## General Instructions—Oath of Bank Director

National banking law at 12 USC 73 requires each elected or appointed director to take an oath that he or she will "diligently and honestly administer the affairs of such association, and will not knowingly violate or willingly permit to be violated any of the provisions" of the National Bank Act and that the director is the owner in his or her own right of the capital stock required by 12 USC 72.

The oath must be taken before a Notary Public, properly authorized and commissioned by the state in which the Notary resides, or before any other officer having an official seal and authorized by the state to administer oaths, except that the oath shall not be taken before any such Notary Public or other officer who is an officer of the director's bank. The Notary Public's resident state should be the same as the state in which the oath is administered.

Foreign or United States citizens who are abroad may satisfy the notarization requirement by using a foreign notary or the services of a local United States embassy or consulate. The latter option may be quicker and more effective.

## **Converting Institutions**

- 1. At the first meeting of the board, the directors take the joint oath of bank directors before a Notary Public. Regardless of whether the director is present, the director's name and address should be included on the joint oath.
- 2. Each director, who did not take the joint oath, must execute an individual oath before a notary.
- 3. When all directors have taken the oath, the secretary of the board forwards the executed oath(s) to the Licensing staff in the appropriate district office. The bank should retain a copy.
- 4. After the initial shareholders' meeting, any new directors will take the oath of directors following the procedures for existing national banks.

Questions related to the preparation of the oath should be directed to the Licensing staff in the appropriate district office.

## Oath of the Bank Director

| Bank Name   | Date  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| State of  |   |  |  |  |  |  |  |
| County of   |   |  |  |  |  |  |  |
| I, the undersigned, a director of the above-nan   | ned bank do solemnly swear (affirm) that:   |  |  |  |  |  |  |
| As a director, I 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 my duties and responsibilities, I shall exercise reasonable care and place the interests of the depository institution before my own interests. I shall fulfill my duties of loyalty and care to the above-named depository institution. |   |  |  |  |  |  |  |
| I shall, commensurate with my duties, affairs of the depository institution, and I shall to be violated, any applicable statute or regula in statutes, regulations, and policies of the Off Federal Deposit Insurance Corporation, or any is subject, which affect my duties, responsibility affiliated person of the association.  | I not knowingly violate, or willingly permit<br>tion. I shall ensure that I learn of changes<br>ice of Comptroller of the Currency, the |  |  |  |  |  |  |
| I am the owner, in good faith and in m stock that the law requires. I have either subsoutstanding, and it is not hypothecated, or in a debt.  | y own right, of the number of shares of cribed for this stock or it is issued and my way pledged, as security for any loan or           |  |  |  |  |  |  |
| I shall attend meetings of the board of committees of the board to which I am appoin  | directors and participate fully on all ted.   |  |  |  |  |  |  |
| Signature   |   |  |  |  |  |  |  |
| Typed Name  |   |  |  |  |  |  |  |
| Mailing Address   |   |  |  |  |  |  |  |
| City State  | ZIP Code  |  |  |  |  |  |  |
| Notary's Affirmation  |   |  |  |  |  |  |  |
| Sworn to before me and subscribed in my presence, this day of,  |   |  |  |  |  |  |  |
| Notary Public   |   |  |  |  |  |  |  |
| My Commission Expires   |   |  |  |  |  |  |  |

## **Joint Oath of Bank Directors**

| Bank Na   | me  |   |  | Date:  |   |
|---|---|---|--|--|---|
|   |   |   |  |  |   |
|   | f   |   |  |  |   |
|   |   |   |  |  |   |
|   | undersigned directors of the a<br>emnly swear (affirm) that:  | bove-name   | d bank, do,  | personally, and not  | one for the   |
| administed carrying interests                     | , as directors, have a legal reser the depository institution's out our duties and responsibil of the depository institution be and care to the above-named d                         | affairs faith<br>lities, we shoefore our o              | hfully and to<br>all exercise<br>own interest                | to oversee its manag   | ement. In   |
| the depos<br>any appli<br>regulation<br>Insurance | shall, commensurate with our sitory institution; and we will cable statute or regulation. We not said the Office of Corporation, or any state to s, responsibilities, or obligations. | not knowing the shall ensured of the Comwin whose juris | ngly violate<br>sure that we<br>aptroller of<br>sdiction out | e, or willingly perming the learn of changes in the Currency, the Four rassociation is subject that the contract of the contra | t to be violated,<br>n statutes,<br>ederal Deposit<br>ect, which affect |
| stock that  | are each the owner, in good<br>t the law requires. We have e<br>ng, and it is not hypothecated  | either subsc  | ribed for th   | nis stock or it is issue   | ed and  |
|   | shall attend meetings of the to which we are appointed.   | board of dir  | rectors and  | participate fully on   | all committees of   |
| 1.  |   |   |  |  |   |
|   | Signature   | Post Of   | fice or Mai  | ling Address   | _   |
|   | Name (typed or printed)   | City  | State  | ZIP Code   |   |
| 2   |   |   |  |  |   |
|   | Signature   | Post Of   | fice or Mai  | ling Address   |   |
|   | Name (typed or printed)   | City  | State  | ZIP Code   |   |
| 3   | Signature   | Post Of   | fice or Mai  | ling Address   |   |
|   | Name (typed or printed)   | City  | State  | ZIP Code   |   |

| <b>∤</b> . |                                |                                |                                |          |  |  |
|------------|--------------------------------|--------------------------------|--------------------------------|----------|--|--|
|            | Signature                      | Post Office or Mailing Address |                                |          |  |  |
|            | Name (typed or printed)        | City                           | State                          | ZIP Code |  |  |
| ·          | Signature                      | Post Of                        | Post Office or Mailing Address |          |  |  |
|            | Name (typed or printed)        | City                           | State                          | ZIP Code |  |  |
| б          | Signature                      | Post Office or Mailing Address |                                |          |  |  |
|            | Name (typed or printed)        | City                           | State                          | ZIP Code |  |  |
| 7          | Signature                      | Post Office or Mailing Address |                                |          |  |  |
|            | Name (typed or printed)        | City                           | State                          | ZIP Code |  |  |
| 8          | Signature                      | Post Office or Mailing Address |                                |          |  |  |
|            | Name (typed or printed)        | City                           | State                          | ZIP Code |  |  |
| 9          | Signature                      | Post Office or Mailing Address |                                |          |  |  |
|            | Name (typed or printed)        | City                           | State                          | ZIP Code |  |  |
|            |                                |                                |                                |          |  |  |
| Notar      | y's Affirmation                |                                |                                |          |  |  |
| Sworn      | to before me and subscribed in | my presen                      | ce, this                       | day of   |  |  |
| Notary     | Public                         |                                |                                |          |  |  |
| Му Со      | ommission Expires:             |                                |                                |          |  |  |