



Personal Financial Statement

As of: _____

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT:

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

IMPORTANT: Read these directions before completing this application and check appropriate box(es).

YOU MAY APPLY FOR INDIVIDUAL OR JOINT CREDIT, REGARDLESS OF MARITAL/RDP* STATUS.

This Personal Financial Statement is being provided:

- in support of my individual application for credit, not jointly with anyone else (if married/in RDP, complete as to self and spouse/partner).
- in support of my personal application for credit jointly with my spouse/partner (complete as to self and spouse/partner).
- in support of my personal application for credit jointly with another person (not my spouse/partner). Both/all applicants must complete their own Personal Financial Statement.
- in support of an application for credit submitted by: _____

Borrower/Company Name

YOUR MARITAL STATUS: MARRIED SEPARATED UNMARRIED (Include single, divorced, widowed) RDP STATUS: YES

INSTRUCTIONS TO MARRIED/RDP APPLICANT: Answer all questions relating to you. Also answer all questions relating to your spouse/partner unless you are separated and your spouse/partner is not also applying for credit. All income and property will be assumed to be community property and all obligations will be assumed to be community debts unless otherwise indicated.

PERSONAL INFORMATION					
APPLICANT (NAME)			SPOUSE/PARTNER (NAME)		
Home Address			Home Address		
Home Phone No.	Social Security No.	Date of Birth	Home Phone No.	Social Security No.	Date of Birth
Driver's License No/ Issue Date/ Exp Date			Driver's License No/ Issue Date/ Exp Date		
Employer			Employer		
Address of Employer			Address of Employer		
Business Phone No.	Yrs. With Employer	Title/Position	Business Phone No.	Yrs. With Employer	Title/Position
Name of previous employer & position (if with current employer less than 5 yrs.)		No. of Yrs.	Name of previous employer & position (if with current employer less than 5 yrs.)		No. of Yrs.

CASH INCOME & EXPENDITURES STATEMENT FOR YEAR ENDED

ANNUAL INCOME**	Amount (\$)
Salary (applicant)	
Salary (spouse/partner)	
Bonuses & Commissions (applicant)	
Bonuses & Commissions (spouse/partner)	
Rental Income (net)	
Interest/Dividend Income	
Partnership Income	
Other Income (list below)	
Investments	
TOTAL INCOME	\$ -

ANNUAL EXPENDITURES	Amount (\$)
Federal/State Income Taxes	
Rental Payments, Co-op, or Condo Maintenance	
Residential Mortgage Payments	
Investments Mortgage Payments	
Interest & Principal Payments on Loans	
Other Living Expenses	
Other Expenses (list below)	
TOTAL EXPENDITURES	\$ -

Any significant changes expected in the next 12 months? Yes No (If yes, attach information)

* "RDP" means Registered Domestic Partnership/Partner

** Income from alimony, child support, or separate maintenance income need not be revealed if the applicant or co-applicant does not wish to have it considered as a basis for repaying this obligation.

Balance Sheet as of

Ownership Codes: Single Ownership = SO Joint Tenants = JT Tenants in Common = TIC Community Property = CP Assets Held in Trust = T

ASSETS	OC	AMOUNT	LIABILITIES	OC	AMOUNT
Cash (including money market accounts, CDs)			Notes Payable to 		
Cash in Other Financial Institutions (list below) (including money market accounts, CDs)			Notes Payable to Others (Schedule E)		
			Accounts Payable (credit cards)		
			Taxes Payable		
			Other Payables (list below):		
Readily Marketable Securities (Schedule A)					
Non-Readily Marketable Securities (Schedule A)					
Accounts and Notes Receivable (Schedule F)			Margin Accounts		
Net Cash Surrender Value of Life Insurance (Schedule B)			Life Insurance Loans (Schedule B)		
Residential Real Estate (Schedule C)			Residential Mortgage Debt (Schedule C)		
Real Estate Investments (Schedule C)			Real Estate Investment(s) Mortgage Debt (Schedule C)		
Partnerships/ PC** Interests (Schedule D)			Notes Due: Partnership (Schedule D)		
IRA, Keogh, Profit-Sharing & Other Vested Retirement Accounts			Other liabilities (list below):		
Personal Property (including automobiles)					
Other Assets (list below):					
TOTAL ASSETS			TOTAL LIABILITIES		
TOTAL NET WORTH (ASSETS MINUS LIABILITIES)					

**PC: Professional Corporation

Are any of the accounts listed on this statement held under a Trust Agreement? Yes No

CONTINGENT LIABILITIES	YES	NO	AMOUNT
Are you a guarantor, co-maker, or endorser for any debt of any individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes for any of the above, give details: 			

SCHEDULE A - ALL SECURITIES (including non-money market mutual funds. Do NOT include IRA's or the like.)						
No. of shares (stock) or Face Value (Bonds)	DESCRIPTIONS	OWNER(S)	WHERE HELD	COST	CURRENT MARKET VALUE	PLEGDED YES NO
READILY MARKETABLE SECURITIES (including U.S. Governments and Municipals)						
NON-READILY MARKETABLE SECURITIES (closely held, thinly traded, or restricted stock)						

If necessary, attach a separate schedule or brokerage statement and enter totals only.
 For verification purposes, brokerage statements may be required if aggregate value of securities total \$500,000 or greater.

Schedule B - Insurance

Life Insurance (attach a separate schedule if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership

Disability Insurance

Insurance Company	Policy Number	Type of Policy	Policy Expiration Date	Annual Premium	Monthly Distribution if Disabled	Applicant or Co-Applicant

Schedule C - Personal Residence & Real Estate Investments

Personal Residence(s) Property Address	Ownership Percentage	Purchase		Current Market Value/ Present Loan Balance	Loan Maturity Date	Monthly Payment	Lender
		Price	Year				

Investment Property(s)
(Complete separate schedule attached ("Sch C - RE Cash Flow") or provide own. If own, enter aggregate amount below)

Real Estate Investment(s) Market Value	Loan Balance	Gross Annual Income	Annual Operating Expenses	Net Operating Income	Annual Debt Service	Annual Cash Flow	Debt Service Coverage Ratio

Schedule D - Partnerships (less than majority ownership for real estate partnerships) (attach a separate schedule if necessary)

Type of Investment/Name of Business	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships	Final Contribution Date

Note: For investments that represent a material portion of your assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporations, schedule K-1's.

Schedule E - Notes Payable (attach a separate schedule if necessary)

Due To	Type of Facility	Amount of Line or Loan	Secured		Collateral	Monthly Payment	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

Schedule F - Notes Receivable (attach a separate schedule if necessary)

Due From	Type of Facility	Amount of Line or Loan	Secured		Collateral	Monthly Payment	Maturity	Unpaid Balance
			Yes	No				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>				

PLEASE ANSWER THE FOLLOWING QUESTIONS (as to self and , if married/in RDP, as to spouse/partner):

1 Income tax returns filed through (date): _____ Are returns currently being audited or contested? Yes No

If yes, what year(s)? _____

2 Did you include two years federal tax returns? Yes No, Explain _____

3 Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? Yes No

If yes, please provide details _____

4 Number of dependents (excluding self): _____

5 Have you ever had a financial plan prepared for you? Yes No

6 Do (either of) you have a line of credit or unused credit facility at any other institution(s)? Yes No

If so, please indicate where, name of banker, and how much:

Financial Institution	Name of Banker	Line of Credit Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

REPRESENTATIONS and WARRANTIES

I (we) affirm that any income tax returns and schedules provided to the lender and the information contained in the financial statement referenced above is true, complete and accurate. I (we) understand that Rubicon Management, LLC is relying on information provided through the income tax returns and this statement of my (our) financial condition in deciding to give or continue the financial accomodation or extension of credit requested or recieved. By signing below, I (we) authorize the lender to verify from time to time with any source of Lenders choosing, the accuracy and completeness of the information; to answer questions from and to furnish information to others about lenders credit experience with me (us); waive my (our) right to confidentiality in the Department of Motor Vehicles information concerning my (our) residential or mailing address and authorizes the release of such information to lender or its representatives. I (we) agree to inform the lender immediately of any matter that will cause any significant change in my (our) financial condition and understand that the lender will retain the financial statement whether or not credit is granted.

Date Signed

Signature

Date Signed

Signature

PLEASE NOTE:
If you don't have the ability to digitally sign this document, type your full legal name in the signature field for now. We may ask for a hand-written signature at a later date.