

CNB Account Number \_\_\_\_\_ Account Owner Name \_\_\_\_\_

**1. BENEFICIARY DESIGNATION**

I hereby designate the following person(s) as primary and/or contingent beneficiary(ies) to receive my IRA, hereby revoking such prior designations made by me. If neither Primary or Contingent is marked, the default will be Primary.

**Note:** You may designate one or more, but not more than six persons or entities per classification as the beneficiaries of your IRA.

Primary <input type="checkbox"/>	Contingent <input type="checkbox"/>	Name	SSN/TIN	Relationship	Birthdate	Percent*
<input type="checkbox"/>	<input type="checkbox"/>	1) _____	_____	_____	_____	_____
		Address: _____ Phone Number: _____				
<input type="checkbox"/>	<input type="checkbox"/>	2) _____	_____	_____	_____	_____
		Address: _____ Phone Number: _____				
<input type="checkbox"/>	<input type="checkbox"/>	3) _____	_____	_____	_____	_____
		Address: _____ Phone Number: _____				
<input type="checkbox"/>	<input type="checkbox"/>	4) _____	_____	_____	_____	_____
		Address: _____ Phone Number: _____				
<input type="checkbox"/>	<input type="checkbox"/>	5) _____	_____	_____	_____	_____
		Address: _____ Phone Number: _____				
<input type="checkbox"/>	<input type="checkbox"/>	6) _____	_____	_____	_____	_____
		Address: _____ Phone Number: _____				

\*If no percentage is indicated, the named beneficiaries will share equally.

**2. NOTARY PUBLIC (REQUIRED)**

Notary: Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL

Notary Public Signature \_\_\_\_\_

**3. ACCOUNT OWNER SIGNATURE**

I understand this designation of beneficiary(ies) will be effective on the date of receipt by CNB. I retain the right to revoke this designation of beneficiary(ies) and to designate a new beneficiary(ies) at any time in a manner acceptable to Community National Bank. If said beneficiary(ies) does not survive me or if Community National Bank cannot locate said beneficiary(ies) after reasonable search, I direct that any balance in this account be paid to my estate. I further understand that Community National Bank cannot provide legal advice, and I agree to consult with my own tax and/or legal professional for advice.

X \_\_\_\_\_  
Signature of Account Owner Date \_\_\_\_\_

**4. MARITAL STATUS (ONE BOX MUST BE CHECKED)**

- I Am Married.** I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing below.
- Single or Widowed.** I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.

**Spousal Consent:** I am the spouse of the IRA owner. Because of the significant consequences associated with giving up any of my interest in the IRA, the custodian has not provided me with legal or tax advice but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the IRA Owner's assets or property and any financial obligations for a community property state. In the event I have a legal interest in the IRA assets, I hereby give to the IRA Owner such interest in the assets held in this IRA and consent to the beneficiary designation set forth in the Designation of Beneficiary section of this form.

X \_\_\_\_\_  
Signature of Spouse Date \_\_\_\_\_