

**1. DECEASED ACCOUNT OWNER INFORMATION**

Full Name \_\_\_\_\_ Account # \_\_\_\_\_ Date of Death \_\_\_\_\_

**2. BENEFICIARY INFORMATION**

Name of Beneficiary \_\_\_\_\_ SS# or Tax ID# \_\_\_\_\_ Birth Date \_\_\_\_\_

Physical Address (required) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Main Phone (required) \_\_\_\_\_ Secondary Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

US Citizen     Resident Alien     Nonresident Alien    Country of Citizenship \_\_\_\_\_

Email Address \_\_\_\_\_ Gender \_\_\_\_\_

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

Name of Trustee(s), Executor(s), or Guardian/Conservator \_\_\_\_\_ SS# \_\_\_\_\_ Birth Date \_\_\_\_\_

**3. BENEFICIARY RELATIONSHIP AND ELECTION**

Beneficiary Relationship:	Beneficiary Election Option:
<p><b>A. Eligible Designated Beneficiary (EDB)</b></p> <p>Please indicate relationship at the time of death:</p> <p><input type="checkbox"/> <b>Surviving spouse</b></p> <p><input type="checkbox"/> <b>Minor child of decedent</b></p> <p><input type="checkbox"/> <b>I am chronically ill or disabled</b> <small>(Please attach a physician's statement)</small></p> <p><input type="checkbox"/> <b>I am a non-spouse less than 10 years younger than the decedent</b></p> <p><input type="checkbox"/> <b>I am the trustee of a Qualified Trust*</b> and I certify that all beneficiaries match one of the following relationships or one or more beneficiaries is chronically ill or disabled**:</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Surviving Spouse</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Minor Child of Decedent</b></p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Chronically ill or disabled</b> <small>(Please attach a physician's statement)</small></p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>A non-spouse less than 10 years younger than the decedent</b></p> <p><b>*Qualified Trust Criteria</b></p> <ul style="list-style-type: none"> <li>• Trust beneficiaries are clearly identified as individuals</li> <li>• Valid under state law</li> <li>• Is irrevocable or becomes irrevocable upon death</li> </ul> <p><small>** If one beneficiary of the trust is chronically ill or disabled, only that beneficiary will qualify for the EDB designation.</small></p> <p><b>If the beneficiary relationships in Section A do not apply, please review Sections B and C on the following page for further relationship options.</b></p>	<p><b>Election Options for Surviving Spouse Only:</b></p> <p><input type="checkbox"/> <b>Treat IRA as my own</b> Notes: 1. Successor spouse beneficiaries of previously inherited IRAs may not choose to treat as their own. 2. A spouse who is a beneficiary of a qualified trust may not treat the account as his/her own.</p> <p><input type="checkbox"/> Establish new account</p> <p><input type="checkbox"/> Use my existing IRA # _____</p> <p><input type="checkbox"/> <b>Life Expectancy Payout</b> - Establish Beneficiary IRA</p> <p><input type="checkbox"/> <b>10-Year Rule Payout</b> - Establish Beneficiary IRA</p> <hr/> <p><b>Election Options for all Non-Spouse Eligible Designated Beneficiaries as defined in Section A:</b></p> <p><input type="checkbox"/> <b>Life Expectancy Payout</b> - Establish Beneficiary IRA*</p> <p><input type="checkbox"/> <b>10-Year Rule Payout</b> - Establish Beneficiary IRA</p> <p><small>*If a minor is choosing Life Expectancy Payout, the election will change to the 10-Year Rule Payout once the minor reaches age of majority.</small></p> <p><small>Note: If the EDB is the beneficiary of a qualified trust, please list the name of the oldest beneficiary of the trust and his/her date of birth.</small></p> <p>Name _____ DOB _____</p>

Beneficiary Relationship:	Beneficiary Election Option:
<p><b>B. Non-Eligible Designated Beneficiary (Non-EDB)</b></p> <p>Please indicate relationship at the time of death:</p> <p><input type="checkbox"/> Non-Spouse</p> <p><input type="checkbox"/> Successor Beneficiary – Original decedent died before 2020</p> <p><input type="checkbox"/> Successor Beneficiary – Original decedent died after 2019</p> <p><input type="checkbox"/> I am the trustee of a Qualified Trust*, and certify that beneficiaries do not qualify as an EDB.</p> <p><b>*Qualified Trust Criteria</b></p> <ul style="list-style-type: none"> <li>• Trust beneficiaries are clearly identified as individuals</li> <li>• Valid under state law</li> <li>• Is irrevocable or becomes irrevocable upon death</li> </ul>	<p><b>Election for Non-Spouse Beneficiary as defined in Section B:</b></p> <p><input type="checkbox"/> <b>10-Year Rule Payout</b> - Establish Beneficiary IRA</p> <p><input type="checkbox"/> <b>Successor Beneficiary – Original decedent died prior to 2020</b> Establish Beneficiary IRA - I will continue the original payout method established by the original beneficiary.</p> <p><input type="checkbox"/> <b>Successor Beneficiary – Original decedent died after 2019</b> Establish Beneficiary IRA - I will continue the 10-Year Rule Payout established by the original beneficiary.</p> <p>If you selected Qualified Trust, please list the name and date of birth of the oldest beneficiary of the trust.</p> <p>Name _____ DOB _____</p>
Beneficiary Relationship:	Beneficiary Election Option:
<p><b>C. Non-Individual Beneficiary</b></p> <p>Please indicate relationship at the time of death:</p> <p><input type="checkbox"/> Estate</p> <p><input type="checkbox"/> Charity</p> <p><input type="checkbox"/> Non-Qualified Trust</p> <p><b>The Required Beginning Date (RBD) for a Traditional or SEP IRA is defined as April 1<sup>st</sup> of the year following reaching age 72, or April 1<sup>st</sup> of the year following reaching age 73 if the death occurred after 12/31/22.</b></p> <p><b>Please choose one:</b></p> <p><input type="checkbox"/> Death occurred before RBD (5-year rule applies)</p> <p><input type="checkbox"/> Death occurred on or after RBD (LEP applies)</p> <p><input type="checkbox"/> Not applicable for Roth IRA (5-year rule applies)</p>	<p><b>Election for Non-Individual Beneficiary as defined in Section C:</b></p> <p><input type="checkbox"/> <b>Establish Beneficiary IRA with Life Expectancy Payout (LEP)</b> Election available ONLY if account owner passed away after the RBD or if the beneficiary is a <i>non-qualified</i> trust.</p> <p><input type="checkbox"/> <b>Establish Beneficiary IRA under the 5-year rule</b> Election available ONLY if account is a Roth IRA or account owner passed away before the RBD.</p>

**4. REQUIRED MINIMUM DISTRIBUTION (RMD) for Traditional or SEP IRAs:**

Complete this section if the decedent turned 70 ½ prior to 2020, turned 72 after 2019, or turned 73 after 2022. This section is not applicable for Roth IRAs.

- I am aware that the decedent did not meet the entire RMD from the IRA held at CNB Custody prior to death. I verify that the RMD was met from an IRA held by another institution and do not wish to take the remaining RMD from CNB Custody.
- I would like to take the remaining RMD that the decedent did not meet prior to death. Please see the attached Distribution Request Form for further instructions.

**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 an 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: \_\_\_\_\_