

PERSONAL FINANCIAL REPORT AND DISCLOSURE STATEMENT

INSTRUCTIONS

This form is generally filed by directors or officers of existing financial institutions and in conjunction with applications for various certificates of authority and licenses pursuant to Title 6.1 of the Code of Virginia. The information provided on this form must be current (less than 90 days old at the time of filing with the Bureau) and accurate. The form and its contents are confidential. *The report must be executed with original signature(s).* In completing the form, please follow the instructions below:

1. An answer to each item is required. If your answer is "No", "None", "Not Applicable", or "Unknown", please indicate that on the question or schedule.
2. File any additional attachments and/or schedules on **8 1/2" x 11"** paper if space provided on the form is inadequate. Sign and date all such schedules.
3. Have your spouse co-sign this form if assets and liabilities are jointly held with him/her.
4. If you are a bank or savings institution director filing this form pursuant to §§ 6.1-48.1, 6.1-194.14, or 6.1-194.117 of the Code of Virginia, have an officer of the bank or savings institution countersign this form.
5. Attach a separate financial statement for any business in which you have an ownership interest if a substantial portion (25 percent or more) of your net worth is tied to such a business. Your interest in such business should also appear in Schedule C on page 4 of this form, and the net annual income derived from such an interest should appear on the Statement of Income (page 3).

A Personal Financial Report and Disclosure Statement form containing false or misleading information raises questions about the character, integrity, and fitness of a director, officer, or principal of a financial institution. Therefore, it is imperative that you provide true and complete information as requested herein. **Additionally, each filer must report promptly any material change in his/her financial condition or personal information that occurs during the review period of this filing.**

Inquiries regarding the preparation and filing of this form should be directed to the Bureau of Financial Institutions, 1300 East Main Street, Suite 800, Post Office Box 640, Richmond, Virginia 23218-0640. Telephone: (804) 371-9690; FAX (804) 371-9416. This form can be downloaded from the Bureau's website at www.scc.virginia.gov/bfi.

**SECTION I
FINANCIAL REPORT**

I, _____
Name
Business Address

submit herewith the following information and a correct and complete statement of my financial condition as of _____
(Date)

to the State Corporation Commission for its confidential use, in connection with _____

 (Reason for Submitting Report)

An answer to each item is required. If the answer is "No", "None", or "Not Applicable", so state. If an item of information called for is "Unknown" so state. If space provided on this form is inadequate, attach a separate schedule. All such schedules should be signed and dated.

ASSETS

- 1. Cash on Hand and in Banks \$ _____
- 2. Notes, Loans, and Other Receivables
 Considered Good and Collectible _____
- 3. Marketable Securities (Schedule A) _____
- 4. Real Estate (Schedule B) _____
- 5. Business Interests (Schedule C) _____
- 6. IRAs or Other Retirement Accounts _____
- 7. Life Insurance (face amount \$ _____)
 Cash Surrender Value _____
- 8. Other Assets (Schedule D) _____
- TOTAL ASSETS** _____

LIABILITIES

- 9. Notes Payable to Banks \$ _____
 (Schedule E)
- 10. Other Notes Payable (Schedule F) _____
- 11. Real Estate Mortgages (Schedule G) _____
- 12. Interest and Taxes Due and Unpaid _____
- 13. Other Debts and Liabilities
 (Schedule H) _____
- TOTAL LIABILITIES** _____
- 14. NET WORTH _____
- TOTAL LIABILITIES
 AND NET WORTH** _____

CONTINGENT LIABILITIES

In addition to the debts and liabilities listed above, I have endorsed, guaranteed, or am otherwise indirectly or contingently liable for the debts of others as follows:

Name and Address of Debtor or Obligor	Name and Address of Creditor or Oblige	Description of Collateral	Value of Collateral	Date Obligation		Current Amount
				Incurred	Due	
TOTAL						\$

STATEMENT OF INCOME

INCOME ITEM	Year _____	Year _____	Year _____	Current Year
Salaries, wages, and commissions from employment				
Income from dividends and interest				
Net income from rents, royalties, and investments				
Other income				
TOTAL INCOME				
Taxes (federal and state income taxes)				
NET INCOME (after taxes)				

SUPPORTING SCHEDULES

Schedules set forth on pages three and four must agree in total with the corresponding item contained in the Financial Report on page two.

Schedule A - Marketable Securities

Description	Market Value	Description	Market Value
	\$		\$
CARRIED FORWARD TO ITEM 3, PAGE 2			TOTAL \$

Schedule B - Real Estate Owned

Description and Location	Title is Held in the Name of	Date Acquired	Percentage of your Ownership	Purchase Price	Current Value and Method of Determination
				\$	\$
CARRIED FORWARD TO ITEM 4, PAGE 2					TOTAL \$

Schedule C - Business Interests

(Businesses not listed on a securities exchange or otherwise regularly traded)

Description, % Owned, Basis of Valuation	Value
	\$
CARRIED FORWARD TO ITEM 5, PAGE 2 TOTAL	\$

Schedule D – Other Assets

Description and Basis of Valuation	Value
	\$
CARRIED FORWARD TO ITEM 8, PAGE 2 TOTAL	\$

Schedule E - Notes Payable to Banks

Name of Creditor	Security	Date Due	Balance
			\$
CARRIED FORWARD TO ITEM 9, PAGE 2 TOTAL			\$

Schedule F – Other Notes Payable

Name of Creditor	Security	Date Due	Balance
			\$
CARRIED FORWARD TO ITEM 10, PAGE 2 TOTAL			\$

Schedule G – Real Estate Mortgages Payable

Name of Creditor	Location of Property	Date Due	Balance
			\$
CARRIED FORWARD TO ITEM 11, PAGE 2 TOTAL			\$

Schedule H - Other Debt and Liabilities

Description	Amount
	\$
CARRIED FORWARD TO ITEM 13, PAGE 2 TOTAL	\$

SECTION II

PERSONAL INFORMATION

Date of Birth _____ Place of Birth _____ Citizenship _____

Residence Address _____

Length of Residence in Community _____ Social Security Number _____

Marital Status _____ Spouse's Name _____

Trade names and/or other names used in place of given name _____

List civic, professional, social, or other organizations in which you have membership _____

Résumé of Education _____

ACCOUNT RELATIONSHIPS

List all bank, savings institution, or any other financial institution deposit or loan relationships you have had in the past five years.

Institution/City	Account Number	Type of Account	Active or Closed

I hereby agree that any of the above financial institutions may release any information requested by the Bureau of Financial Institutions.

Date

Signature

QUESTIONNAIRE

Read and answer the following questions carefully. If the answer is "yes" to any of the questions, attach a full written explanation. Where applicable, include parties, date(s), court name and address, case number, and court ruling or judgment amount for each matter reported. Also provide copies of court documentation where applicable.

1. Have any civil judgments (whether satisfied or not) been entered against you during the past 10 years?	() Yes () No
2. Are there any civil proceedings pending or civil judgements entered against you (or any company in which you hold or held a 25 percent or greater interest) which involve fraud or dishonesty?	() Yes () No
3. Have you been convicted of or entered a plea of Nolo Contendere to a felony?	() Yes () No
4. Have you ever been convicted of or entered a plea of Nolo Contendere to any misdemeanor involving theft, fraud, or dishonesty?	() Yes () No
5. Have you been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes () No
6. Has any company in which you hold or held a 25 percent or greater ownership interest or in which you are or were a senior officer* or a director been the subject of a bankruptcy, assignment for the benefit of creditors, receivership, conservatorship, or any similar proceeding?	() Yes () No
7. Have you (or any company in which you hold or held a 25 percent or greater ownership interest or in which you are or were a senior officer* or a director) been refused a license to engage in any business or had any license suspended or revoked by any State or Federal agency?	() Yes () No
8. Have you been discharged for cause or been requested to resign from any employment position?	() Yes () No
9. Are you now or have you ever been a senior officer* or director of any financial institution with respect to which there has been a change in status through closing, reorganization, merger, or any other action as a result of State or Federal supervisory action?	() Yes () No
10. Has your tenure as a senior officer* or director of any such institution been changed or terminated as a result of State or Federal supervisory action?	() Yes () No
11. Have you (or any company in which you hold or held a 25 percent or greater ownership interest or in which you are or were a senior officer* or a director) been the subject of any past or current formal or informal investigations, examinations, or administrative proceedings conducted by any department, agency, or commission of the United States or any state or municipality, or any foreign government or governmental entity, and/or have any agreements, undertakings, or consents been entered into with any of the foregoing?	() Yes () No

*A senior officer is defined as a person who has significant management responsibility within an organization or otherwise has the authority to influence or control the conduct of the organization's affairs, including but not limited to its compliance with applicable laws and regulations

CERTIFICATION

I certify under oath that to the best of my knowledge, information, and belief, the facts as stated in this form and any schedules attached are true.

Date

Signature in Full

Date

Signature of Spouse (if any)

This report, **when filed by a director of a bank or savings institution**, must also be signed by an officer designated pursuant to §§ 6.1-48.1, 6.1-194.14, or 6.1-194.117 of the Code of Virginia.

I have reviewed this form and have no reason to believe that the information herein is incomplete or inaccurate.

_____ Name of Bank or Savings Institution	_____ Name and Title of Officer of Bank or Savings Institution (Type or Print)
_____ Date	_____ Signature

EMPLOYMENT AND BUSINESS AFFILIATION DISCLOSURE FORM

I, _____ (Name) _____ (Business Address)

submit herewith the following information to the State Corporation Commission for its use, in connection with the application of:

_____ (Applicant Name)

EMPLOYMENT RECORD*
(include employment for last seven years)

Dates		Name, Location, and Type of Business	Position Held and Duties Performed
From	To		

***Fully complete this schedule. You may also attach a résumé; however, it may not be substituted in place of this schedule.**

BUSINESS AFFILIATIONS

List all firms, companies, corporations, or other business organizations of which you are at present a director, officer, employee, partner, or owner.

Name and Location	Type of Business	Position Held

CERTIFICATION

I certify that to the best of my knowledge, information, and belief, the facts as stated in this form and any schedules attached are true.

_____ Date

_____ Signature