

1. ACCOUNT OWNER INFORMATION

CNB Account #	Account Owner Name
Address	City, State, Zip
Daytime Phone #	Email Address
Marital Status <input type="checkbox"/> I Am Married - I understand that if I designate a primary beneficiary other than my spouse, my spouse must consent by signing the Spousal Consent Section in Section 3. <input type="checkbox"/> I Am Single or Widowed - I understand that if I marry in the future, I must complete a new Designation of Beneficiary form, which includes the spousal consent documentation.	

2. BENEFICIARY DESIGNATION

Upon my death, I understand the primary beneficiaries named below will receive my IRA assets. In the event my primary beneficiaries predecease me, the contingent beneficiaries named below will receive my IRA assets. If one of my beneficiaries predeceases me, such beneficiary's share will be divided on a pro-rata basis to the other beneficiaries that share the deceased beneficiary's classification, unless I list my designation as per stirpes. If all beneficiaries predecease me, my IRA assets will be paid to my estate. In the event I have failed to assign percentages, the beneficiaries will share equally. If I have designated percentages and the percentages do not equal 100%, any remaining percentage will be divided equally among the beneficiaries listed within the primary or contingent category. In the event a beneficiary is not listed, my estate is treated as the primary beneficiary of this IRA.

I hereby designate the following person(s) as primary and/or contingent beneficiary(ies) to receive my IRA, hereby revoking such prior designations made by me. If neither Primary nor Contingent is marked, the default election will be Primary.



Important Designation Reminders:

- You may designate one or more, but not more than six persons or entities per classification as the beneficiaries of your IRA.
- If you wish to designate a charity or other entity as your beneficiary, please communicate with their representative(s) to make sure they can accept your assets. Some firms are not able to take alternative assets that are not publicly traded.
- Please list as much information regarding your beneficiary as possible to ensure proper payout if necessary.
- To confirm CNB's acceptance of this change, please review your designation online or refer to your statement to see current designations.

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Additional designation space on next page

2. BENEFICIARY DESIGNATION CONTINUED

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

Percentage _____ %	Name	Relationship
<input type="checkbox"/> Primary	Address	Date of Birth
<input type="checkbox"/> Contingent	City, State, Zip	Phone #
		SSN or Tax ID

3. SPOUSAL CONSENT

PLEASE NOTE: Spouse's signature is required when spouse is not listed as 100% primary beneficiary.

I am the spouse of the IRA owner. Because of the significant consequences associated with giving up any of my interest in the IRA, the custodian has not provided me with legal or tax advice but has advised me to seek tax or legal advice. I acknowledge that I have received a fair and reasonable disclosure of the IRA Owner's assets or property and any financial obligations for a community property state. In the event I have a legal interest in the IRA assets, I hereby give to the IRA Owner such interest in the assets held in this IRA and consent to the beneficiary designation set forth in the Designation of Beneficiary section of this form.

X _____
Signature of Spouse

_____ Date

4. ACCOUNT OWNER SIGNATURE

I understand this designation of beneficiary(ies) will be effective on the date of receipt by CNB. I retain the right to revoke this designation of beneficiary(ies) and to designate a new beneficiary(ies) at any time in a manner acceptable to Community National Bank. If said beneficiary(ies) does not survive me or if Community National Bank cannot locate said beneficiary(ies) after reasonable search, I direct that any balance in this account be paid to my estate. I further understand that Community National Bank cannot provide legal advice, and I agree to consult with my own tax and/or legal professional for advice.

X _____
Signature of Account Owner

_____ Date