

Section 2: Co-Applicant Information*					
Name					
Date of Birth			Social Security Number		
Residence Address					
City			State		Zip
Position/Occupation					Number of Years
Employer Name					
Telephone Home: Work: Cell:					
Email Address					
Nearest Relative Not Living With Me			Relationship		Telephone
Address					
City			State		Zip
Driver's License/ID Number		Expiration Date		Date Issued	State Issued

*When completed and signed denotes your intent to apply for joint credit.

INCOME & EXPENSE STATEMENT FOR THE YEAR ENDED:			<div style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; vertical-align: middle;">(mm/dd/yyyy)</div>	
INCOME	Applicant	Co-Applicant	EXPENSES	
Salary			Rent (Payment)	
Bonuses and Commissions			Alimony	
Interest and Dividends			Child Support	
Rental Income			Tuition	
Other Income (Alimony/child support need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.)			PERSONAL INFORMATION (Both Applicant and Co-Applicant)	
			Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL INCOME	\$0.00	\$0.00	Are you an officer or an immediate family member/dependent of an officer of a Trust Financial Corporation controlled entity? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CONTINGENT LIABILITIES				
Do you have contingent liabilities or required capital contributions? If Yes, describe:			Do you have a will? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes	
			Executor Name:	
			Are you a partner or officer in another venture? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:	
			Income tax settled through (date)	
			Are any assets pledged other than as described on schedules? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:	
As endorser, co-maker or guarantor?			Are you or a non-publicly traded business in which you hold an ownership interest a defendant in any suits or legal actions? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Describe:	
On leases or contracts?			Have you or your businesses ever been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal claims				
Other special debt				
Amount of contested income tax liens				

COMPLETE THE SCHEDULES ON THE NEXT PAGE AND PROVIDE SIGNATURE.

SCHEDULE A: Cash and Investments				
Account Type	Bank/Broker Name	In Name Of	Pledged?	Current Balance
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
TOTAL				\$0.00

SCHEDULE B: U.S. Government and Marketable Securities					
Number of Shares	Description	In Name Of	Pledged?	Date of Value	Value
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<input type="checkbox"/> Yes <input type="checkbox"/> No		
TOTAL					\$0.00

SCHEDULE C: Real Estate Owned (Note: An addendum to Schedule C is available if additional space is needed)						
(1) Property Address	(2) Property Description Type: Commercial (C), Residential (R), Agricultural (A). Use: Home, Lot, Office, Rental, Warehouse. Size: Square Footage.			(3) Cost	(4) Date Acquired	(5) Current Market Value
	Type	Use	Size			
1						
2						
3						
4						
5						
6						
Sub-Total (from Schedule C Addendum)						
GRAND TOTAL						\$0.00

(6) Lender Name	(7) Name on Title	(8) Mortgage Balance	(9) Monthly Payment	(10) Monthly Rental Income	(11) Ownership Percentage
1					%
2					%
3					%
4					%
5					%
6					%
Sub-Total (from Schedule C Addendum)					
GRAND TOTAL					\$0.00

SCHEDULE D: Life Insurance Carried (Including Whole Life and Group Insurance)					
Insurance Company Name	Policy Owner	Beneficiary	Face Amount	Policy Loans	Cash Surrender Value
TOTAL					\$0.00

SCHEDULE E: Banks/Finance Companies Where Credit Has Been Obtained						
Lender Name	Collateral Description	Type (Line of Credit, Term Loan)	Maximum Line Amount	Monthly Payment	Current Balance	Maturity
TOTAL						0

It is my/our intent to apply for ☐ individual credit or ☐ joint credit with _____, or ☐ guarantee credit of another party. Therefore, each of the undersigned hereby instructs, consents and authorizes Truist Bank, or any affiliate, subsidiary or other entity related thereto ("Lender") to obtain a consumer credit report and any other information relating to their individual credit status in the following circumstances: (a) relating to the opening of an account or upon application for a loan or other product or service offered by Lender to one or more of the undersigned, or to a commercial entity of which one or more of the undersigned is a principal, member, other representative or guarantor, (b) thereafter, periodically according to the Lender's credit review and audit procedures, and (c) relating to Lender's review or collection of a loan, account, or other Lender product or service made or extended to a commercial entity of which the undersigned is a principal, member, other representative or guarantor.

Each of the undersigned certify that everything stated on the first page and second page of this Personal Financial Statement and any other documents or information submitted in connection with this Personal Financial Statement is true, accurate and complete as of (i) the date(s) indicated in Section 3 or (ii) if no date(s) are indicated in Section 3, as of the date(s) this Personal Financial Statement is signed by the undersigned. Each of the undersigned understands that Lender will retain this Personal Financial Statement. Each of the undersigned hereby authorize Lender to verify at any time any information submitted to Lender by or on behalf of the undersigned; obtain further information concerning the credit standing of the undersigned, including without limitation, credit and employment history; and exchange credit information concerning the undersigned with other individuals or entities, including, without limitation, any affiliate, subsidiary or other entity related to Truist Bank. Each of the undersigned authorize Lender to consider this Personal Financial Statement as a continuing statement of financial condition until replaced by a new Personal Financial Statement or until the undersigned specifically notifies Lender in writing of any change in such financial condition. A signed counterpart of this Personal Financial Statement transmitted via facsimile, pdf or other electronic means shall be as fully enforceable as the counterpart containing the original signature(s) of the undersigned.

This Personal Financial Statement, including the consent to obtain consumer credit report contained above is executed by each of the undersigned(s) on the date(s) listed below.

Applicant Signature (Required)		Co-Applicant Signature (Required if Section 2 is Completed)	
_____	_____	_____	_____
Print Name	Date Signed	Print Name	Date Signed