

1. DECEASED ACCOUNT OWNER INFORMATION

Full Name _____ Account # _____ Date of Death _____

Death Occurred: Before Required Beginning Date (RBD) On or After RBD

Note: RBD is Apr. 1 of the year following the year the IRA owner turns 70 ½. All Roth IRAs are considered as "Before the RBD".

2. BENEFICIARY INFORMATION

Name of Beneficiary _____ SS # or Tax ID# (corp, trust, estate, etc) _____ Birth Date _____

Physical Address (required) _____ City _____ State _____ Zip _____

Mailing Address (if different) _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____ Cell Phone _____

For trusts, estates, charities, or guardians: (Attach supporting documents)

Trustee(s) or Executor Name or Guardian/Conservator _____ Social Security Number _____ Birth Date _____

3. BENEFICIARY RELATIONSHIP AND ELECTION

Beneficiary Relationship:	<i>If no election option is marked below, life expectancy payout will be the default.</i>
<input type="checkbox"/> Spouse Beneficiary (Sole)	Beneficiary Election: <input type="checkbox"/> Treat IRA as my own (Note: Successor beneficiaries of previously inherited IRAs may not choose to treat as their own.) <input type="checkbox"/> Set up a new account OR <input type="checkbox"/> Use my existing CNB IRA # _____ <input type="checkbox"/> Establish Beneficiary IRA with Life Expectancy Payout <input type="checkbox"/> Establish Beneficiary IRA under the 5 year rule • Election available ONLY if account is a Roth IRA or account owner passed away before the RBD.
Individual Beneficiary <input type="checkbox"/> Spouse Beneficiary (Not Sole Beneficiary) <input type="checkbox"/> Non-Spouse Beneficiary	Beneficiary Election: <input type="checkbox"/> Establish Beneficiary IRA with Life Expectancy Payout <input type="checkbox"/> Establish Beneficiary IRA under the 5 year rule • Election available ONLY if account is a Roth IRA or account owner passed away before the RBD. Note: Successor beneficiaries of previously inherited accounts must follow the original beneficiary election.
Non-Individual Beneficiary <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust Beneficiary* <input type="checkbox"/> Qualified <input type="checkbox"/> Non-Qualified Qualified Trust Criteria • Valid under state law • Is irrevocable or becomes irrevocable upon death • Trust beneficiaries are identified	Beneficiary Election: <input type="checkbox"/> Establish Beneficiary IRA with Life Expectancy Payout • Election available ONLY if account owner passed away after the RBD or if the beneficiary is a qualified trust. <input type="checkbox"/> Establish Beneficiary IRA under the 5 year rule • Election available ONLY if account is a Roth IRA or account owner passed away before the RBD. *If the beneficiary is a trust, please list the name of the oldest beneficiary of the trust and his/her date of birth. Name _____ DOB _____

4. WAIVER TO DISTRIBUTE RMD (if applicable)

I have determined the required minimum distribution for the IRA specified above and verify that the RMD was taken from another institution. I assume sole responsibility for this determination.

5. SIGNATURE

I understand that it is my responsibility to satisfy the IRS minimum distribution requirements that apply to the decedent's IRA and that failure to take the RMD from the decedent's IRA may result in a 50% excess accumulation tax imposed by the IRS. (Note: RMD not applicable to Roth IRAs)

I understand when multiple beneficiaries exist all claim forms and instructions must be submitted prior to any disbursement of funds. I also understand that all assets are divided proportionately among the beneficiaries based on the designated percentage.

I understand all dividend options on the investment(s) will be retained by the investment companies unless I attach written instructions to request a change.

I understand that this transaction may be subject to taxation and/or penalties as set forth by the Internal Revenue Code and Regulations. I acknowledge that I have read and understand this form. I have obtained the necessary tax and/or legal advice that may be necessary to make this determination. I certify under penalty of perjury that the Social Security Number and/or Tax Identification Number I have provided on this form is correct.

I hereby certify that I am the designated beneficiary of the Account Owner listed above and that all information provided by me is true and accurate. I certify that Community National Bank has not provided me with tax, legal, financial, or estate planning advice. All decisions regarding this claim and withdrawal are my own. I assume the responsibility of any adverse consequences that may arise from the withdrawal and 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 transaction.

Beneficiary Signature: _____ **Date:** _____

Sworn to and subscribed before me on: _____, 20____.

(Seal)

Notary Signature: _____ **My Commission Expires:** _____