

# WellsTrade® IRA Beneficiary Disclaimer Certification



Account Number <b>(Client to complete-Required)</b>

Sub Firm #	Doc Code	Account Number
205	WTESTATE	
<i>(Office Use Only)</i>		

## Personal Information

IRA Holder Name			
Beneficiary Name		Beneficiary Social Security #	Beneficiary Date of Birth
Beneficiary Address	City	State	Zip Code

## Disclaimer

Acknowledge each statement below by initialing.

\_\_\_\_\_ I, the undersigned, have been designated as the beneficiary of all or a portion of the balance of the Self-Directed Individual Retirement Account (the "IRA") designated above as evidenced by the terms of the IRA Enrollment Form or Change of Beneficiary form. I hereby disclaim  all  a portion/percentage \_\_\_\_\_ of the interest that I may otherwise have in the Account.

\_\_\_\_\_ I have not received or accepted any part of, or interest in, the balance in the Account, other than the required minimum distribution (RMD) of the deceased account owner in the year of death, as required by law. Furthermore, I have not previously assigned, conveyed, encumbered, pledged or transferred any property that I now disclaim, nor any interest in that property, nor have I contracted to do so.

\_\_\_\_\_ I understand that as the result of my Disclaimer (1) I have no interest in the Account (or, if applicable, in the portion of the Account that I have disclaimed) and will receive no payments there from; (2) any interest in the Account to which I may have been entitled will be paid to another person or persons in accordance with the agreement establishing the Account and/or any beneficiary designations made by the Account Holder; and (3) I cannot direct the passing of my disclaimed interest in any way.

\_\_\_\_\_ I certify that this disclaimer has been filed or recorded in accordance with any applicable state law requirements.

\_\_\_\_\_ If required by applicable state law, written court authorization accompanies this disclaimer.

\_\_\_\_\_ I certify that this disclaimer meets all requirements specified in applicable state statutes.

\_\_\_\_\_ I represent and warrant that my Disclaimer is a "qualified disclaimer" as defined in Section 2518 of the Internal Revenue Code.

\_\_\_\_\_ I agree to indemnify and hold harmless Wells Fargo Clearing Services, LLC (WFCS), the Custodian of the Account, from any and all loss or liability which may result to WFCS, its affiliates or subsidiaries as a result of, and to reimburse WFCS, its affiliates, or subsidiaries for any additional taxes, costs or expenses incurred in connection with, any actions taken by WFCS pursuant to this form or my Disclaimer.

## Signature and Acknowledgement

I certify that I am the beneficiary named on the above referenced account and that all information provided is true and accurate. I further certify that no tax or legal advice has been given to me by WFCS. I expressly assume the responsibility for any tax implications and any adverse consequences, which may arise from this disclaimer, and, I agree that WFCS shall in no way be held responsible. All decisions regarding this transaction are my own and I fully understand the implications of my decision.

Signature of Beneficiary or Responsible Individual <b>X</b>	Print Name	Date
Signature of Witness (requirements vary by state) <b>X</b>	Print Name of Witness	Date
Signature of Witness (requirements vary by state) <b>X</b>	Print Name of Witness	Date

## Notary (Client Signature Must Be Notarized.)

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 \_\_\_\_\_

**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

**WellsTrade®** - Submit your completed form via Secure Email, Mail or Fax (for Non-Electronic Signatures). Ensure all sections are complete and that the form is signed and dated.

**Secure Email** (available from computers and tablets only):

1. Scan or take photos of your completed form.
  - Include your Wells Fargo Advisors account number on each document.
  - Documents must be clear and legible, and include all pages.
2. Select [www.wellsfargo.com/senddocument](http://www.wellsfargo.com/senddocument) to access Message Center.
3. Choose Attach Documents, then select Send. Please note that attachments cannot be larger than 25 MB.

**Mail: Wells Fargo Advisors, Attention: MAC N9160-01P  
PO Box 77046, Minneapolis, MN 55480-9902**

**Fax: 844-879-1439**

**Should you require assistance with this form, please call 1-800-TRADERS (1-800-872-3377).**

For more information about your IRA Custodian and the terms and conditions of your IRA account, please carefully review the WFCS IRA Disclosure Statement and Custodial Agreement.