



COMMERCIAL LOAN APPLICATION

REQUESTED LOAN AMOUNT _____ PURPOSE _____
APPLICANT TYPE [] INDIVIDUAL [] JOINT [] CORPORATION [] PARTNERSHIP [] OTHER
REQUESTED LOAN TYPE [] OPERATING LINE OF CREDIT [] TERM EQUIPMENT [] REAL ESTATE

CORPORATION OR PARTNERSHIP INFORMATION

CORP OR PARTNERSHIP NAME _____ TIN _____
ADDRESS _____
E-MAIL ADDRESS _____ PHONE _____
CORP. OFFICERS & TITLES _____
OWNERS NAMES / % OWNERSHIP / /

PERSONAL INFORMATION

BORROWER NAME _____ BIRTH DATE _____ SS # _____
CO BORROWER NAME _____ BIRTH DATE _____ SS # _____
ADDRESS _____ PHONE _____
E-MAIL ADDRESS _____ CELL PHONE _____
OCCUPATION _____ ANNUAL INCOME _____

BASIC CREDIT & LEGAL INFORMATION

HAS THE BORROWER EVER BEEN INVOLVED IN BANKRUPTCY? [] YES [] NO
HAVE YOU FILED ALL NECESSARY STATE & FEDERAL INCOME TAX RETURNS? [] YES [] NO
ARE ANY TAXES DELINQUENT OR UNDER DISPUTE? [] YES [] NO
ARE YOU A DEFENDANT IN A LEGAL ACTION, OR HAVE JUDGMENTS OR MECHANIC'S LIENS OUTSTANDING? [] YES [] NO
LIST ANY CONTINGENT LIABILITIES AS ENDORSER, COSIGNER, OR GUARANTOR (NAMES & AMOUNTS)

INSURANCE COVERAGES

Table with columns: AMOUNT, AGENCY. Rows: BUILDINGS \$, EQUIPMENT \$, LIABILITY \$, LIFE (GUARANTORS) \$, MEDICAL \$, DISABILITY \$.

IF PURPOSE IS REAL ESTATE

[] PURCHASE [] REFINANCE [] CONSTRUCTION
PURCHASE PRICE _____ DOWN PAYMENT AVAILABLE _____
PAYMENT SCHEDULE [] ANNUAL [] SEMI ANNUAL [] QUARTERLY [] MONTHLY
REQUESTED TERM IN YEARS _____

Were your gross revenues \$1,000,000 or less in your previous fiscal year? [] YES [] NO
If you answered "yes" and the Creditor denies your application for credit, you have the right to a written statement of the specific reasons for the denial. To obtain the statement please contact:
ALLIANCE BANK
101 W Montgomery St; PO Box 188
Francesville IN 47946
within 60 days from the date you are notified of Creditor's decision. The Creditor will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The notice at right describes additional protections extended to you.

To obtain and maintain credit from time to time, in any form whatsoever, with Alliance Bank (Alliance), for claims and demands against the undersigned, the undersigned submits this information as being a true and accurate statement of his/hers/its financial condition on the date signed, and agrees that if any change occurs that materially reduces the means and ability to pay all claims or demands against them, the undersigned will immediately notify Alliance Bank. Unless Alliance is so notified it may continue to rely upon the statement herein given as a true and accurate statement of the financial condition of the undersigned. Alliance is hereby authorized to make any and all inquiries it deems necessary to verify the accuracy of the statements herein made. Alliance is further authorized to answer any questions from third parties concerning the undersigned's experience with Alliance.

SIGNATURE _____ DATE _____
SIGNATURE _____ DATE _____

31 CFR § 1020.230 CERTIFICATION REGARDING BENEFICIAL OWNERS OF LEGAL ENTITY CUSTOMERS

I. GENERAL INSTRUCTIONS

This is an optional form provided for your convenience. The required information may be provided in other formats. When completed, this form is provided to the financial institution where the account is opened. DO NOT SEND TO FinCEN.

Where may I obtain a copy of the form?

A copy (pdf) may be downloaded from the FinCEN website at www.fincen.gov under the “Filing Information” tab. The form may be completed on a computer using the free Adobe Reader software.

What is this form?

To help the government fight financial crime, Federal regulation requires certain financial institutions to obtain, verify, and record information about the beneficial owners of legal entity customers. Legal entities can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

Who has to complete this form?

This form must be completed by any person opening a new account on behalf of a **legal entity** with any of the following U.S. financial institutions: (i) a bank or credit union; (ii) a broker or dealer in securities; (iii) a mutual fund; (iv) a futures commission merchant; and (v) an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. **Legal entity** does not include sole proprietorships, unincorporated associations, or natural persons opening accounts on their own behalf.

What information do I have to provide?

When you open a new account on behalf of a legal entity, the financial institution will ask for information about the legal entity’s **beneficial owner(s)**, including their name, address, date of birth and social security number (or passport number or other similar information, in the case of Non-U.S. persons). The financial institution may also ask to see a copy of a driver’s license or other identifying document for each beneficial owner listed on this form.

Beneficial owners are:

- (1) Each individual, if any, who owns, directly or indirectly, 25 percent or more of the equity interests of the legal entity customer (*e.g.*, each natural person that owns 25 percent or more of the shares of a corporation; **and**
- (2) An individual with significant responsibility for managing the legal entity customer (*e.g.*, a Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, or Treasurer).

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under section (1), depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under section (1), you must provide the identifying information of one individual under section (2). It is possible that in some circumstances the same individual might be identified under both sections (*e.g.*, the President of Acme, Inc. who also holds a 30% equity interest). Thus, a completed form will contain the identifying information of at least one individual (under section (2)), and up to five individuals (*i.e.*, one individual under section (2) and four 25 percent equity holders under section (1))

a legal entity may have multiple “beneficial owners,” this form requires you to list only those that own 25% or more (up to five) under each of the two prongs of the definition above. If appropriate, the same individuals may be listed under both prongs.

CERTIFICATION OF BENEFICIAL OWNER(S)

The information contained in this Certification is sought pursuant to Section 1020.230 of Title 31 of the United States Code of Federal Regulations (31 CFR 1020.230).

All persons opening an account on behalf of a legal entity must provide the following information:

1. Last Name and title of Natural Person Opening Account	2. First Name	3. Middle Initial	
4. Name and type of Legal Entity for Which the Account is Being Opened			
4a. Legal Entity Address	4b. City	4c. State	4d. ZIP/Postal Code

SECTION I

(To add additional individuals, see page 3)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above. **Check here if no individual meets this definition and complete Section II.**

5. Last Name	6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address	10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		15a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

SECTION II

Please provide the following information for an individual with significant responsibility for managing or directing the entity, including, an executive officer or senior manager (e.g., Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or Any other individual who regularly performs similar functions.

16. Last Name	17. First Name	18. M.I.	19. Date of birth <small>(MM/DD/YYYY)</small>
20. Address	21. City	22. State	23. ZIP/Postal Code
24. Country	25. SSN (U.S. Persons)	26. For Non-U.S. persons (SSN, Passport Number or other similar identification number)	
		26a. Country of issuance:	

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

I, _____ (name of person opening account), hereby certify, to the best of my knowledge, that the information provided above is complete and correct. I also agree to notify Alliance Bank of any change in such Beneficial Ownership information (Ownership or Management changes).

Signature: _____ Date: _____

Legal Entity Identifier (Optional) _____

Additional Section 1 - Second Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Additional Section 1 - Third Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Additional Section 1 - Fourth Beneficial Owner (If required)

Please provide the following information for an individual(s), if any, who, directly or indirectly, through any contract arrangement, understanding, relationship, or otherwise owns 25% or more of the equity interests of the legal entity listed above.

5. Last Name		6. First Name	7. M.I.	8. Date of birth <small>(MM/DD/YYYY)</small>
9. Address		10. City	11. State	12. ZIP/Postal Code
13. Country	14. SSN (U.S. Persons)	15. For Non-U.S. persons (SSN, Passport Number or other similar identification number)		
		15a. Country of issuance:		

Note: In lieu of a passport number, Non-U.S. Persons may also provide a Social Security Number, an alien identification card number, or number and country of issuance of any other government-issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

Personal Financial Statement

as submitted to

DATED:

IMPORTANT: Read these directions before completing this Statement

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.

(PLEASE TYPE OR PRINT)

SECTION 1 - INDIVIDUAL INFORMATION		SECTION 2 - OTHER PARTY INFORMATION	
Name :		Name:	
Address:		Address:	
City, State & Zip:		City, State & Zip:	
Position & Occupation:		Position & Occupation:	
Business Name:		Business Name:	
Business Address:		Business Address:	
City, State & Zip:		City, State & Zip:	
Length of Employment:		Length of Employment:	
Res. Phone:		Res. Phone:	
Bus. Phone:		Bus. Phone:	
email address:		email address:	

SECTION 3 - STATEMENT OF FINANCIAL CONDITION			
Assets <small>(Do not include asset of doubtful value.)</small>	In Dollars <small>(Omit cents)</small>	Liabilities	In Dollars <small>(Omit cents)</small>
Cash on hand - see Schedule A		Notes payable to Institutions or individuals - see Schedule I	
U.S. Gov't & Marketable Securities - see Schedule B		Credit Cards	
Non-Marketable Securities - see Schedule C		Accounts and Bills due	
Real estate owned - see Schedule D		Real estate mortgages payable - see Schedule D	
Automobiles and other vehicles - see Schedule E		Unpaid income tax	
Accounts, loans and other notes receivable - see Sched. F		Other unpaid taxes and interest	
Cash value - life insurance - see Schedule G		Life insurance loans - see Schedule G	
Book value of business ventures - see Schedule H		Other debts - itemize	
Other personal property			
Other assets - itemize			
		TOTAL LIABILITIES	
		NET WORTH	
TOTAL ASSETS:		TOTAL LIABILITIES AND NET WORTH	

SECTION 4 - ANNUAL INCOME & EXPENSES					SECTION 5 - CONTINGENT LIABILITIES		
For year ended	Amount	Annual Expenditures	Amount	Contingent Liabilities	Amounts		
				Borrower	CoBorrower		
				Yes / No	Yes / No		
Salary	\$	Mortgage/rental payments		DO YOU HAVE ANY...			
Bonuses & Commissions		Utility payments		Contingent liabilities as a co-maker or guarantor? _____			
Dividends & interest		Real estate taxes & assessments		Involvement in pending legal actions? _____ \$			
Net real estate income (before debt service)		Taxes: federal, state & local		Other special debt or circumstance? _____ \$			
Other income (specify)		Insurance payments		Contested income tax liens? _____ \$			
		Other contracts payments (car payments, charge cards, etc.)		If "yes" to any question, describe your liability. Attach extra papers as needed.			
(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.)		Alimony, child support, maintenance					
		Other expenses					
Total Income		Total Expenditures		Total Contingent Liabilities			

Income tax settled through (date) _____ Have you ever been declared bankrupt? Yes__ No__
 If Yes, describe on separate sheet

SCHEDULE A - BANKS, SAVINGS & LOANS, CREDIT UNIONS (ETC.) WHERE FUNDS ARE ON DEPOSIT

Name of Institution	Location	Type of Deposit	Name(s) of Owner(s)	Amount on Deposit

SCHEDULE B - U.S. GOVERNMENT & MARKETABLE SECURITIES

Number of Shares or Face Value (Bonds)	Description	In Name Of	Market Value	Loans against Securities	
				Original	Current

SCHEDULE C - NON-MARKETABLE SECURITIES

Number of Shares	Name of Corporation	Location and Nature of Business	In Name Of	% Ownership	Market Value	Source of Value	Loans against Securities

SCHEDULE D - REAL ESTATE (WHOLLY OR PARTIALLY OWNED)

Address & Type of Property	Title in Name of	% of Ownership	Date Acquired	Cost	Market Value	Annual Payment	Mortgage Balance	Mortgage Maturity
ADDITIONAL REAL ESTATE TOTALS PER SCHEDULE D1				0	0	0	0	0

SCHEDULE E - AUTOMOBILES

Year, Make, Model of Vehicle	Mileage	Value

SCHEDULE F - ACCOUNTS, LOANS, NOTES RECEIVABLE

Type of Account	Original Amount	Name of Borrower	Current Value

SCHEDULE G - LIFE INSURANCE CARRIED, INCLUDING N.S.L.I. AND GROUP INSURANCE

Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans		Surrender Value (Cash)
				Original Amt	Balance	

SCHEDULE H - BUSINESS VENTURES

List Name of Business Ventures in Which You Are a Principal or Partner	Business Net Worth	Your % of Ownership	Your Position/Title In the Business	Total Assets of Business	Line of Business	Years in Business

SCHEDULE I - NOTES PAYABLE

Name of Creditor	Purpose	Rate	Original Loan Amount	Date of Loan	Maturity Date	If Secured list collateral	Current Balance	Payment Schedule

The information contained in this statement is provided for the purpose of obtaining or maintaining credit with Alliance Bank on behalf of the undersigned, or persons, firms, or corporations in whose behalf the undersigned may either separately, or jointly with others, execute a guaranty in favor of Alliance Bank. Each undersigned understands that Alliance Bank is relying on the information provided herein (including the designation made as to ownership of property) in deciding to grant or continue credit. Each undersigned represents and warrants that the information provided is true and complete and that Alliance Bank may consider this statement as continuing to be true and correct until a written notice of a change is given to Alliance Bank by the undersigned. As long as a loan or commitment to lend is outstanding, the undersigned agree to update this financial statement for Alliance Bank annually. Alliance Bank is authorized to make all inquiries it deems necessary to verify the accuracy of the statements made herein, and to determine my/our credit worthiness. Alliance Bank is authorized to answer questions about its credit experience with me/us.

Signature _____
 Date Signed _____ Date of Birth _____
 S.S. No. _____

Signature _____
 Date Signed _____ Date of Birth _____
 S.S. No. _____