

ACCOUNT UPDATE FORM

Effective 8/2011

225 Main Street . PO Roy 225 . Soi

RETIREMENT PLANS DIVISION			one: (800)680-0340 • Fax (785)336-2214
CNB Account Number	Account Owner's Name		
CHANGE OF NAME			
ote: Applicable legal documentatio fidavit is required with this form. A			
Former name (print)		New name (print)	
X		X New signature	
Former signature		New signature	
CHANGE OF ADDRESS			
Old Address		Current Phone Numbers	
Street		Home	
City ST	Zip	Cell	
		Business	
Effective Date of Address:			
Seasonal Address: From		_ То	
New Mailing Address		New Physical Address	
		Mark box if physical address is th	e same as your mailing address.
Street		Street	
City ST	Zip	City	ST Zip
STATEMENT FREQUENCY		THIRD PARTY AUTHO	RIZATION
Please change my statement frequency as indicaunderstand that my fees may increase according if I have requested a more frequent statement. Annual Quarterly		IRS regulations state that an IRA can only belong to one individual. If you wish to authorize your spouse or other designee to obtain information on your account, please list their name and relationship below. This third party will not be able to authorize transactions unless Power of Attorney documents are on file with Community National Bank. This authorization wiremain on file until revoked by you.	
E-MAIL ADDRESS		Note: This section should not be used to designate a new financial representative. Please use our "Change of Designated Representative" form to update financial representative information.	
		Authorized Person's Name	Relationship
	0		40
Signature of Account	Owner	Da	te