



State of North Carolina

OFFICE OF THE COMMISSIONER OF BANKS

TRUST COMPANY OATH OF DIRECTORS or MEMBERS Form 2T

Instructions:

1. Each trust Director or Member must complete this form in its entirety and submit it to the North Carolina Office of the Commissioner of Banks (NCCOB) for each appointment, including renewals.
2. Email completed forms to: NCCOB_Applications@nccob.gov

STATE OF _____

COUNTY OF _____

I, the undersigned Director or Member for the trust company identified below, do solemnly swear that I will diligently and honestly perform the duties of my office in accordance with the provisions of N.C. Gen. Stat. § [53-356](#). In addition, I swear that the information provided below is true and accurate.

Print Name	
Signature	
Date	

Sworn to and subscribed before me by _____ this the
_____ day of _____, 20_____.

LOCATION: 3100 SMOKETREE CT, SUITE 1100, RALEIGH, NC 27604
MAILING ADDRESS: 4309 MAIL SERVICE CENTER, RALEIGH, NC 27699-4309
(919) 733-3016 FAX (919) 733-6918 INTERNET: WWW.NCCOB.GOV
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER

Notary Public Signature	
My Commission Expires	

(SEAL)

NOTE: Directors or Members who are also trust company officers should use the trust company address. Outside directors or members may use their home address or the trust company's address, whichever is preferred.

NOTE: The undersigned director or member must notify NCCOB of any change in address within 30 days.

Trust Company Name	
Trust Company Address	
Director's Mailing address (if different from above)	
Director's Telephone No. (during business hours)	
Director's Email Address	
Number of Shares Owned (held in your name only)	
Total Number of Shares Owned (include joint and beneficial ownership)	
Principal Occupation	

(continued on next page)

