

## **Affidavit of Domicile**

**Note: This Affidavit must be completed and executed before a Notary Public**

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**Instructions:**

1. Complete the attached Affidavit of Domicile
2. Sign the form
3. Mail the completed, signed form to:

**Please mail completed form and required documents to Primerica Shareholder Services, PO Box, 534485, Pittsburgh, PA 15253 – 4485, or for express mail Primerica Shareholder Services, Attention: 534485, 500 Ross Street, 154-0520 Pittsburgh, PA 15262.**

This document is required when the shareholder(s) is/are deceased (for certain account registration types) and the proceeds are being distributed to the legal representative(s) or certain beneficiary(ies).

An Affidavit of Domicile is a sworn statement by an administrator/executor that designates the place of domicile of a decedent.

An Affidavit of Domicile is needed if a decedent's state of domicile and Tax Waiver requirement is in question. If the address of record, or the state of residency on the death certificate, or the probate state are Tax Waiver states, an Affidavit of Domicile will settle which state applies.

Residence is not equal to domicile. A person can have many residences but only one legal domicile. Realty is probated in the state it is located in. Non-realty is probated in the state of domicile. Domicile is that place one always returns to.

The affidavit must:

- Be original (copies not acceptable)
- Indicate deceased person's state of domicile
- Indicate capacity of the affiant (person making the affidavit)
- Refer to decedent as the name is registered
- Indicate the name of the Mutual Fund
- Be notarized

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State of \_\_\_\_\_)

County of \_\_\_\_\_)

I, \_\_\_\_\_, of full legal age, being duly sworn, depose and  
(Legal Representative)

say that: I reside at \_\_\_\_\_, City, \_\_\_\_\_  
(Legal Representative's current address)

State of \_\_\_\_\_, and acting as the Surviving Beneficiary   
Executor , or Administrator , for the Estate of \_\_\_\_\_,  
(Name of Decedent)

Deceased, who died in the State of \_\_\_\_\_, on the \_\_\_\_\_ day in  
(State of death) (day of death)

the month of \_\_\_\_\_, in the year 20\_\_\_\_\_; that at the time of death, his/her  
(month of death)

domicile (legal residence) was at, \_\_\_\_\_  
(Decedent's last known address)

City, \_\_\_\_\_, State of, \_\_\_\_\_;

(If the decedent resided in another State within 3 years prior to his or her death, name the State where he or  
she previously resided, State \_\_\_\_\_).

This affidavit is made for the purpose of having mutual fund shares of \_\_\_\_\_  
(Name of Mutual Fund)

\_\_\_\_\_ transferred as requested and if the transfer constitutes an apparently  
uneven distribution, the matter has been equalized by the distribution of other securities or in some other  
manner.

\_\_\_\_\_  
(Signature of Legal Representative)

\_\_\_\_\_  
Date

Sworn to and subscribed before me: This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

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