



COMMUNITY NATIONAL BANK

RETIREMENT PLANS DIVISION

ACCOUNT UPDATE FORM

Effective 8/2011

225 Main Street • PO Box 225 • Seneca KS 66538
Phone: (800)680-0340 • Fax (785)336-2214

CNB Account Number _____ Account Owner's Name _____

CHANGE OF NAME

Note: Applicable legal documentation showing your name change, such as a marriage certificate or change of name affidavit is required with this form. Also, don't forget to update beneficiary designations as necessary!

Former name (print) _____

New name (print) _____

X Former signature _____

X New signature _____

CHANGE OF ADDRESS

Form with sections: Old Address, Current Phone Numbers, New Mailing Address, New Physical Address. Includes checkboxes for Effective Date of Address and Seasonal Address.

Form with sections: STATEMENT FREQUENCY, THIRD PARTY AUTHORIZATION, E-MAIL ADDRESS. Includes checkboxes for Annual, Quarterly, Monthly and a signature line for Authorized Person's Name.

SIGNATURE SECTION

Signature of Account Owner _____ Date _____