

FINANCIAL STATEMENT - INDIVIDUAL

INDIVIDUAL
 JOINT

DATE OF STATEMENT

TO FINANCIAL INSTITUTION NAMED:		NAME OF INDIVIDUAL:		
HOME ADDRESS		HOME PHONE	SOCIAL SECURITY NUMBER	DATE OF BIRTH
ASSETS <i>(Omit Cents)</i>		LIABILITIES <i>(Omit Cents)</i>		
Cash in this financial institution (Schedule A)		Notes payable to financial institutions (Schedule J)		
Cash in other financial institutions (Schedule A)		Other notes payable (Schedule J)		
Money Market Accounts (Schedule AJ)		Loans secured by real estate (Schedule F)		
Notes and loans receivable (Schedule B)		Life insurance policy loans (Schedule E)		
Other accounts due me (Schedule B)		Taxes (Federal, State, Local) due and unpaid		
Stocks and Bonds – marketable (Schedule C)		Credit Card indebtedness		
Other Stocks and Bonds (Schedule C)		Due to Brokers in Margin Accounts (Schedule K)		
Partnership and Proprietorship interests (Schedule D)		Other accounts and bills payable (Schedule K)		
Cash surrender value life insurance (Schedule E)				
Real Estate owned (Schedule F)				
Oil and Gas Interests (Schedule G)				
Vested Pension and Retirement Funds (Schedule H)				
IRA and Keough Plans (Schedule H)				
Other personal assets (Schedule I)				
			TOTAL LIABILITIES	
			NET WORTH	
	TOTAL ASSETS		TOTAL LIABILITIES AND NET WORTH	

INCOME AND EXPENSE for year ending _____			
Salaries and wages		Interest Paid	
Commissions and bonuses		Rent Paid	
Interest Income		Federal and State Income Taxes	
Dividend Income		Other Taxes	
Business Income		Alimony, Child Support and Separate Maintenance Paid	
Pensions, Annuities, Retirement and Social Security			
Rents			
Alimony, Child Support and Separate Maintenance <i>(Exclude if you do not wish this income to be considered as a basis for repaying any obligation)</i>			
Other income			
	TOTAL ALL INCOME		TOTAL
Federal Income Tax Return has been filed through _____		Any additional assessments? <input type="checkbox"/> No <input type="checkbox"/> Yes	Amount \$

CONTINGENT LIABILITIES		
NATURE OF LIABILITY	DESCRIPTION	AMOUNT
Liabilities as Endorser, Co-Maker or Guarantor		
Liabilities on leases and contracts		
Liabilities on Letters of Credit		
Contest Tax Liens		
Involvement in pending legal actions, claims, judgements, etc.		

SCHEDULE E: LIFE INSURANCE							
INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

SCHEDULE F: REAL ESTATE OWNED (☐Indicates Homestead)								
PARCEL NUMBER	LOCATION AND DESCRIPTION OF IMPROVEMENTS	☐	YEARS ACQUIRED	COST	APPRAISAL			NAME OF TITLE HOLDER
					By Whom	Date	Amount	
1.								
2.								
3.								
4.								
5.								

PARCEL NUMBER	MORTGAGE OR OTHER LIEN	PAYABLE TO:	ORIGINAL AMOUNT	PRESENT BALANCE	INTEREST RATE	AMT. PAYABLE PER MONTH	AMT. OF INSURANCE
1.	1 ST						
	2 ND						
2.	1 ST						
	2 ND						
3.	1 ST						
	2 ND						
4.	1 ST						
	2 ND						
5.	1 ST						
	2 ND						

SCHEDULE G: OIL and GAS INTERESTS							
LEGAL DESCRIPTION	WI OR RI	NET REVENUE INTEREST	MONTHLY INCOME	MONTHLY EXPENSE	PRESENT VALUE	PURCHASER OF PRODUCT	

SCHEDULE H: VESTED PENSIONS, RETIREMENT FUNDS, IRA KEOUGH		SCHEDULE I: OTHER PERSONAL ASSETS	
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

BUYERS' PROTECTION NOTICE

You are hereby notified, if your loan application is approved and thereafter closed, The Bank, N.A. will obtain for its sole benefit, an attorney's title opinion, title insurance, or other written assurance as to the state of the title to the real property being financed and of its mortgage priority position. The title protection document will not provide protection to you, the buyer. You, the buyer, should seek independent advice as to whether you should obtain any additional title protection documents. In the event you desire title protection, it must be obtained by you in a timely manner to avoid undue delay of the closing under the terms of the contract of sale, if any.

NOTICE – RIGHT TO RECEIVE COPY OF APPRAISAL

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close. You can pay for an additional appraisal for your own use at your own cost.

FEDERAL NOTICE FOR SALE OF INSURANCE

Credit Disclosure Under Federal Law, a lender may not condition an extension of credit on either:

1. A requirement to purchase an insurance product from the lender or any of its affiliates, or
2. An agreement not to obtain, or prohibition from obtaining, an insurance product from an unaffiliated entity.

Insurance Disclosure Insurance products are:

1. Not a deposit or other obligation of the lender or any of its affiliates.
2. Not guaranteed by the lender or any of its affiliates.
3. Not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the lender or any of its affiliates.
4. May go down in value.

ADVERSE ACTION NOTICE

The Bank N.A.
201 E Carl Albert Parkway
McAlester OK 74501

If your application for **business credit** is denied, you have the right to a written statement of the specific reasons for the denial. To obtain the statement, please contact [Rebekah Barlow, PO Box 1067, McAlester Ok 74501, 918-421-4200] within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement.

Notice: The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is [name and address as specified by the appropriate agency listed in appendix A].

I/We have read this disclosure form and understand its contents as evidenced by my/our signature(s) below. I/We understand that this acknowledgement is a required part of the mortgage loan application, and hereby acknowledge receipt of a copy of the above disclosures.

 Date

 Date

The Bank N.A.

Marijuana Related Business Activity Verification

Name: _____

SSN/EIN: _____

It is the policy of the Bank to comply with the provisions of the federal Controlled Substances Act of 1970. The Controlled Substances Act imposed a series of restrictions in the form of five different levels, or schedules, starting with Schedule 1. Currently marijuana is listed as a Schedule 1 drug in the Act.

The State of Oklahoma voters passed State Question 788 in 2018, which made medicinal marijuana legal at the State level and established standards for individuals to obtain licenses and commercial entities/individuals to obtain licenses for becoming growers, processors, or dispensaries within the State of Oklahoma.

Because marijuana is currently a listed Schedule 1 drug and The Bank N.A. is a nationally chartered institution, The Bank N.A. will not allow any customer who directly holds a grower, processor, or dispensary license to conduct marijuana related business through any account at The Bank N.A.

Please complete the following:

Do you or any business you have ownership in participate in any Marijuana Related Business?
 Yes No

Do you or any business you have ownership in hold an Oklahoma Medical Marijuana Grower, Processor or Dispensary License? Yes No

**** I understand that marijuana related business activity is prohibited by federal law and agree not to conduct marijuana related business through any account held or loan proceeds received from The Bank N.A.**

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that any false statement may result in account closure.

Signature _____

Date _____

07/30/20

Accepted By: _____

CDD-MRB

Date: _____

The Bank N.A.

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