

CERTIFICATION AND ADDENDA TO PERSONAL FINANCIAL STATEMENT

(This addenda is required if you are submitting a personal financial statement on a non-First National Bank form)

I, (we) _____ the undersigned maker(s) of the attached personal financial statement, do by my (our) signature(s) affixed below, make the following representations as addenda to the attached personal financial statement for the purpose of inducing **First National Bank of Northfield** to grant certain credit accommodations on my (our) behalf.

Name: _____

Applying for Joint Credit – If this box is checked, initial here – Applicant Initial: _____

Relationship to the BORROWER (check all boxes that apply):

	Guarantor	Applying Individually
	Applying as Sole Proprietor	Owner
	Other: _____	

Name: _____

Applying for Joint Credit – If this box is checked, initial here – Applicant Initial: _____

Relationship to the BORROWER (check all boxes that apply):

	Guarantor	Applying Individually
	Applying as Sole Proprietor	Owner
	Other: _____	

MY (OUR) CONTINGENT LIABILITIES ARE:			
As Endorser, Guarantor	\$	Have you filed bankruptcy?	Yes No
Taxes on Appreciated Assets	\$	Do you have any unsatisfied judgments?	Yes No
Leases or Contracts	\$	Are any of your assets pledged or debts secured other than shown?	Yes No
Legal Claims	\$	How many dependants do you have?	
Other	\$	Have you made a will?	Yes No
TOTAL	\$	Face Value of Life Insurance Policies	\$

The undersigned certify that the attached statement, submitted for the purpose of obtaining credit is true, correct and complete, and fairly shows my (our) financial condition at the time indicated to the best of my (our) knowledge. I (we) will give prompt written notice of any subsequent change in such financial condition occurring before discharge of any financial obligation to you. I (we) understand that you will retain my (our) personal financial statement whether or not you approve the credit in connection with which it is submitted. You are authorized to check my (our) credit and employment or any other information contained herein.

Signature: _____ Date: _____ SSN: _____

Signature: _____ Date: _____ SSN: _____



firstnationalnorthfield.com ■ Member FDIC

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