



# IRA Beneficiary Surviving Child Certification

This form is to be completed by the Executor/Executrix, Trustee, or Legal Representative for the estate of the individual retirement account (IRA) holder to certify and identify surviving child(ren).

## Account Information

Account Number \_\_\_\_\_  
Name of Account holder \_\_\_\_\_

*Account Number is required.*

## Type of Claim

Select Option 1 or Option 2:

- Option 1.** IRA account holder has no surviving children; therefore, the estate is the default beneficiary of the account. Proceed to Signature and Acknowledgement section.
- Option 2.** IRA account holder has surviving children and one of the following situations applies:
  - IRA account holder did not file a written beneficiary designation with the custodian and there is no surviving spouse.
  - All designated beneficiaries have pre-deceased the IRA account holder.
  - Per Stirpes designation: IRA account holder selected Per Stirpes designation. List the surviving child(ren) of the pre-deceased beneficiary.
  - Successor Beneficiary: List the surviving child(ren) of the designated/default IRA beneficiary.

## Surviving Child(ren) Information

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ (mm/dd/yyyy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Social Security Number \_\_\_\_\_ Email Address \_\_\_\_\_

Additional surviving child(ren) named on the attached signed sheet.

**Investment and Insurance Products are:**  
• Not Insured by the FDIC or Any Federal Government Agency  
• Not a Deposit or Other Obligation of, or Guaranteed by, the Bank or Any Bank Affiliate  
• Subject to Investment Risks, Including Possible Loss of the Principal Amount Invested

Wells Fargo Advisors is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.

## Signature and Acknowledgement

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As determined under the applicable state law, I, \_\_\_\_\_,  
(Name of Executor/Executrix, Trustee, or Legal Representative)

Executor/Executrix, Trustee, or Legal Representative of \_\_\_\_\_,  
(Name of account owner, pre/post-deceased beneficiary)

whose account information is identified above or is the deceased beneficiary, hereby certify that the above is a complete list of (if any) all the surviving children, as defined by the applicable state law of

\_\_\_\_\_  
(State of Decedent)

In addition, I certify that:

- The information provided is true, correct, and in accordance with state law.
- I have sought legal and/or tax advice.
- Wells Fargo Clearing Services, LLC (WFCS) and its respective affiliates and agents are not responsible for legal or tax advice with respect to the IRA and/or Inherited IRAs.
- WFCS and its respective affiliates and agents have not reviewed the legal or tax ramifications of the request.
- I indemnify, jointly and individually, and hold harmless WFCS and its respective affiliates and agents from and against any and all liabilities, claims, demands, charges, claims for negligence, mistakes of law or fact, losses, or expenses of any kind or nature whatsoever which may be asserted by anyone against WFCS and its respective affiliates or agents, arising out of or in connection with the distribution or transfer of the IRA to the surviving children named on this form.

Signature	Print Name	Date (mm/dd/yyyy)
<b>X</b> _____	_____	_____
(Name of Executor/Executrix, Trustee, or Legal Representative)		
<b>Street Address</b>		
_____		
<b>City</b> _____	<b>State</b> _____	<b>ZIP Code</b> _____
<b>Telephone Number</b>		
_____		

## Notary (Signature Must Be Notarized)

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State \_\_\_\_\_ County \_\_\_\_\_

Subscribed to and sworn before me on

This \_\_\_\_\_ Day of \_\_\_\_\_ in Year \_\_\_\_\_

By \_\_\_\_\_  
(Person whose signature is being notarized)

**X** \_\_\_\_\_  
Signature of Official Administering Oath

My commission expires \_\_\_\_\_ Year \_\_\_\_\_