

# Affidavit of Surviving Children—No Probated Estate



This affidavit is to be completed by the surviving children of the Individual Retirement Account/Education Savings Account (IRA/ESA) owner, whose estate will not be probated, if the IRA/ESA owner has a child or children (including adopted) but does not have a surviving spouse and either:

P.O. Box 8266 | Boston, MA 02266  
wellsfargo.com/advantagefunds

- The IRA/ESA owner did not file a written beneficiary designation with the Custodian prior to his/her date of death; or
- All designated beneficiaries have predeceased the IRA/ESA owner.

If you have questions, call **1-800-274-3863**.

## 1 IRA/ESA OWNER INFORMATION (PLEASE PRINT)

We require a copy of the account owner's death certificate with this form.

\_\_\_\_\_  
Name of account owner (first, middle initial, last)      Social Security number      Date of birth (mm/dd/yyyy)

\_\_\_\_\_  
Fund and account number(s)

## 2 SURVIVING CHILDREN

Provide the following information for ALL children (as defined under state law applicable to the decedent) who were living at the time of the IRA/ESA owner's death (collectively, "surviving children"). The name is required, regardless of whether or not you have a current address or Social Security number for each surviving child. To name additional surviving children, include all information requested in this section on a separate sheet.

All surviving children may submit one combined affidavit or a separate affidavit may be submitted by each surviving child. If separate forms are completed, the names of ALL surviving children must be listed on each form. The transfer or payment of the IRA/ESA assets will be divided equally among all surviving children. If any of the surviving children are now deceased, their portion of the assets will be distributed per the custodial agreement.

Additional documents are required for each of the surviving children:

1. A copy of the birth certificate or adoption papers as evidence of relationship to the deceased account owner.
2. A completed IRA Distribution Request form with Medallion Guaranteed signature (or Medallion Guaranteed letter of instruction for an ESA). A separate form is required for each surviving child.
3. A completed IRA Application if establishing an Inherited IRA.
4. An inheritance tax waiver if the decedent resided in a state requiring a waiver prior to transferring a decedent's property.

**The name of each surviving child is required on this form.**

_____ Name of surviving child (first, middle initial, last)	_____ Name of surviving child (first, middle initial, last)
_____ Mailing address	_____ Mailing address
_____ City      State      ZIP code	_____ City      State      ZIP code
_____ Social Security number      Relationship to deceased	_____ Social Security number      Relationship to deceased
_____ Daytime phone	_____ Daytime phone
_____ Date of birth (mm/dd/yyyy) <input type="checkbox"/> Include copy of birth certificate	_____ Date of birth (mm/dd/yyyy) <input type="checkbox"/> Include copy of birth certificate
_____ Date of death (mm/dd/yyyy) <input type="checkbox"/> Include copy of death certificate	_____ Date of death (mm/dd/yyyy) <input type="checkbox"/> Include copy of death certificate

**2 SURVIVING CHILDREN (CONTINUED)**

_____ Name of surviving child (first, middle initial, last)	_____ Name of surviving child (first, middle initial, last)
_____ Mailing address	_____ Mailing address
_____ City	_____ City
_____ State	_____ State
_____ ZIP code	_____ ZIP code
_____ Social Security number	_____ Social Security number
_____ Relationship to deceased	_____ Relationship to deceased
_____ Daytime phone	_____ Daytime phone
_____ Date of birth (mm/dd/yyyy)	_____ Date of birth (mm/dd/yyyy)
<input type="checkbox"/> Include copy of birth certificate	<input type="checkbox"/> Include copy of birth certificate
_____ Date of death (mm/dd/yyyy)	_____ Date of death (mm/dd/yyyy)
<input type="checkbox"/> Include copy of death certificate	<input type="checkbox"/> Include copy of death certificate

**3 SURVIVING CHILDREN CERTIFICATION AND SIGNATURE(S)**

By submitting this Affidavit of Heirship, I/we certify that all surviving children of the decedent are listed above, there are no known disputes as to the persons entitled to a distribution under the Custodial Agreement or as to the number of shares into which to divide the account, and there are no known pending or threatened claims affecting the distribution requested.

I/we indemnify, jointly and severally, and hold Wells Fargo Bank, N.A. as custodian, *Wells Fargo Advantage Funds*, Wells Fargo Funds Management, LLC, affiliates, and subcontractors —as well as the officers, directors, employees, and agents of these entities (collectively, "Wells Fargo") —harmless 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 (including reasonable attorney's fees and disbursements) which may be asserted by anyone against Wells Fargo, arising out of or in connection with the transfer or payment of the IRA/ESA assets to the surviving children named on this affidavit. I/we agree that Wells Fargo is not responsible for legal or tax advice with respect to the IRA/ESA and/or Inherited IRAs and that I/we will consult with my/our tax or legal advisor if I/we have questions. I further understand that I am responsible for any tax consequences that may result from the information and certifications I have provided.

I/we certify that the information provided on this form is true, complete, correct, and in accordance with the terms and conditions of the Custodial Agreement. I/we certify that there is no surviving spouse or estate for the account owner and that all surviving children of the account owner are listed in section 2 of this affidavit. I/we authorize Wells Fargo to acknowledge each of the named surviving children as the beneficiary(ies) of the IRA/ESA owner listed on this form and to divide the assets equally among the said surviving children.

Your signature must be notarized to complete this request.

\_\_\_\_\_  
 Signature of surviving child \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_  
 (or authorized individual on behalf of the surviving child)

**Notary Public**

State of \_\_\_\_\_, County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me \_\_\_\_\_ a notary public, personally  
Name of notary public

appeared \_\_\_\_\_, personally known to me  
Name of surviving child

(or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

\_\_\_\_\_  
 Signature of notary public

Notary seal/stamp

My commission expires: \_\_\_\_\_

Your signature must be notarized to complete this request.

X \_\_\_\_\_  
Signature of surviving child \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_  
(or authorized individual on behalf of the surviving child)

**Notary Public**

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me \_\_\_\_\_ a notary public, personally  
Name of notary public

appeared \_\_\_\_\_, personally known to me  
Name of surviving child

(or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

X \_\_\_\_\_  
Signature of notary public

Notary seal/stamp

My commission expires: \_\_\_\_\_

Your signature must be notarized to complete this request.

X \_\_\_\_\_  
Signature of surviving child \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_  
(or authorized individual on behalf of the surviving child)

**Notary Public**

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me \_\_\_\_\_ a notary public, personally  
Name of notary public

appeared \_\_\_\_\_, personally known to me  
Name of surviving child

(or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

X \_\_\_\_\_  
Signature of notary public

Notary seal/stamp

My commission expires: \_\_\_\_\_

**3 SURVIVING CHILDREN CERTIFICATION AND SIGNATURE(S) (CONTINUED)**

Your signature must be notarized to complete this request.

X \_\_\_\_\_  
Signature of surviving child \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_  
(or authorized individual on behalf of the surviving child)

**Notary Public**

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

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

before me \_\_\_\_\_ a notary public, personally  
Name of notary public

appeared \_\_\_\_\_, personally known to me  
Name of surviving child

(or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

X \_\_\_\_\_  
Signature of notary public

Notary seal/stamp

My commission expires: \_\_\_\_\_

- Before you mail, have you:**
- Named all surviving children of the decedent on this form?
  - Had your signature(s) notarized in section 3?
  - Included a copy of the IRA/ESA owner's death certificate?
  - Included a copy of your birth certificate?
  - Included additional documents outlined in section 2?