

Name _____ CNB # _____

Address _____ SSN # _____

City _____ ST _____ Zip _____ Phone _____

Please Note: If the amount you wish to transfer is over \$5,000, or is a one-time only transfer, please complete a transfer request form provided by the receiving institution. This form should not be used for transfers in excess of \$5,000 unless you have a letter of acceptance signed by the receiving institution.

1. IRA OR ROTH IRA PERIODIC TRANSFER INFORMATION

I acknowledge that the account below is set up as a: Traditional IRA Roth IRA. Please record this transaction as either an IRA to IRA transfer or as a Roth IRA to Roth IRA transfer, both of which are non-reportable to the IRS.

Name of Receiving Custodian _____

Address _____

City _____ ST _____ Zip _____

Account # _____ Phone _____ Contact Name _____ (If Applicable)

A copy of the statement or a transfer request form from the receiving custodian must be attached, or your request will not be processed!

2. PAYMENT PLAN

Periodic transfer of \$ _____

Periodic sweep of all available cash within the account

(The account will not be swept if less than \$100 is available at the time of the scheduled transfer.)

3. PAYMENT DETAILS

Periodic transfers are to be made: Monthly Quarterly Semi-Annually Annually

Beginning Date: ____/____/____ (Periodic transfers are processed on the 5th, 15th, or 25th of each month)

4. SIGNATURE

I hereby direct you to transfer funds in my CNB retirement account according to the information and instructions above. I understand a \$25 fee will be charged for the initial transfer and a discounted fee of \$10 will be charged for each transfer to the account listed above thereafter. The payment plan is to continue as long as there is any balance in my account to fund such periodic transfers or until I submit written authorization to revoke the instructions. I understand that CNB will record each check as a transfer but is not responsible for the tax reporting processed by the receiving institution.

If the account at the above named institution is closed, I agree to notify CNB as soon as possible. I understand that administrative charges will apply if a transfer check is returned to CNB by the receiving institution. I hereby indemnify Community National Bank and hold it harmless from any liabilities, claims, taxes, causes of actions, etc. to which I may be subjected due to this request.

X _____
Signature of Account Owner

Date