

1. DECEASED ACCOUNT OWNER INFORMATION

Full Name	Account #	Date of Death
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2. BENEFICIARY INFORMATION

Name of Beneficiary	SS # or Tax ID# (i.e. corp, trust, estate, etc)	Birth Date
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Physical Address (required)	City	State	Zip
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Mailing Address (if different)	City	State	Zip
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Home	Business Phone	Cell Phone
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For trusts, estates, charities, or guardians: (Attach supporting documents)

Trustee(s) or Executor Name or Guardian/Conservator	SS#	Birth Date
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3. ELECTION

Beneficiary Election:

Hold assets in a Non-Qualified Account at CNB

- Set up a new account. (A new account application must be submitted to establish your account at CNB.)
- Use my existing CNB NQA # _____

Hold assets at each respective investment sponsor. Please mail a check for any cash to the address shown below.

Please register the investments as follows:

Account Name/Title: _____
 Address: _____
 City, ST, Zip: _____
 SSN/TIN: _____

Note: If you wish to transfer or sell any of the investments held in the decedent's account as part of the claim process, please contact Community National Bank or the investment sponsor directly for further instructions and/or required forms.

4. SIGNATURE

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 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:** _____