



2. CNB ACCOUNT OWNER INFORMATION

Account Owner's Name	
CNB Account #	<input type="checkbox"/> New (To Be Established)
Account Owner's Phone Number	
Account Owner's Social Security Number/Tax ID	Date of Birth
Additional Account Owner's Social Security Number	Date of Birth
For Office Use Only	

FROM:

- TO:**

- | | |
|--|--|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Estate |
| <input type="checkbox"/> Joint Tenants | <input type="checkbox"/> Tenants in Common |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Conservatorship |
| <input type="checkbox"/> UGMA/UTMA | <input type="checkbox"/> Guardianship |
| <input type="checkbox"/> Other | |

4. TRANSFER/ROLLOVER/CONVERSION INSTRUCTIONS

Full Transfer—Check a box below

- OR**

Partial Transfer—Check a box below

- ☐ Liquidate from Money Market/Cash Account in the amount _____
of \$ _____
(To avoid rejections, please make sure cash is available
prior to submitting this request.)
- ☐ Please follow individual instructions below:

***Please indicate desired dividend option in the right hand column.

[illegible]

5. SEND TRANSFER REQUEST FORM TO CURRENT CUSTODIAN BY:

CNB will submit this transfer request form to the current custodian by USPS Priority Mail. If you prefer an expedited service, please indicate the selected service and provide the requested information. (If a billing number is not provided, we will send by priority mail or other method of our choice.)

Please send the transfer request form by the following Overnight Carrier:

☐ Federal Express Billing # _____
☐ UPS Billing # _____ Billing Zip Code _____

Select one: ☐ Standard Overnight ☐ Early Morning Delivery ☐ Second Day Delivery

My current custodian will process a fax of this request. (Please verify fax acceptance with current custodian.)

Fax Number: _____ Attn: _____

6. RETURN FUNDS TO CNB BY:

Please send checks by regular mail unless a box is marked below.

☐ Please overnight funds to CNB by Overnight Carrier

☐ Federal Express Billing # _____
☐ UPS Billing # _____ Billing Zip Code _____

☐ Please wire funds to CNB. I understand that fees will be charged for this wire and will be deducted from the amount received. Please refer to the CNB Fee Schedule for wire fee.

For delivery of cash and/or investments please see the attached CNB Delivery Instructions.

7. SIGNATURE OF ACCOUNT OWNER:

I have established a custodial account with Community National Bank. I understand it is my responsibility to determine my eligibility for all transfers. I have obtained my own tax and/or legal advice that may be necessary. I agree to indemnify and hold harmless Community National Bank against any and all situations arising from an ineligible transfer. I acknowledge that penalties may be incurred due to the premature liquidation of any investments.

NOTE: To avoid processing delays, please check with your current custodian/trustee to determine if they require a Signature Medallion Guarantee in order to process your request.

If a Signature Medallion is required, please obtain this prior to submitting the request to Community National Bank.

X _____

Signature of Account Owner
(required)

Date

X _____

Signature Medallion Guarantee

(Please provide if required by current custodian.)

X _____

Signature of Additional Account Owner

Date

By signing this document I authorize Community National Bank to receive information on my account pertaining to this transaction.

8. ONE AND THE SAME LETTER – COMPLETE ONLY IF APPLICABLE

I, _____ (please print name), am One and the Same as

_____ (please print name) as shown on the delivering firm account.

Please sign both ways.

X _____

Signature

X _____

Signature

9. SPECIAL REMINDERS

- The set up and base fee for new accounts will be deducted from transfer proceeds unless a check is included with the new account application.
- Don't forget to attach a copy of your statement!
- When applicable, contact your current custodian to complete a liquidation request of all assets or the amount sufficient to meet the requested transfer. This will expedite the transfer process.
- Dividend options, systematic sales or purchases, distributions, etc. on your investments may not be retained by the investment company at the time of re-registration to Community National Bank. Please contact CNB to re-establish desired options.

10. LETTER OF ACCEPTANCE (TO BE COMPLETED BY CNB)

This is to certify that the individual named above has established the account type indicated above with Community National Bank using forms approved by the Internal Revenue Service. As custodian we agree to accept the account as successor custodian.

Community National Bank

By _____ Date _____