

PERSONAL FINANCIAL STATEMENT



SUBMITTED TO **FIRST FINANCIAL BANCORP**

IMPORTANT: Read these directions before completing this statement

- If you are applying for individual credit in your own name and are relying on your own income, or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections 1, 3 and 4.
- If you are applying for joint credit with another person, complete all Sections and provide information in Section 2 about the joint applicant. If appropriate, the joint applicant may complete a separate personal financial statement (C-100), and the applications may be submitted together.
- If you are applying for individual credit but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as a basis for repayment of the credit requested, complete all Sections. Provide information in Section 2 about the person whose alimony, support, or maintenance payments or income or assets you are relying on. Alimony, child support, or separate maintenance income, need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.
- If this statement relates to your guaranty of the indebtedness of another person(s), firm(s) or corporation(s), complete Section 1, 3 and 4.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

Section 1. Individual / Guarantor / Borrowing Entity (type or print)	Section 2. Other Party Information (type or print)
Name Address City, State & ZIP Position or occupation Business Name Business Address City, State & ZIP	Name Address City, State & ZIP Position or occupation Business Name Business Address City, State & ZIP
Length of employment	Length of employment
Res phone Bus phone	Res phone Bus phone

Section 3. Statement of Financial Condition as of _____ 20 _____			
Assets (do not include assets of doubtful value)	In dollars (omit cents)	Liabilities	In dollars (omit cents)
Cash on hand and in this bank - see Schedule A		Notes payable to banks	
Cash in other banks - see Schedule A		Notes payable to other institutions	
US Gov't & marketable securities - see Schedule A		Due to brokers	
Non-marketable securities		Amounts payable to others-secured	
Securities held by broker in margin accounts		Amounts payable to others-unsecured	
Restricted, control, or margin account stocks		Accounts and bills due	
Real estate owned - see Schedule B		Unpaid income tax	
Accounts, loans, and notes receivable		Other unpaid taxes and interest	
Automobiles		Real estate mortgages payable - see Schedule B	
Other personal property		Other debts (car payments, credit cards, etc.)-itemize	
Cash surrender value-life insurance			
Other assets - itemize			
		Total Liabilities	
		Net Worth	
Total Assets		Total Liabilities and Net Worth	

Section 4. Annual Income For Year Ended _____ 20 _____	Annual Expenditures	Contingent Liabilities	Estimated Amounts
Salary Bonuses & Commissions \$ _____	Mortgage/rental payments \$ _____	Do you have any Contingent liabilities (as endo- ser, co-maker or guarantor? On leases? On contracts?)	Yes No \$ _____
Dividends & Interest _____	Real Estate Taxes & Assessments _____		<input type="checkbox"/> <input type="checkbox"/>
Real Estate Income _____	Taxes, Federal, State & Local _____	Involvement in pending legal actions?	<input type="checkbox"/> <input type="checkbox"/>
Other Income _____ (Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)	Insurance payments _____	Other special debt or circumstances?	<input type="checkbox"/> <input type="checkbox"/>
	Other contract payments (car payments, charge cards, etc.) _____	Contested income tax liens?	<input type="checkbox"/> <input type="checkbox"/>
	Alimony, child support, maintenance _____	If "yes" to any question(s) describe:	_____
	Other expenses _____		_____
Total \$ Income	Total \$ Expenditures	Total \$ Contingent Liabilities	

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 a guaranty of the undersigned. The undersigned acknowledge and understand 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 a continuing statement and substantially correct. You are authorized to make all inquiries 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) _____

Social Security Number / Tax ID Number _____

Date Signed _____ 20 _____

Date of Birth _____

Signature (Other Party) _____

Social Security Number / Tax ID Number _____

Date Signed _____ 20 _____

Date of Birth _____