

## PERSONAL FINANCIAL STATEMENT

### GENERAL INFORMATION

Name	_____
Date of Birth	_____
Civil Status	_____
Dependant(s)	_____
Social Insurance No.	_____
Home Address	_____
Owner or Tenant	_____
Previous Address	_____
Telephone Number – Office	_____
Telephone Number – Home	_____
Employer Name	_____
Type of Job	_____
Length of Time	_____ years _____ months
Spouse's Name	_____
Name of Spouse's Employer	_____
Gross Annual Salary	_____ \$
Other Income (Source)	_____ \$
Spouse's Gross Annual Salary	_____ \$
Total Annual Income	_____ \$
Net Annual Monthly Income	_____ \$
Are there any judgments or legal proceedings against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**BALANCE AS AT:** \_\_\_\_\_

<b>Assets</b>		<b>Liabilities</b>	
<b>Balance</b> (see item 3)		<b>Demand Loans</b> (see item 7)	
Bank		Bank	
Other Institution		Other Institution	
<b>Term Deposits</b> (see item 3)		<b>Term Loans</b> (see item 7)	
Bank		Bank	
Pension Plan		Other Institution	
Other Institution			
<b>Marketable Securities</b> (See item 4)		<b>Credit Cards</b> (see item 7)	
<b>Accounts Receivable</b> (please itemize)		<b>Accounts Payable</b> (please itemize)	
		Other Obligations	
<b>Surrender Value</b> Life Insurance (See item 5)		<b>Total Liabilities</b>	
<b>Land and Buildings</b> (See item 6)			
<b>Automobile</b> (Year & Model)		<b>Net Value</b> (Assets less Liabilities)	
<b>Other Assets</b> (see item 8)			
<b>Total Assets</b>			

By signing this form, I consent to Revau collecting, using and disclosing my personal and financial information (including, where applicable, credit information) for the purposes of analysis, risk assessment, issuance, administration and management of a surety bond, as well as compliance with applicable legal obligations. I consent to such information being disclosed to insurers, reinsurers, financial institutions and other parties necessary for these purposes. I acknowledge that my information may be processed or stored outside my province or outside Canada and that I have rights of access, correction and withdrawal of consent, subject to applicable obligations.

I hereby certify that the above information and the information given below is true, accurate and complete in all respects and faithfully reflects of my financial position as at the balance sheet date.

Applicant's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send the completed, signed and dated application to [surety@revau.com](mailto:surety@revau.com).

### ITEM 3 - DEPOSIT DETAILS

Institution Name	Account Category	Maturity and Rates	Average Balance	Current Balance

### ITEM 4 - NEGOTIABLE SECURITIES (Listed Equities and Bonds)

Par Value or Number of Units	Description	Realizable Value

### ITEM 5 - LIFE INSURANCE

Policy Date	Company Name	Beneficiary	Insurance Amount	Annual Premium	Surrender Value	Policy Loans	Net Surrender Value

### ITEM 6 - LAND AND BUILDINGS

Description	Owner	Insurance	Municipal Value	Mortgage (Balance)	Gross Income	Market Value

### ITEM 7 - LOANS AND CREDIT CARDS

Lender Name	Initial Amount	Credit Limit	Balance

**ITEM 8 - OTHER ASSETS**

Description	Value