

## Business Services **Owner/Guarantor Personal Financial Statement**

This personal financial statement is being submitted in conjunction with an application for business purpose credit, for an extension or renewal of such credit, or compliance with annual financial reporting requirements.

<b>Section 1 – Business Information</b>			
Business Legal Name	Doing Business as (DBA) Name, if any	Access No.	
Business Address: Street	City	State	Zip Code
<b>Section 2 – Owner/Guarantor Information</b>			
Name: First	MI	Last	Suffix Access No.
Address: Street	City	State	Zip Code
Social Security No. (SSN)	Date of Birth (MM/DD/YY)		Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Officer Title</b>		Home Phone No.	Mobile Phone No.
<b>Sole Proprietorship or Business Individual:</b> <input type="checkbox"/> Owner <b>Partnership:</b> <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner <b>Limited Liability Co. (LLC):</b> <input type="checkbox"/> Member <input type="checkbox"/> Manager <b>Corporation:</b> <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Corp Secretary Other _____		Email Address	

<b>Section 3 – Statement of Financial Condition as of:</b>			
Information below is for <input type="checkbox"/> Single <input type="checkbox"/> Joint	If Joint, list joint owner	Date (MM/DD/YY)	
<b>Assets</b> <i>(Do not include assets of doubtful value)</i>	<b>In dollars</b> <i>(Omit cents)</i>	<b>Liabilities</b>	<b>In dollars</b> <i>(Omit cents)</i>
Cash on hand and in financial institutions		Notes payable to banks and other institutions— <i>(Total From Schedule F)</i>	
Cash in other banks <i>Bank Certificates of Deposit (Total From Schedule A)</i>		Due to brokers	
U.S. Gov't and marketable securities <i>(Total From Schedule B)</i>		Amounts payable to others	
Non-marketable securities <i>(Total From Schedule C)</i>		Student loans	
IRA/401(k)/Retirement accounts		Accounts and bills due	
Restricted, control, or margin account stocks		Unpaid income tax <i>(Tax year _____)</i>	
Real estate owned <i>(Total From Schedule D)</i>		Other unpaid taxes and interest	
Accounts, loans, and notes receivable		Other debts <i>(car payments, credit cards, etc.)—itemize</i>	
Automobiles			
Other personal property			
Cash surrender value—life insurance <i>(Total From Schedule E)</i>			
Other assets—itemize <i>(Total From Schedule G if applicable)</i>			
		Total Liabilities	
		Total Net Worth <i>(Total Assets Minus Total Liabilities)</i>	
<b>Total Assets</b>		Total Liabilities and Net Worth	

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<b>Personal Information</b>	
Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:
Have you ever declared bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	
Have you ever been audited by the IRS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:	Do you have unpaid Federal and/or state income taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:

<b>Section 4—Annual Income</b>				
For Year Ended:	Annual Expenditures	Contingent Liabilities	Estimated Amounts	
<b>20</b>				
Salary/W-2 wages	Housing Expenses <input type="checkbox"/> Own <input type="checkbox"/> Rent	Contingent Liabilities <input type="checkbox"/> Yes <input type="checkbox"/> No		
Bonus/Commissions	Real Estate Taxes and Assessments	Other special debt or circumstances <input type="checkbox"/> Yes <input type="checkbox"/> No		
Dividends/Interest	Taxes—Federal, state, and local	Contested Income Tax Liens <input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Income (net)	Insurance Payments (Life, home, auto, health, other)	If yes to any, please describe:		
Tax-Free Income	Other Debt Payments (Car payments, charge cards, etc.)			
Other Income (Retirement, K-1, etc.)	Alimony/Child Support/Maintenance			
<b>Total Income</b>	Other Expenses			
<b>Total Expenditures</b>		<b>Total Contingent Liabilities</b>		
<b>Income:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Joint		Is the Business in Section 1 the primary source of income?		
If joint, is the joint party an affiliate to the Business in Section 1? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No If No, indicate source:		

<b>Schedule A—Cash and Certificate of Deposit in Other Financial Institutions</b>				
Description	Name of Institution	In the Name of	Are these pledged or held by others?	Value
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Total</b>				

<b>Schedule B—U.S. Government and Marketable Securities (Stocks, Bonds, Mutual Funds)</b>					
No. of Shares/ Face Value of Bonds	Description	In the Name of	Are these pledged or held by others?	Cost	Market Value
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are any above held by a Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Broker Name: _____					<b>Total</b>

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Schedule C – Non-Marketable Securities						
No. of Shares	Description	In the Name of	Are these pledged or held by others?	Original Investment	Source of Value	Current Value
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Total</b>						

Schedule D – Residence and Other Real Estate (Partially or Wholly Owned)								
Address and Property Type	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Monthly Payment	Mortgage Maturity	Mortgage Balance
<b>Total</b>								

Schedule E – Life Insurance Carried (Including Group Insurance)					
Name of Insurance Company	Owner of Policy	Beneficiary and Relationship	Face Amount	Policy Loans	Cash Surrender Value
<b>Total</b>					

Schedule F – Bank and Other Institutional Relationships						
Name and Address of Creditor	Original Loan/Line Amount	Date of Loan	Maturity Date	Unsecured or Secured (List Collateral)	Monthly Payment	Amount Owed
<b>Total</b>						

Schedule G – Business Ventures and Other Assets							
List name and address of any business venture in which you are the owner, stockholder, or partner	Total Assets Listed in Section 3	% of Ownership	Your Position/Title in the Business	Years in Business	Line of Business	Total Assets in the Business	
<b>Total</b>							

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The information contained in this statement is provided to induce Navy Federal Credit Union (“NFCU”) to extend or continue the extension of credit to the undersigned or to others upon the surety of the undersigned. The undersigned acknowledge and understand that NFCU relies on the information provided herein in deciding to grant or continue credit or accept a surety thereof. The undersigned represents, warrants, and certifies that the information provided herein is true, correct, and complete. The undersigned agrees to notify NFCU immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement; (2) in the financial condition of any of the undersigned; or (3) in the ability of any of the undersigned to perform its (or their) obligations to NFCU.

In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct.

The undersigned hereby authorizes NFCU, and any of its duly authorized agents, to obtain and use the undersigned’s credit report and exchange credit information in connection with this business loan application together with any update, renewal, account review, or extension NFCU may require. The undersigned hereby authorize NFCU to obtain the undersigned’s personal credit report(s), and/or make employment or investigations deemed necessary by NFCU in connection with this business loan application. The undersigned has the right to ask if a consumer report was requested, and, if a report was requested, and the undersigned asks, NFCU will inform the undersigned of the name and address of the consumer reporting agency that furnished the report. The undersigned acknowledges and agrees that NFCU can furnish information concerning the undersigned’s personal or business account to consumer reporting agencies and others who may properly receive that information. It is understood that a photocopy or fax of this form will also serve as authorization. The undersigned authorizes and requests NFCU to share the information provided on this form, together with (i) the results of its investigation of credit and financial condition of the Business and the undersigned and (ii) consumer credit reports on the undersigned with the U.S. Small Business Administration (SBA) in order to allow NFCU to offer the credit product(s) best suited to the Business and each owner/guarantor’s financing needs.

**Personal Guarantee—Owner/Guarantor Agreement and Disclosures** *(This form must be completed by each owner of the Business named herein.)*

The personal guarantee of the individual(s) having an ownership interest in the Business is being obtained by NFCU. The undersigned, an owner/guarantor of the Business named herein seeking credit, do hereby acknowledge and agree that the undersigned will provide their personal guarantee for any credit extended now and in the future to the Business named herein. It is acknowledged and agreed that the undersigned is jointly and severally liable for all debt(s), fees, finance charges, or other amounts owed NFCU incurred by, for the benefit of, or assessed to the Business named herein, together with transactions charged to any account of the Business or debt(s) owed by the Business (“Business Debt”). The undersigned agrees to repay any and all Business Debt according to the terms and conditions set forth in the loan documents evidencing and/or securing the Business Debt.

**Statutory Liens:** The undersigned acknowledges and pledges to NFCU a statutory lien in the undersigned’s shares or dividends on deposit in all joint and individual accounts and any monies held by NFCU now and in the future. The statutory lien does not apply to shares in any of the undersigned’s Individual Retirement Accounts (IRA).

**Security Interest Specific for Credit Cards: I/We acknowledge and pledge, specifically as a condition of my/our use of a credit card issued to the Business, that I/we have voluntarily granted Navy Federal a security interest in all of my/our individual and joint share accounts at Navy Federal. If the Business credit card loan becomes delinquent, this security interest may be used without further notice to pay all or part of such delinquency. This security interest does not apply to shares in an Individual Retirement Account (IRA).**

**Each Principal/  
Owner Must Initial**

Owner \_\_\_\_\_

**Security Interest Specific for Business CLOC. I/We acknowledge and pledge, specifically as a condition of my/our use of the Business CLOC, that I/we have voluntarily granted Navy Federal a security interest in all of my/our individual and joint share accounts at Navy Federal. If my/our Business CLOC becomes delinquent, this security interest may be used without further notice to pay all or part of such delinquency. This security interest does not apply to shares in an Individual Retirement Account (IRA).**

**Each Principal/  
Owner Must Initial**

Owner \_\_\_\_\_

**Owner/Guarantor Signature**

Owner 1 Personal Guarantee Signature ▶	Print Name	Date (MM/DD/YY)
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**Submission Options**

**Fax Number:** (703) 206-3819      **Toll-Free Number:** (888) 842-6328      **Mail:** P.O. Box 3001, Merrifield, VA 22180-3001

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