

# Joint Oath of Bank Directors

Name of Bank \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

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

We, the undersigned directors of the above-named bank, do, personally, and not one for the other, solemnly swear (affirm) that:

We, as directors, have a legal responsibility and a fiduciary duty to shareholders to administer the depository institution's affairs faithfully and to oversee its management. In carrying out our duties and responsibilities, we shall exercise reasonable care and place the interests of the depository institution before our own interests. We shall fulfill our duties of loyalty and care to the above-named depository institution.

We shall, commensurate with our duties, diligently and honestly administer the affairs of the depository institution; and we will not knowingly violate, or willingly permit to be violated, any applicable statute or regulation. We shall ensure that we learn of changes in statutes, regulations, and policies of the Office of the Comptroller of the Currency, the Federal Deposit Insurance Corporation, or any state to whose jurisdiction our association is subject, which affect our duties, responsibilities, or obligations as directors and affiliated persons of the association.

We are each the owner, in good faith, and in our own right, of the number of shares of stock that the law requires. We have either subscribed for this stock or it is issued and outstanding, and it is not hypothecated, or in any way pledged, as security for any loan or debt.

We shall attend meetings of the board of directors and participate fully on all committees of the board to which we are appointed.

1. \_\_\_\_\_  
Signature Post Office or Mailing Address

\_\_\_\_\_  
Name (typed or printed) City State ZIP Code

2. \_\_\_\_\_  
Signature Post Office or Mailing Address

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Name (typed or printed) City State ZIP Code

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Signature Post Office or Mailing Address

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Name (typed or printed) City State ZIP Code

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Signature Post Office or Mailing Address

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10. \_\_\_\_\_  
Signature Post Office or Mailing Address

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Name (typed or printed) City State ZIP Code

11. \_\_\_\_\_  
Signature Post Office or Mailing Address

\_\_\_\_\_  
Name (typed or printed) City State ZIP Code

Notary's Affirmation

Sworn to before me and subscribed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_