

5. COMPLETE ONLY IF TRANSFERRING PRECIOUS METALS:

If transferring Precious Metals to CNB, your initials are required on the line below.

(initial) I acknowledge that I have read and fully understand the Precious Metals Disclosures & Instructions and the Precious Metals Fee Schedule found on cnbcustody.com.

Precious Metals Depository – If no selection is chosen, the Delaware location of DDSC will be assumed:

- Delaware Depository (DDSC) Delaware Location Delaware Depository (DDSC) Nevada Location
 International Depository Services (IDS) Delaware Location International Depository Services (IDS) Texas Location

Precious Metals Storage Type at Depository – If no selection is chosen, non-segregated will be assumed if using DDSC:

- Non-Segregated (assets are mixed with assets of others) Non-Segregated is not available at IDS
 Segregated (assets are held separately from other investor's assets – additional fees apply) Segregation of silver is not available at DDSC

6. SEND TRANSFER REQUEST FORM TO CURRENT CUSTODIAN BY:

CNB will submit this transfer request form to the current custodian by fax or by USPS if fax is not available.

Fax Number: _____ Attn: _____

7. 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.

8. SIGNATURE OF ACCOUNT OWNER:

I have established an IRA with Community National Bank. I understand it is my responsibility to determine my eligibility for all transfers, conversions and direct rollovers. 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, conversion or direct rollover. 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 _____ X _____
Signature of Account Owner Date Signature Medallion Guarantee
(required) (Please provide if required by current custodian.)

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

9. 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 _____ X _____
Signature Signature

10. 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.

- 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.
- Required Minimum Distribution Requirements:
 - If you are subject to a Required Minimum Distribution (RMD), please contact CNB to establish a distribution plan. A Waiver Form should be completed if you have met or plan to meet your RMD from an IRA held by another institution. Roth IRAs are not subject to RMDs.
 - When requesting a conversion from a Traditional IRA at your current custodian to a Roth IRA with Community National Bank, the RMD must be taken from the Traditional IRA **before** the conversion can be processed and sent to CNB.

11. 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