

**1. ACCOUNT BEING TRANSFERRED TO CNB**

(One Account Per Form)

<b>Name of Current Custodian/Trustee</b>		
<b>Physical Address Line 1</b>		
<b>Physical Address Line 2</b>		
City	ST	Zip
Phone Number of Current Custodian/Trustee		
<b>Account Number at Current Custodian/Trustee</b>		

**2. CNB ACCOUNT INFORMATION:**

Account Owner's Name	
CNB Account #	<input type="checkbox"/> New (To Be Established)
Account Owner's Phone Number	
Account Owner's Social Security Number	Date of Birth
For Office Use Only	

**3. TRANSACTION TYPE**

This transaction should be reported as a:

- Transfer**
- Direct Rollover** Please contact your employer for specific forms required to complete this transaction.
- Conversion** Check with current custodian to see if they will process from this request and if they require you to attach a W-4P.

<p><b>From:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traditional IRA</li> <li><input type="checkbox"/> Roth IRA</li> <li><input type="checkbox"/> SEP IRA</li> <li><input type="checkbox"/> Inherited Traditional IRA</li> <li><input type="checkbox"/> Inherited Roth IRA</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> 401k*</li> <li><input type="checkbox"/> 403b*</li> <li><input type="checkbox"/> Profit Sharing Plan*</li> <li><input type="checkbox"/> SIMPLE IRA**</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>To:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traditional IRA</li> <li><input type="checkbox"/> SEP IRA</li> <li><input type="checkbox"/> Roth IRA</li> <li><input type="checkbox"/> Inherited Traditional IRA</li> <li><input type="checkbox"/> Inherited Roth IRA</li> </ul>
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\* Please contact your employer for specific forms required to process this request

\*\* Current Custodian/Trustee is responsible for determining 2-year eligibility for transfer from a SIMPLE IRA to a Traditional IRA.

**4. TRANSFER/ROLLOVER/CONVERSION INSTRUCTIONS**

I hereby direct you to transfer/rollover/convert my account in accordance with the following instructions:

**Full Transfer—Check a box below**

- Liquidate all assets including money market/cash account and send proceeds to CNB (Please check with current custodian to make sure they will accept this form as authorization to liquidate your account.)
- Transfer investments in-kind plus all cash (Statement is Required)
- Liquidate and transfer proceeds at maturity
- Please follow individual instructions below:

OR

**Partial Transfer—Check a box below**

- Liquidate from Money Market/Cash Account in the amount of \$\_\_\_\_\_ (To avoid rejections, please make sure cash is available prior to submitting this request.)
- Please follow individual instructions below:

\*\*\*Please indicate desired dividend option in the right hand column.

Liquidate	Re-Register*** (in-kind)	Investment Name	Specify Dollar Amount, # of Shares, or "All"	Dividend Option	
				Reinvest	Cash
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

**5. SEND TRANSFER REQUEST FORM TO CURRENT CUSTODIAN BY:**

CNB will submit this transfer request form to the current custodian by USPS Priority Mail. If you prefer an expedited service, please indicate the selected service and provide the requested information. (If a billing number is not provided, we will send by priority mail or other method of our choice.)

Please send the transfer request form by the following Overnight Carrier:

- Federal Express Billing # \_\_\_\_\_
- UPS Billing # \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Select one:  Standard Overnight  Early Morning Delivery  Second Day Delivery

**My current custodian will process a fax of this request.** (Please verify fax acceptance with current custodian.)

Fax Number: \_\_\_\_\_ Attn: \_\_\_\_\_

**6. RETURN FUNDS TO CNB BY:**

**Please send checks by regular mail unless a box is marked below.**

- Please overnight funds to CNB by Overnight Carrier
  - Federal Express Billing # \_\_\_\_\_
  - UPS Billing # \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Please wire funds to CNB. I understand that fees will be charged for this wire and will be deducted from the amount received. Please refer to the CNB Fee Schedule for wire fee.

**For delivery of cash and/or investments please see the attached CNB Delivery Instructions.**

**7. SIGNATURE OF ACCOUNT OWNER:**

I have established an IRA with Community National Bank. I understand it is my responsibility to determine my eligibility for all transfers, conversions and direct rollovers. I have obtained my own tax and/or legal advice that may be necessary. I agree to indemnify and hold harmless Community National Bank against any and all situations arising from an ineligible transfer, conversion or direct rollover. I acknowledge that penalties may be incurred due to the premature liquidation of any investments.

**NOTE: To avoid processing delays, please check with your current custodian/trustee to determine if they require a Signature Medallion Guarantee in order to process your request. If a Signature Medallion is required, please obtain this prior to submitting the request to Community National Bank.**

**X** \_\_\_\_\_  
Signature of Account Owner Date  
(required)

**X** \_\_\_\_\_  
Signature Medallion Guarantee  
(Please provide if required by current custodian.)

By signing this document I authorize Community National Bank to received information on my account pertaining to this transaction.

**8. ONE AND THE SAME LETTER - COMPLETE ONLY IF APPLICABLE**

I, \_\_\_\_\_ (please print name), am One and the Same as \_\_\_\_\_ (please print name) as shown on the delivering firm account.

**Please sign both ways.**

**X** \_\_\_\_\_  
Signature

**X** \_\_\_\_\_  
Signature

**9. SPECIAL REMINDERS**

The set up and base fee for new accounts will be deducted from transfer proceeds unless a check is included with the new account application.

- Dividend options, systematic sales or purchases, distributions, etc. on your investments may not be retained by the investment company at the time of re-registration to Community National Bank. Please contact CNB to re-establish desired options.
- Age 70 1/2 Requirements:
  - o If you are subject to a Required Minimum Distribution (RMD), please contact CNB to establish a distribution plan. A Waiver Form should be completed if you have met or plan to meet your RMD for the current tax year from an IRA held by another institution. **(Roth IRAs are not subject to RMDs.)**
  - o When requesting a conversion from a Traditional IRA at your current custodian to a Roth IRA with Community National Bank, the RMD must be taken from the Traditional IRA **before** the conversion can be processed and sent to CNB.

**10. LETTER OF ACCEPTANCE (TO BE COMPLETED BY CNB)**

This is to certify that the individual named above has established the account type indicated above with Community National Bank using forms approved by the Internal Revenue Service. As custodian we agree to accept the account as successor custodian.  
**Community National Bank**

By \_\_\_\_\_ Date \_\_\_\_\_