



WAIVER OF REQUIRED MINIMUM DISTRIBUTION FORM

Please complete all of the information requested below:

1. ACCOUNT OWNER INFORMATION

Name Mr. _____
 Mrs. _____
 Ms. First Middle Last
 Miss _____

Address _____
 Street Apt. Number

 City State Zip

Date of Birth _____ Home Phone _____
 Social Security Number _____ Business Phone _____

2. PLAN INFORMATION

Plan Number _____ Type of IRA Plan
 # _____ Regular IRA
 Account #'s _____ Spousal IRA
 _____ Rollover IRA
 _____ SEP/IRA

3. WAIVER OF REQUIRED MINIMUM DISTRIBUTION REQUIREMENT

I understand that under IRS rules, I am required to receive a minimum distribution payment from my Apple Bank for Savings IRA Plan. I hereby inform Apple Bank for Savings that I do not wish to receive the minimum distribution payment from my IRA Plan (check one):

- A) for the current year
- B) until further notice

I intend to satisfy this minimum distribution requirement by withdrawing the proper amount of funds from another IRA Plan maintained outside of Apple Bank for Savings. I further understand that Apple Bank may rely on this waiver of my required minimum distribution payments until I change or cancel it in writing, or until it is revoked by IRS regulations.

DEFAULT PROVISION: If you fail to check one of the boxes, you will be deemed to have checked Box B.

4. AUTHORIZATION

By signing this request you certify that this waiver of required minimum distribution is permitted by IRS regulations. This waiver shall be effective when received by an authorized representative of Apple Bank for Savings. Furthermore, I understand that Apple Bank for Savings is not responsible for any tax, or other consequences, nor for any penalties incurred by me as a result of my signing this form.

 Grantor's name (please print) Signature Date

5. Accepted by Apple Bank for Savings

 Authorized Signature Date