



NC Commissioner of Banks

Location: 316 W. Edenton Street, Raleigh, NC 27603
Mailing Address: 4309 Mail Service Center, Raleigh, NC 27699-4309
Telephone: 919/733-3016 Fax: 919/733-6918 Internet: www.nccob.org

OATH OF DIRECTORS - TRUST COMPANY

STATE OF NORTH CAROLINA,

County of

I, the undersigned Director of _____ located
at _____, in the State of North Carolina, do solemnly swear that I will diligently and honestly perform the
duties of my office in accordance with the provisions of G.S. Sec. 53-356.

I do further solemnly swear that the information hereinafter listed is true and accurate.

Signature Date
Name

*** Directors who are also trust company officers:** use trust company address. **Outside directors:** use preferred address, home or trust company.

Mailing Address *
City State Zip
Telephone No. (Home) (Business)
Number of Shares Owned Total Number of Shares Owned
(Held in your name only) (Include joint and beneficial ownership)
Principal Occupation

Other Business Affiliations
Indicate name of company, proprietorship or partnership; title or position held; and dates of affiliation
Include all current and past affiliations (Use Reverse Side If Necessary)

NAME	TITLE/POSITION	DATES (FROM -

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

Notary My Commission Expires _____

County, N.C.

OTHER BUSINESS AFFILIATIONS

Indicate name of company, proprietorship or partnership; title or position held; and dates of affiliation
Include all current and past affiliations

NAME	TITLE/POSITION	DATES (FROM - TO)
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