

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, use 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.

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	M.I.	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	M.I.	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	M.I.	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	M.I.	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	M.I.	Last Name
Social Security Number	Date of Birth MM DD YYYY	Relationship
First Name	M.I.	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 P.O. Boxes.

Phone numbers are for questions about this request only; they will not update your Fidelity contact information.

Check one.

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

- 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
SIGN ▶	▶

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 ____/____/____.

NOTARY SEAL / STAMP

Notary Signature	Date MM DD YYYY
SIGN ▶	▶

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 1-800-544-0003.

Use postage-paid envelope, drop off at a Fidelity Investor Center, OR deliver to:

Regular mail

Fidelity Investments
P.O. Box 770001
Cincinnati, OH 45277-0039

Overnight mail

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

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