



STATE TRUST
International Bank & Trust LLC

Financial Information Changes

Customer Name:	Date Received:
	Entered By:
Customer Number:	Verified By:

Please enter changed information only.

Financial Information

Annual Income (\$)	Earnings from employment Explain*	Other Income*
Source of Wealth	<input type="checkbox"/> Professional Employment <input type="checkbox"/> Sale of Real State <input type="checkbox"/> Other Specify:	<input type="checkbox"/> Inheritance <input type="checkbox"/> Investments
Monthly Expenses (\$)		
Principal Residence	<input type="checkbox"/> Own <input type="checkbox"/> Rent	Estimated Value:
Net Worth (\$)		
Liquid Net Worth (\$)	Cash, Cash Equivalent and marketable securities only Exclude Principal Residence.	

Liabilities

Liabilities (\$)	<input type="checkbox"/> Short Terms <input type="checkbox"/> Mortgage <input type="checkbox"/> Other:
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Signature

By signing below, you represent that all of the information given to **StateTrust International Bank and Trust, LLC**. ("STIBT") in this form is true and complete.

Customer's Signature: _____

Print Name:

Date (mm/dd/yyyy)