



**STATE OF KANSAS
OFFICE OF THE STATE BANK COMMISSIONER**

OATH OF NEW DIRECTOR(S)

_____, _____, State of Kansas
 (Name of Bank or Trust Company) (City)

Pursuant to K.S.A. 9-1114(i), each director shall take and subscribe to an oath that the director will administer the affairs of the bank or trust company diligently and honestly and that the director will not knowingly or willfully permit any of the laws relating to banks or trust companies to be violated. The oath shall be filed with the commissioner within 15 days of the election of any new officer or director.

Effective _____, the following new Director(s) has been appointed. The amount of shares owned in the Bank or Trust Company is also stated. Their biographical information, including past and current business and professional affiliations, is attached.

OATH OF DIRECTORS: The undersigned directors of the aforementioned bank or trust company in the State of Kansas, being citizens and residents of the places and in the states as shown below opposite our names, do solemnly swear: I will support the constitution of the United States and the constitution of the State of Kansas, and I will diligently and honestly administer the affairs of said bank or trust company; and I will not knowingly or willfully permit to be violated any of the provisions of the banking or trust laws of the State of Kansas.

DIRECTOR'S NAME	OFFICIAL TITLE	ADDRESS	SHARES OWNED	ORIGINAL SIGNATURES
1.				
2.				
3.				
4.				

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public Signature: _____

Notary Stamp:

PLEASE COMPLETE ONE FORM FOR EACH OFFICER OR DIRECTOR APPOINTED OR ELECTED SINCE THE LAST STATE EXAMINATION.

STATE OF KANSAS
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DIRECTOR/OFFICER BIOGRAPHY (CONFIDENTIAL)

Please print or type answers.

Please use separate sheets or additional copies of this form, if necessary.

NOTE # May be completed by institution employee.			
INSTITUTION NAME		PREPARED BY	INFORMATION AS OF
NAME			DATE OF BIRTH
ADDRESS (STREET, CITY, STATE, ZIP)			
OCCUPATION		TITLE	EDUCATION (DEGREE) #
NAME OF COLLEGE #		LOCATION #	
NUMBER OF YEARS A RESIDENT OF THIS COMMUNITY		DATE ELECTED TO BOARD	AND/OR EMPLOYED BY INSTITUTION
NUMBER OF SHARES OWNED (INSTITUTION OR HOLDING COMPANY)	CURRENT ANNUAL SALARY		LAST YEAR'S BONUS
PREVIOUS EMPLOYMENT #			
NAME OF COMPANY	LOCATION	TITLE	NO. OF YEARS EMPLOYED
			FROM TO
			FROM TO
			FROM TO
IN WHAT CIVIC ORGANIZATIONS AND/OR ACTIVITIES DO YOU PARTICIPATE?			
OFFICERS ONLY			
DATE PROMOTED TO PRESENT POSITION _____		DESCRIBE PRINCIPAL DUTIES	
DIRECTORS ONLY			
NET WORTH (AMOUNT) Please provide copy of statement	DATE OF STATEMENT	a. IF STATEMENT NOT ON FILE, GIVE ESTIMATE OF NET WORTH	
b. BY WHOM ESTIMATED			
IN WHAT SPECIFIC AREAS DO YOU BELIEVE YOUR PARTICIPATION AS A DIRECTOR BENEFITS THIS INSTITUTION?			
MISCELLANEOUS COMMENTS			
PREPARED BY			