

Individual Oath of Director

Name of Bank/Savings Bank	City, Village or Township
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I, _____, Director of the above-named bank/savings bank, do solemnly swear (or affirm) that I will diligently and honestly perform the duties of my office and that I will not knowingly violate, or permit to be violated, any provisions of the Michigan Banking Code of 1999 or the Savings Bank Act, as applicable.

Signature	Date
Home Address of Director	
Date Elected or Appointed	Term of Office

Please return completed form to:

**DEPARTMENT OF INSURANCE AND FINANCIAL SERVICES
OFFICE OF BANKING
P.O. BOX 30220
LANSING, MICHIGAN 48909-7720**

Authorized by PA 276 of 1999, as amended, or PA 354 of 1996, as amended. Required to report an individual oath of director



Michigan Department of Insurance and Financial Services

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