



Business Services

Owner/Guarantor Personal Financial Statement

navyfederal.org

1-877-418-1462

This personal financial statement is being submitted: (i) in conjunction with an application for business purpose credit, (ii) in connection with an extension or renewal of such credit, or (iii) to comply with annual financial reporting requirements.

Section 1 – Business Information			
Business Legal Name	Doing Business as (DBA) Name, if any	Access No.	
Business Address: Street	City	State	Zip Code
Section 2 – Owner/Guarantor Information			
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	
Officer Title		Home Phone No.	Mobile Phone No.
Sole Proprietorship or Business Individual: <input type="checkbox"/> Owner Partnership: <input type="checkbox"/> Partner <input type="checkbox"/> Limited Partner Limited Liability Co. (LLC): <input type="checkbox"/> Member <input type="checkbox"/> Manager Corporation: <input type="checkbox"/> President <input type="checkbox"/> Vice President <input type="checkbox"/> Corp Secretary Other _____		Email Address	

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

CONFIDENTIAL



Personal Information	
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:	

Section 4—Annual Income				
For Year Ended:	20	Annual Expenditures	Contingent Liabilities	Estimated Amounts
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		
Total Income		Other Expenses		
		Total Expenditures		
Income: <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:		

Schedule A—Cash and Certificate of Deposit in Other Financial Institutions				
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	
Total				

Schedule B—U.S. Government and Marketable Securities (Stocks, Bonds, Mutual Funds)					
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 of the above held by a Broker? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Broker Name: _____					Total

CONFIDENTIAL

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			
Total						

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
Total						Total		

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
Total					

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
Total						

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	
Total							

CONFIDENTIAL

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 acknowledges and understands 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 the associated business loan application and with any update, renewal, account review, or extension NFCU may require. The undersigned hereby authorizes NFCU to obtain the undersigned’s personal credit report(s), and/or make employment or other investigations deemed necessary by NFCU in connection with the associated business loan/credit 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 understands 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 the 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 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 to which credit has been extended or which is applying for credit, does hereby understand and agree that the undersigned will provide his/her personal guarantee for any credit presently extended or extended in the future to the Business named herein. It is understood and agreed that the undersigned is individually liable for the debt, fees, finance charges, or other charges incurred by or for the benefit of, or assessed against the Business named herein and for transactions charged to any account of the Business or debt owed by the Business (collectively, “Obligations”). The undersigned agrees to repay any and all Obligations according to the terms of the documents governing the extension of credit to the Business. In addition, the undersigned agrees to be jointly and severally liable with the Business for any and all debt incurred by the Business and/or charges made on behalf of the Business, regardless of the person who may have incurred the debt or made the charge, including any authorized users.

Statutory Liens: The undersigned acknowledges and pledges to NFCU a statutory lien in the undersigned’s shares and dividends on deposit in all joint and individual consumer and business accounts and any monies held by NFCU now and in the future, to the extent of any loan made and any charges payable. 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 consumer and business 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 consumer and business 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 _____

Additional Security Interest: I/We acknowledge and pledge to Navy Federal a security interest in all my/our individual and joint consumer or business share accounts at Navy Federal and in the collateral securing any loan(s) that I/we have with Navy Federal now and in the future, including any type of change or increase, and any proceeds from the sale of such collateral and of insurance thereon, not to exceed the unpaid balance of any loan made to and any charges payable by the Business. This security interest in collateral securing other loans does not apply to any loan(s) on my/our primary residence, unless specified to the contrary.

I/We acknowledge that representations made in this statement will be relied on by Navy Federal in its decision to grant credit. Navy Federal is authorized to make all inquiries it deems necessary to verify the accuracy of the information contained herein and determine the creditworthiness of the Business and myself, personally, which may, as authorized by law, include checking my personal credit history. By signing this form, I/we declare that I/we have read and understand the aforesaid, that I/we agree to the terms and conditions of the credit being applied for by the Business, and that I/we have received any disclosures that accompany the associated application for credit by the Business. I/We further understand that Navy Federal may change the terms of, or add new terms to, the agreement governing any extension of credit to the Business at any time, subject to applicable law, without further notice to me/us.

Owner/Guarantor Signature

Owner 1 Personal Guarantee Signature ▶	Print Name	Date (MM/DD/YY)
---	------------	-----------------

Submission Options

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

CONFIDENTIAL