

## **Personal Net Worth Statement**

## General Information

Full Legal Name				Social Insurance Number	Birth Date (dd/mmm/yyyy)
Address		City / Province		Postal Code	How Long
Previous Address		City / Province		Postal Code	How Long
Home Phone Business Phone	Marital Status  ☐ Single ☐ Married	I Divorced	☐ Separated	☐ Widowed	No. of Dependents
Employer			Position		How Long
Previous Employer			Position		How Long
Spouse Name				Social Insurance Number	Birth Date (dd/mmm/yyyy)
Financial Institution		Address		1	Account Number
Purpose of the loan proceeds:  Financial Statement Amounts a ASSETS	ns at Sc	hedules on follow LIABII		t be completed.	
Cash	\$	Loans			\$
Other	\$		Other		\$
RRSPs	<b>\$</b>		ages (Schedule	·	\$
Other	<u> </u>			ts (Schedule 4)	\$
Stocks, Bonds, Mutual Funds (Schedule	1)	Taxes	\$ \$		
Receivable (Schedule 2) Real Estate (Value) (Schedule 3)	\$ 		d Interest Cards		Φ
Life Insurance (CSV) (Schedule 5)	\$ 		Oarus		\$
Automobiles (Make, Model, Year)	<u> </u>	<u> </u>	·		\$
		Other		_	
-	\$				\$
Other	\$				\$
Total Assets (A		<u> </u>		Total Liabilities (B) \$	;
·	NET WORTH (A-B)	<b>\$</b>		, , .	
ANNUAL INCOME		ANNU	AL EXPENDIT	 JRES	
Salary, Wages, & Commissions	\$		rty Taxes & Ass		\$
Rents (Gross)	\$	Incom	ie Taxes		\$
Business or Professional Income (Net)	\$	Mortg	age or Rent		\$
Dividends & Interest	\$		Payments		\$
Other	\$		Card Payment	S	\$
			nce Premiums	anaaa	\$
		Other	ated Living Exp	enses	\$ 
Total Annual Income	e \$			Total Expenditures \$	Ψ
The foregoing information and the information or is submitted for the purpose of establishing or m. Financial Credit Union and is a true, full, and cor condition as of the date shown.	aintaining credit with BlueShore	informa reports	tion deemed nece from credit bureau	ore Financial Credit Union to ssary about me, including but is, retail credit companies, or eems appropriate.	not confined to,
Signature		Date (	dd/mmm/yyyy)		



## **Personal Net Worth Statement**

General Ques	tio	ns (Attac	ch sch	edules if necess	ary)								
Are you a guaran	tor c	on anyone's de	ebt?	Yes If yes, provide d	No etails:								
Are there any sui	ts or	judgements a	against			No	Any pending?  If yes (past or pendi	Yes	☐ No le details:				
Are you now or h	ave	you ever beer	bankı	rupt?		No etails:	3 (1 1	3/1					
Do you have any	liabi	lities under lea	ases fo	or property or equ	ipment l	eased		res [	No details:				
Are any assets p	ese	ntly involved i	n a ma	ırriage or separati	on agree	ement		☐ No					
Do you have any	pers	sonal / busines	ss inco	ome tax liabilities?	[	Ye	s No What	was the o	late / year of yo	our last inc	come tax re	turn filing?	
Indicate if you or Money services/f None of the above	orei	gn exchange?		=	_	_	ries: Gambling operati	ons? [	Cryptocu	ırrency?	☐ Ca	annabis?	
Have the cash de	pos	its or investme	ents de	eclared on the per	sonal ne	et wort	h statement been on	deposit a	t your financial	institution	for at least	3 months?	Yes No
Briefly describe the holdings, inherital	ne so nce,	ource of your p funds from ov	erson ersea	al wealth (assets, s:	income	). For (	example, business ea	rnings, e	mployment inc	ome, grow	th in invest	ments and	or real estate
Schedules Stock		-		nal room, please	attach	separa	ate page.)						
Schedule 1 - Stock No. of Shares or		onas, Mutual escription	Funa	S	-	Panietara	ed in Name of		Listed		Price		Market Value
Par Value of Bonds		scription			- '	registere	ed in Name of		Listeu		FIICE		Market value
												Total	
Schedule 2 - Recei													
Name of Payer	Lo	cation & Descript	ion			Orig	inal Amount	Property	Value	Joint Tena	nt	1st / 2nd	Balance
	Total									Total			
Schedule 3 - Real E	Esta	te											
Location & Description	*	* Registered in Name of Year Purchased C		Cost	St Lender		Value		Monthl	Monthly Payment Rate		Mortgage Balance	
	* =	mproved U=Unimp	roved				Total						
							Total						
Schedule 4 - Loans Payable To	and	d other Debts		toral Description if se	cured				Monthly Pay	ment	Final Payı	nent Due	Amount
Payable To Collateral Description, if secured								monany r dyr	none	T mar r uyi	nem Buc	Amount	
								Total					
Schedule 5 - Life Insurance Face Amount Beneficiary							Issuer					Cash Surrender Value (CSV	
Delicition					15:				(55)				
				<u> </u>									
												Total	