

CNB Account Number _____ **Account Owner's Name** _____

Social Security Number _____ **Phone Number** _____

OPTIONS TO SATISFY YOUR REQUIRED MINIMUM DISTRIBUTION (RMD):

1. RMD WILL NOT BE TAKEN FROM CNB IRA

If you decide to take this year's RMD from an IRA at another institution, please complete the waiver below. This form will allow you to waive the RMD from this IRA for this year only or for all future tax years.

Waiver to Distribute Required Minimum Distribution

I have determined my required minimum distribution for the IRA specified above and have elected to take the entire amount from my IRA at another institution. I assume sole responsibility for this determination. I understand that it is my responsibility to satisfy the IRS minimum distribution requirements that apply to my IRAs and that failure to take the RMD from my IRA may result in a 50% excess accumulation tax imposed by the IRS.

This waiver is effective for: *(please fill in appropriate year)*

- Current tax year only.
- Current tax year and all future tax years.

This waiver is in effect until I revoke the waiver by written notice.

2. RMD WILL BE TAKEN FROM CNB IRA (Distribution Request Form must also be completed)

Should you decide to take the required distribution from your new CNB account, you will need to contact your previous custodian for the 12/31 RMD figures. Consult with your tax and/or legal counsel for further guidance concerning any of these issues.

RMD for this year per previous custodian: \$ _____

If the RMD is not available from your previous custodian, you will need the following information to calculate the RMD:

- The IRA owner's age at the end of the year.
- The IRA owner's spouse's age if they were the sole primary beneficiary for the whole year.
- Adjusted Fair Market Value (FMV) as of 12/31 of the previous year including any outstanding rollovers, transfers, and certain recharacterizations which may have been completed after December 31st.
- The Distribution Period Tables. (Can be found at www.irs.gov, Publication 590-B)

RMD Formula: Adjusted Fair Market Value / Distribution Period = RMD

3. SIGNATURE

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 because of this determination.

X _____
Signature of Account Owner

Date