

CNB Account Number _____ **Account Name** _____

1. CLAIM AUTHORIZED BY COMPETENT ACCOUNT HOLDER

I certify that I am totally and permanently disabled, and hereby request that distributions be made to me from the investments currently held by you, as Custodian.

To facilitate distributions, I have attached the following:

- A completed Distribution Request form.
- A signed statement by my acting physician, verifying my inability to perform any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to be of long-continued and indefinite duration.

I understand that no payment can be made until these documents have been received by the Custodian.

X _____
Signature of Account Owner Date

2. CLAIM AUTHORIZED BY POWER OF ATTORNEY

I certify that the above named Account Owner is totally and permanently disabled, and hereby request that distributions be made from the investments currently held by you, as Custodian.

To facilitate distributions, I have attached the following:

- A completed Distribution Request form.
- A signed statement by the Account Owner's acting physician, verifying their inability to perform any substantial, gainful activity by reason of any medically determinable physical or mental impairment which can be expected to be of long-continued and indefinite duration.

If a valid Power of Attorney is not currently on file with Community National Bank, I have also attached:

- The Power of Attorney document.
- A notarized Affidavit for Power of Attorney. (Form can be found at www.cnbcustody.com)

I understand that no payment can be made until these documents have been received by the Custodian.

X _____
Signature of Person with Power of Attorney Date