

# IRA/ESA Beneficiary—Surviving Child Certification



This certification is to be completed by the personal representative for the estate of the individual retirement account/education savings account (IRA/ESA) owner if the IRA/ESA owner has a child or children (including adopted) but does not have a surviving spouse and either: P.O. Box 219967 | Kansas City, MO 64121  
**allspringglobal.com**

- 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 **1-800-222-8222**.

## 1. IRA/ESA owner information (please print)

We require a certified copy of the Letters of Testamentary dated within 60 days.

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

Fund and account number(s)

Provide information regarding the IRA/ESA owner's marital status.

Name of spouse (first, middle initial, last) Date of divorce (mm/dd/yyyy) Date of death (mm/dd/yyyy)

Never married

## 2. Surviving children

As determined under the applicable state law, I, \_\_\_\_\_ a personal  
Name of personal representative  
representative of \_\_\_\_\_, whose account information is identified above,  
Name of account owner  
hereby certify that the following is a complete list of all the surviving children, as defined by the applicable state law of  
\_\_\_\_\_  
State

Provide the following information for ALL of the IRA/ESA owner's children (as defined under state law applicable to the decedent) who were living at the time of his/her 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 children, include all information requested in this section on a separate sheet. 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.

The IRA/ESA owner does not have any surviving children.

**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) Date of death (mm/dd/yyyy) Date of birth (mm/dd/yyyy) Date of death (mm/dd/yyyy)

## 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	Relationship to deceased
Social Security number	Relationship to deceased
Daytime phone	Daytime phone
Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)
Date of birth (mm/dd/yyyy)	Date of death (mm/dd/yyyy)

## 3. Personal representative information and signature

By submitting this Surviving Child Certification, I indemnify, jointly and severally, and hold UMB, as custodian; Allspring Funds; Allspring Funds Management, LLC; affiliates; and subcontractors—as well as the officers, directors, employees, and agents of these entities (collectively, “Allspring”)—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) that may be asserted by anyone against Allspring, arising out of or in connection with the transfer or payment of the IRA/ESA assets to the surviving children named on this certification. I agree that Allspring is not responsible for legal or tax advice with respect to the IRA/ESA and/or inherited IRAs and that a tax or legal advisor will be consulted with any questions.

I 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 authorize Allspring 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.**

**X** \_\_\_\_\_

Signature of personal representative

Print name

Date

\_\_\_\_\_

Mailing address

City

State

ZIP code

\_\_\_\_\_

Personal representative’s phone number

### 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 agent

(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:**
- Provided a certified copy of the Letters of Testamentary dated within 60 days?
  - Named all surviving children of the decedent on this form?
  - Had your signature notarized in Section 3?