## Camden NATIONAL BANK

## **Personal Financial Statement**

Section A - Individual Information (type or print)								
Name:	Address:							
SSN/TIN:	Phone Number:							
Email Address:	Occupation/Position							
Business Name:	Business Address:							
Section B - Other Party Information (type or print)								
Name:	Address:							
SSN/TIN:	Phone Number:							
Email Address:	Occupation/Position							
Business Name:	Business Address:							

Section	n C - Sta	tement of Financial Con						
-			Type date above					
A Do not include as:	ssets	ubtful value)	Liabilites					
(Do not include uss			n dollars, omit cents					
1. Cash on hand and in CNB		\$	14. Notes payable to banks (see schedule D)	\$				
2. Cash in other banks		\$	15. Notes payable to other institutions (see schedule D)	\$				
3. US Government & Marketable Securit schedule A) *exclude retirement accts (	see #13)	\$	16. Due to brokers	\$				
4. Non-Marketable Securities (see sched *exclude retirement accts (see #13)	,	\$	17. Accounts payable to others-secured	\$				
5. Securities held by broker in margi accounts	n	\$	18. Amounts payable to others-unsecured	\$				
6. Restricted, control or margin acco	ounts	\$	19.Unpaid income tax	\$				
7. Real Estate Owned (see schedule C)		\$	20. Other unpaid taxes and interest	\$				
8. Accounts, loans & notes receivab (see schedule E)	e	\$	21. Real estate mortgages payable (see schedule C)	\$				
9. Automobiles		\$	22. Other debts (car payments, credit cards, etc) - Itemize	\$				
10. Other personal property		\$	23.	\$				
11. Cash surrender value-life insurat	nce	\$	24.	\$				
12. Other Assets/business ventures (see schedule F)		\$	25.	\$				
13. Retirement Accounts		\$						
		\$	Total Liabilities:	\$				
	I Assets:		Net Worth: (Total Assets minus Total Liabilities)	S				
Most recent tax return filed:			our spouse presently defendants in a law suit?					
Have you filed or declared bankrupt			Date Filed:					
Do you have life	Face val	lue of \$	Owner and Beneficiary					
insurance?	policy:	Section D	of Policy: Annual Income					
		Section D -						
Salary, Bonuses & Commisions \$								
Dividends & Interest \$			(alimony, child support, or separate mainter					
Real Estate Income \$			revealed if you do no wish to have it be co					
Other \$			repaying this obligation	onj				

Total

\$

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Section E - Contingent Liabilities (Yes or No)												
Contingent Liabilities (as endorser, co-maker, guarantor on leases or contracts)?							\$					
Involvement in pending legal action?							\$					
Other special debt or circumstances?							\$					
Contested income tax liens?						\$						
						otal Contingent						
		If "Yes" to any	of the c	questions	s in pri	or section, plea	se describe below	:				
Schedule A - US Government & Marketable Securities												
# of shares or face	r	Description					Are they pledged	or		Value		
value of bonds		rescription		In name of			held by others?	held by others?				
									\$			
									\$			
									\$			
			Schodul	O D No		kotabla Sacu		tal:	\$			
# of shares or face			schedui		B - Non Marketable Securities Are they							
value of bonds	[	Description			In na	me of	held by others?		Value			
									\$			
										\$		
										\$		
			C -l-		Deel	Fatata Origina		tal:	\$			
	Year			sessed		Estate Owned		M	onthly			
Location & descripti	on Purchased	Purchase Price	Va	Value		ortgaged to:	Loan Balance	Balance Pa		Market Value		
		\$	\$				\$	\$		\$		
		\$	\$				\$			\$		
		\$	\$				\$			\$		
								<u> </u>				
	\$ \$		Ş				\$	\$		\$		
						Total:			Total:	\$		
		Se	hedule	D - Ban	ik and	Loan Relation						
Name & Addre	ess of Creditor	Original A	riginal Amount		Loan	Maturity Date	Date Collateral (unsecured/secure			Amount Owed		
		\$	Ś						\$			
\$									\$			
\$		\$	\$						\$			
¢		\$							Ś			
		\$							\$			
							Тс	tal:	\$			

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Schedule E - Notes & Accounts Receivable											
Name & Address of Creditor	Original Amount D		Date of Loan		Maturity Date		Collateral (unsecured/secured)		Amount Owed		
	\$							\$			
	\$								\$		
	\$				-				\$		
								Total:	\$		
Schedule F - Business Ventures											
List name & address of any business venture in which you are a principal partner	% of Value as of Ownership		e as of	Net Income of Business for Previous Yr.		Tota Busines		Line of Business		Years in Business	
	%	\$	\$ \$								
	%	% \$ \$		\$	\$						
	%	\$		\$		\$					
If you own 10% or more of the business, or if a business represents 10% either of your gross income or net worth please provide complete financial statements of that business.											
Are you contingently liable on any	-	includi	ng thos	e of a bi	isiness	venture	P If so, p		o complete the	Contingent	
	Liability s	ection c		ront of the Signatu		i (refer t	o Sectio	on D).			
The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guaranty of the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit or to accept a guaranty thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you 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 or (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 you. In the absence of such notice or a new and full written statement, this should be considered as continuing statement and substantially correct. You are authorized to make all inquires you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.											
Signature (Individual)								Date			
Social Security Number							Da	ate of Birth			
Signature (Individual)								Date			
Social Security Number							Da				