

AFFIDAVIT OF DOMICILE FORM

I. ACCOUNT INFORMATION

ACCOUNT TITLE: _____ ACCOUNT NUMBER:

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II. DECEDENT'S INFORMATION

I, _____ being duly sworn, state that: I reside at
(Name of Executor Survivor)
_____, City of _____ County of _____ State of _____,
(Street Address)
and I am Executor survivor of _____, deceased,
(Name of Deceased)
who died on the _____ day of _____, 20____. At the time of death the legal residence of said decedent was
_____, City of _____ County of _____ State of _____,
(Street Address)
He/She resided in the State of _____ for _____ years prior to death, and was not a resident of _____
(State of Incorporation)
or any state (other than that of his/her domicile) within the United State of America, at the time of death. This affidavit
is the purpose of securing the transfer or delivery of the following described securities. At the time of death, the
decedent owned _____ Shares of _____
(Number of Shares) (Name of Security)
and the said securities were physically located in the City of _____, State of _____.

III. SIGNATURE

AUTHORIZED SIGNATURE: _____ DATE: _____



SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20_____.

NOTARY PUBLIC: _____

INTRODUCING BROKER-DEALER NAME: _____

