOCKS AND BONDS

Name of Issuer	Shares or Par	Market Per Share	Market Value	Registered In The Name Of	Resricted? Yes or No	Pledged? Yes or No	Cost
Total							

SCHEDULE C - NOTES AND ACCOUNTS RECEIVABLE

Due From	Original Amount	Maturity	Current Balance	Payment Terms	Rate	Collateral
Total						

SCHEDULE D - LIFE INSURANCE AND ANNUITIES (Including Employer Provided)

Name of Insured	Beneficiary	Insurance Company	Face Value	Pledged? Yes or No	Amt of Policy Loan	Net Cash Value
Total Cash Value						

SCHEDULE F - IRA, PROFIT SHARING PLANS

Trustee or Plan Administrator	Type of Account	Balance Value	Beneficiary	In The Name Of	Access Date	Amt of Policy Loan	Net Plan Value
Net Plan Value							

SCHEDULE I - CONTINGENT LIABILITIES

STATE TOTAL AMOUNT BY TYPE OF LIABILITY AND PROVIDE APPROPRIATE DETAIL IN THE SPACE BELOW.

- | | |
|--|--|
| 1. AS GUARANTOR/ENDORSER
2. ON LEASES OR CONTRACTS
3. LEGAL CLAIMS OR JUDGEMENTS
4. INCOME TAX CLAIM OR DISPUTED AMOUNT | 5. STANDBY LETTER OF CREDIT
6. LIABILITY IN EXCESS OF % IN PARTIALLY OWNED ASSETS
7. TAX LIABILITY IF ASSETS SOLD AT STATED VALUES
8. OTHER |
|--|--|

TYPE	NAME OF PARTY RECEIVING BENEFIT	EXPLANATION (INCLUDE % OR HONORING OBLIGATION)	MATURITY/ EXPIRATION

BUSINESS IN WHICH I AM A PARTNER, OFFICER, PRINCIPAL OWNER, ETC.	NATURE OF BUSINESS	PRIMARY BANK RELATIONSHIP

I UNDERSTAND THAT THE FOLLOWING QUESTIONS ARE ADDRESSED TO ME AND I HAVE ANSWERED THEM AS APPROPRIATE:

- | | | |
|--|------------------------------|-----------------------------|
| 1. Are any of the Assets held in trust, in an estate or in any other name or capacity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Were any of the Assets (i) owned or claimed by your spouse before marriage, or (ii) acquired by your spouse during marriage by gift or inheritances, or (iii) received for personal injuries sustained by your spouse during marriage, or (iv) acquired from the proceeds of liquidation of any of the preceding? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Are any of your real estate properties used by you in your business? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Do any of your assets secure any debts which have not been reported in the preceding schedules? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Are you a party to any suit or are there any unsatisfied judgements against you? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6. Have you been through bankruptcy or made an assignment of benefit of creditors? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to any of the questions listed above is "Yes", please explain in the Additional Remarks section of this financial statement.

7. I have made a will, the executor is: _____

ADDITIONAL REMARKS

The above financial and supporting schedules, which are submitted to you (Lender) for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effects as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and/or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. It is understood that the information provided herein may be shared with any affiliate of Independent Bank, auditors, regulators, purchasers or prospective purchasers of bank assets in the ordinary course of the Bank's business.

Signature Date

Signature Date

Signature Date

Signature Date