

Name \_\_\_\_\_ CNB # \_\_\_\_\_  
Address \_\_\_\_\_ SSN # \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_



**Please Note:** If the amount you wish to transfer is over \$15,000, or is a one-time only transfer, please complete a transfer request form provided by the receiving institution instead of this form.

## 1. IRA OR ROTH IRA PERIODIC TRANSFER INFORMATION

My account referenced below is set up as a:  Traditional IRA  Roth IRA.

Name of Receiving Custodian \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_  
Account # \_\_\_\_\_ Phone \_\_\_\_\_ Contact Name \_\_\_\_\_  
(If Applicable)



**Please attach a copy of your statement for the account above so registration and IRA type may be verified.**



## 2. PAYMENT PLAN

- Periodic transfer of \$ \_\_\_\_\_  
 Periodic sweep of all available cash within the account  
(The account will not be swept if less than \$100 is available at the time of the scheduled transfer.)

## 3. PAYMENT DETAILS

Periodic transfers are to be made:  Monthly  Quarterly  Semi-Annually  Annually

Beginning Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (Periodic transfers are processed on the 5th, 15th, or 25th of each month)

## 4. SIGNATURE

I hereby direct you to transfer funds in my CNB retirement account according to the information and instructions above. I understand a \$25 fee will be charged for the initial transfer and a discounted fee of \$10 will be charged for each transfer to the account listed above thereafter. The payment plan is to continue while there is sufficient cash available in my account to fund such periodic transfers, or until I submit written authorization to revoke the instructions. **I understand that CNB will record each check as a transfer but is not responsible for the tax reporting processed by the receiving institution.**

**If the account at the institution named above is closed in the future, I agree to notify CNB as soon as possible.** I understand that administrative charges will apply if a transfer check is returned to CNB by the receiving institution. 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 due to this request.

X \_\_\_\_\_  
Signature of Account Owner

\_\_\_\_\_  
Date