

# Affidavit of Descendants

Use this form to identify all the descendants of a deceased account owner or beneficiary, or to state that there are no living descendants, in order to determine (or confirm) who inherits in the event the individual has died or is disclaiming the assets. For any questions in determining the descendants, refer to the applicable beneficiary designation, customer agreement(s), and/or IRA custodial agreement, as applicable, and consult a trusted legal professional. Only one form needs to be completed for the Decedent or Disclaimant regardless of the number of beneficiaries. Type on screen or fill in using CAPITAL letters and black ink. If you need more room for information or signatures, make a copy of the relevant page.

## 1. Decedent or Disclaimant Information

Name of Decedent or Disclaimant	Account Number
---------------------------------	----------------

The above-named person is:

- Check one.  Deceased account owner  
 Beneficiary

## 2. Descendant Information

There were no living descendants of the individual referenced in Section 1.

Enter full first and last name(s) as evidenced by a government-issued, unexpired document (e.g., driver's license, passport, permanent resident card).

List ALL of the descendants (including yourself, if applicable) of the individual referenced in Section 1 that 1) were living as of the account owner's or beneficiary's date of death and/or 2) are entitled to receive the disclaimed assets, as applicable.

First Name	Middle Name	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	Middle Name	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	Middle Name	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	Middle Name	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	Middle Name	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	Middle Name	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	Middle Name	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship

Form continues on next page. ►►

### 3. Signature and Date

Provide a legal address of the Authorized Signatory/Legal Representative. No PO Boxes.

This phone number may be used if we have questions, but will not be used to update your account information.

Authorized Signatory/Legal Representative Name			
Street Address		County	
City	State	ZIP/Postal Code	
Daytime Phone		Extension	

- Check one.
- Personal representative/executor/administrator
  - Beneficiary named by the account owner
  - Other

Relationship
--------------

By signing below, you:

- Affirm that you are the individual listed above and all information provided on this form is true, accurate, and complete and is provided under the pains and penalties of perjury.
- Agree to indemnify Fidelity (jointly and severally) from and hold Fidelity harmless for any and all losses, liabilities, claims, and costs (including reasonable attorneys' fees) resulting from effecting any transaction or acting upon any instruction given by you or any authorized agent, advisor, or any third party you authorize on the account identified above, or from your action or inaction, whether intentional or not, including losses resulting from the action or inaction of any authorized agent, advisor, or any other third party you authorize on the account identified above. You further agree that the indemnifications in this bullet are in addition to, and do not limit, any rights that Fidelity may have under any other agreement with you.

PRINT AUTHORIZED SIGNATORY/LEGAL REPRESENTATIVE NAME	
AUTHORIZED SIGNATORY/LEGAL REPRESENTATIVE SIGNATURE	DATE MM/DD/YYYY
<b>SIGN</b> X	X

**Important Note: CA Notaries are permitted to submit a separate page notary document. If used, it must identify the document being notarized.**

**Notice to CA Residents:** A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

**Certificate of Acknowledgement of Notary Public** *Must be a U.S. Notary. Foreign notary or consular seals may NOT be substituted.*

State of \_\_\_\_\_, in the County of \_\_\_\_\_, subscribed and sworn to before me by the above-named Surviving Owner/Legal Representative who is personally known to me or who has produced \_\_\_\_\_ as identification, that the foregoing statements were true and accurate and made of his/her own free act and deed, on \_\_\_\_/\_\_\_\_/\_\_\_\_.

PRINT NOTARY NAME	NOTARY SEAL / STAMP
NOTARY SIGNATURE	DATE MM/DD/YYYY
<b>SIGN</b> X	X

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_.

Form continues on next page. ►►



**Did you sign the form?** Send the form and any necessary documents to Fidelity.

**Questions?** Go to [Fidelity.com](https://www.fidelity.com) or call 800-544-0003.

**Regular mail**  
Fidelity Investments  
PO Box 770001  
Cincinnati, OH 45277-0039

**Overnight mail**  
Fidelity Investments  
Account Reregistration Services  
100 Crosby Parkway KC1C  
Covington, KY 41015

*On this form, "Fidelity" means Fidelity Brokerage Services LLC and National Financial Services LLC and its affiliates. Brokerage services are provided by Fidelity Brokerage Services LLC, Member NYSE, SIPC. 435304.5.0 (11/19)*

