FINANCIAL STATEMENT

(Must be completed by each individual; joint holdings must be so noted.)

For CONVERSIONS ONLY - Please provide supporting documents for assets listed.

"ALL INFORMATION WILL BE HELD CONFIDENTIAL"

ASSETS		**NAMEs:**	
	enter JT if joint	**1st Person**	**2nd Person**
Cash (Savings & Checking)			
CD's, Money Markets, etc.			
Stocks & Bonds			
IRA's, Annuities, etc.			
House			
Other Real Estate			
Trust Fund (indicate % beneficial int.)			
		0%	0%
Other Financial Assets (Describe Below):			
Loan(s) to Others			
NOTE for ALL APPLICANTS:			
Please provide BENEFITS pages for Long Term Care Insurance (LTC): Include Premium, Waiting Period, Inflation & Daily Rate			
TOTAL ASSETS:		$ 0.00	$ 0.00

LIABILITIES

	JT	1st Person	2nd Person
Mortgage on Residence			
Mortgage(s) on Other Real Estate			
Other Bank Loans			
Other Liabilities (Notes Payable, etc.)			
TOTAL LIABILITIES:		$ 0.00	$ 0.00

HAVE YOU GUARANTEED ANY DEBT OWED BY ANOTHER?

☐ YES ☐ NO

Guarantor(s)	Debtor	Relation	Amount of Debt Guaranteed

REGULAR MONTHLY INCOME

		1st Person	2nd Person
Social Security			
Pension [1]			
Other Monthly Income			
Total Regular Monthly Income		$ 0.00	$ 0.00

(1) With regard to monthly pension income reflected, will the monthly payment continue in the same amount for the life of the other person listed (generally, the surviving spouse)? _____ Yes _____ No

If no, what will the monthly payment be after the death of the recipient listed? _____ /month.

What is the inflation percentage for the pension? _____ %

Is pension inflation adjusted on an annual basis? _____ Yes _____ No

I hereby declare that all statements made herein are true according to my best knowledge and belief. Any mis-statements, errors and/or omissions may result in invalidation of this application. In witness whereof, I have hereunto set my hand to this application this _____ day of _____, _____.

Signature of 1st Person	Signature of 2nd Person
Print Name of 1st Person	Print Name of 2nd Person