

TO FINACIAL INSTITUTION NAMED:		NAME AND ADDRESS OF INDIVIDUAL:	
Security Bank 10727 E. 51st St. Tulsa, OK 74146			
Email Address:	Home Phone:	Social Security Number:	Date of Birth:
Employer Name and Address:		Office Phone:	Position/Title: Years Employed:

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash in this Financial Institution (Schedule A)		Notes Payable to Financial Institutions (Schedule F)	
Cash in Other Financial Institutions (Schedule A)		Other Notes and Accounts Payable (Schedule F)	
Money Market Accounts (Schedule A)		Loans Secured by Real Estate (Schedule E)	
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loans (Schedule D)	
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	
Partnership and Proprietorship Interests		Other Liabilities:	
Cash Surrender Value Life Insurance (Schedule D)			
Real Estate Owned (Schedule E)			
Other Assets:			
		TOTAL LIABILITIES	\$ 0
		NET WORTH (Total Assets minus Total Liabilities)	\$ 0
TOTAL ASSETS	\$ 0	TOTAL LIABILITIES and NET WORTH	\$ 0

INCOME AND EXPENSE for year ending _____			
Salaries, Wages, Commissions, and Bonuses		Interest Paid	
Interest and Dividends		Rent Paid	
Business and Partnership Income		Federal and State Income Taxes	
Rentals		Other Taxes	
Income form Estates and Trusts		Alimony, Child Support and Separate Maintenance Paid	
Other (Describe) Alimony, Child Support or Separate Maintenance need not be revealed if you do not wish to have it considered as a basis for repaying any obligation			
TOTAL ALL INCOME	\$ 0	TOTAL	\$ 0
Federal Income Tax Return has been Filed Through _____		Any Additional Assessments?	Amount \$ _____

CONTINGENT LIABILITIES		
NATURE OF LAIBILITY	DESCRIPTION	AMOUNT
Liabilities as Endorser, Co Maker or Guarantor		
Liabilities on Leases and Contracts		
Liabilities on Letters of Credit		
Contested Tax Liens		
Involvement in Pending Legal Actions, Claims, Judgements, etc.		

SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS AND MONEY ACCOUNTS				
NAME OF FINANCIAL INSTITUTION	ACCOUNT IN NAME OF:	TYPE OF ACCOUNT	ACCOUNT NUMBER	CURRENT BALANCE

SCHEDULE B: NOTES AND LOANS RECIEVABLES AND OTHER ACCOUNTS DUE ME					
ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL

SCHEDULE C: STOCKS AND BONDS						
ISSUING COMPNAY	REGISTERED IN NAME OF:	NO. OF SHARES OR FACE AMT. OF BONDS*	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED?
			PER SHARE	TOTAL		

*Indicate whether Stocks are Common or Preferred

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

SCHEDULE E: REAL ESTATE (Indicate by (✓) Homestead)							
LOCATION AND DESCRIPTION	✓	ORIGINAL COST	MARKET VALUE	MO. INCOME	MORTGAGE PAYABLE TO:	MORTGAGE AMT	PER MONTH

SCHEDULE F: NOTES AND ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS				
DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED

SCHEDULE G: BUSINESS IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER				
NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE	FINANCIAL INSTITUTION OF ACCOUNT
		0.00%		
		0.00%		
		0.00%		
		0.00%		
		0.00%		

Has Undersigned executed a will disposing of estate in event of death? ☐ Yes ☐ No If yes, name of Executor _____

Has Undersigned made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past ten years? ☐ Yes ☐ No

If yes, please state details: _____

Marital Status (Do not complete if applying for individual unsecured credit)

☐ Married ☐ Separated ☐ Unmarried (including single, divorced, or widow) Number of Dependents _____

SIGNATURES

The Financial Statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

_____ Signature	_____ Date Signed	_____ Witness
_____ Signature	_____ Date Signed	_____ Witness