

**PRIMERICA SHAREHOLDER SERVICES - INDIVIDUAL
OWNER DECEASED, ESTATE REPRESENTATIVE/HEIRS REQUEST REDEMPTION/TRANSFER FORM
PUERTO RICO ONLY**

To Whom It May Concern:

Thank you for your inquiry regarding information related to a death distribution. Please accept our sincere condolences for your loss.

In response to your request, we have included information regarding the distribution or transfer of the account assets. Please refer to the chart below to determine the documents that will be required to process your requested transaction.

In addition to the document requirement, an original signature verification stamp obtained from an Approved Primerica OSJ Coordinator will be required. This stamp may be obtained from an Approved Primerica OSJ Coordinator and must be affixed to the request.

A - Documents Required	To Redeem With Primerica PR OSJ Coordinator Signature Verification Stamp		To Transfer to Primerica account With Primerica PR OSJ Signature Verification Stamp	
	With Will	No Will	With Will	No Will
<u>Completed Distribution/Transfer Form</u> signed by Estate Representative or <u>Letter of Instructions</u> signed by all heirs (in case there is no Will or Executor (in case there is a Will) ("Albacea") and signature verification stamp from Approved Primerica PR OSJ Coordinator	✓	✓	✓	✓
<u>Letter signed by all the heirs</u> , Instrument of Designation as Estate Representative or certified copy of court designation of Estate Representative, and signature verification stamp from Approved Primerica PR OSJ Coordinator	✓		✓	
Certified Copy of the Deed of Will of Deceased Owner	✓		✓	
Testamentary Letters ("Cartas Testamentarias")	✓		✓	
Certified Copy of Declaration of Heirs		✓		✓
Release of Estate Tax Lien ("Relevo de Hacienda")(Form SC6136)	✓	✓	✓	✓
Negative Certificate issued by the Child Support Administration ("Certificado de ASSUME")	✓	✓	✓	✓
New Account Application – Estate Representative must contact a Primerica Representative and complete the new account application process, or if the transfer is to an existing account, you must provide existing account number			✓	
Customer Identification Form (if new account is being established)			✓	
Certified copy of deceased shareholder's death certificate	✓	✓	✓	✓
Affidavit of Domicile	✓	✓	✓	✓
Tax ID Certification (Section 5 of attached form)-or W9 Form from all heirs, or W8 from Executor	✓	✓		
IRS Form W8 from the Executor	✓	✓	✓	

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The husband or wife of the deceased shareholder cannot request the account be redeemed or transferred. The assets in the account will be subject to the delivery of all the documents described above.

If a new account is requested, the new account registration may only be an Executor/Administrator of Estate Account. However, in cases where the deceased only had one heir and such heir is the individual requesting transfer of the assets to a new account registration, then the new account registration may be in any other account type or acceptable Puerto Rico account registration.

If you have questions or need additional information, please contact our Customer Service Department at 1-800-544-5445. Customer Service Representatives are available to assist you, Monday through Friday between 8 a.m. and 8 p.m. ET.

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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.

You may use the attached form to request a distribution/transfer of the deceased shareholder's account assets (in a Puerto Rico Individual Account), unless you wish to transfer the assets to a new account. You must provide all the documentation (described in the attached cover letter) requested in order for Primerica Shareholder Services to honor your request for a distribution/transfer.

Please provide the account number so that we may process your request.

SECTION 1 – Please indicate by checking the appropriate box whether you wish to redeem the assets in the account or if you wish to transfer the assets to a new (new account application required) or existing Managed account.

- **Transfer Assets to a New Account** – If you choose this option, you must contact a Primerica Registered Representative to complete the new account application process.
- **Transfer Assets to Existing Account**: The Estate Representative/Heir(s) may choose to transfer the assets to an existing brokerage account with Primerica Shareholder Services. Please provide the existing account number.

NOTE: Investments will be moved "in kind" to your existing account, that is the same fund(s) currently held in the deceased owner's account will be moved to your existing account. You should speak with your PFSI Agent for assistance in determining what if any changes should be made after the transfer to your name is complete.

SECTION 2 – Redemption Proceeds – Please provide instructions on how you wish to receive the distribution proceeds. If you wish the assets in a check, please provide the name(s) and mailing address.

MAIL CHECK – PSS usually processes and mails redemption checks within two to three business days.

EXPRESS MAIL – Please indicate if you wish to receive a check via express mail service. Please understand that we are unable to send a check via express mail to a Post Office Box, or Rural Route address. A daytime telephone number is required for all express mail packages. A signature is required upon receipt of all express mail packages.

- By **one-day air express** and deduct \$20 from this account – The check will be sent via next-day air express in accordance with the mailing instructions.

WIRE TRANSFER – A wire Transfer should take place within 48 to 72 hours of processing your request for a redemption of shares. Please complete the Wire Transfer Information and attach a voided check.

- Wire Transfer to a bank – To have the redemption proceeds sent to your bank account. When processing a Wire Transfer to your bank, you must complete the bank name, bank contact person, bank telephone number, bank routing / transit number, bank account name and number, and attach a voided check.

ACH TRANSFER – An Automated and Clearing House (ACH) transfer should place within 72 to 96 hours of processing your request for distribution of shares.

Please complete the Wire / ACH Transfer Information and attach a voided check.

SECTION 3 - SIGNATURE – Estate Representatives/Heirs must sign the request. Please read all information contained in this section before signing the form. Please provide a daytime phone number where you can be reached should we need additional information to process your request.

SECTION 4 - SIGNATURE VERIFICATION – An original signature verification may be obtained from an Approved Primerica OSJ Coordinator in a Primerica office in Puerto Rico. **Please note that a notary public cannot provide a signature verification/guarantee.** A signature verification is a warranty by the OSJ Coordinator that the signature is genuine, and that the person(s) signing is competent and authorized to sign.

SECTION 5 - SUBSTITUTE FORM W-9/REQUEST FOR TAXPAYER IDENTIFICATION NUMBER – You must complete this section if you have requested to have the assets paid to the Estate of the deceased or heirs in the form of cash by redeeming the assets. Please provide the deceased's estate's/heirs tax payer identification number/social security number and sign in the space provided.

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Account Owner's Name: _____

Account Number:

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 (Required to complete transaction)

Section 1:

Fund Number/NASDAQ Symbol (Please provide for fund positions held by deceased)

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- ☐ Redeem all assets in all fund positions listed above ☐ Transfer all assets to a new account (application required)

Section 2: Please tell us how to send the redemption proceeds:

- ☐ By check to the following name and address:

Name(s):

Address:

City:

 State:

 Zip:

I/We would like to receive a check: (choose one)

- ☐ 1st Class Mail ☐ Next Day Air (\$14 fee)

Daytime phone number
required for Express Mail service

I/We would like to ☐ Wire Transfer/or ☐ ACH Transfer assets to the bank listed on the attached voided check

Section 3: Signature

Daytime Phone No. _____

Heir/Estate Representative's Signature

Date

- ☐ To Primerica Shareholder Services. Please return all legal documents to Heir/Estate Representative.

Section 4: Primerica OSJ Signature and Verification Stamp

AUTHORIZED OSJ COORDINATOR SIGNATURE

DATE

OSJ Signature Verification Stamp

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Section 5: Substitute Form W-9/Request for Taxpayer Identification Number
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Account Number:

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If you request to have the assets distributed in the form of a cash payment, you must provide your Social Security Number or the Estate Tax Identification Number (SSN/TIN) below and complete by signing this section.

Social Security Number (SSN):

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Tax Identification Number (TIN):

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I certify under penalties of perjury (1) that the Number provided on this form is the correct Taxpayer Identification Number, (2) that I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding, (3) that I am a U.S. Person (including a U.S. resident alien) and *(4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Signature-Heir/Estate Representative

Date

* Not applicable as Primerica Shareholder Services is not a foreign financial institution.

WIRE / ACH TRANSFER – BANK ACCOUNT INFORMATION

Bank Name _____ **Account Name** _____

Contact Person _____ **Phone #** _____

Routing # _____ **Account #** _____

Please check with your financial institution for any special wiring instructions required to process a wire transfer to your bank account. Some financial institutions clear transactions through other institutions. This will cause a problem in processing the wire if your bank does not accept direct wires, but uses a pay through institution.

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Affidavit of Domicile

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

Instructions:

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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Affidavit of Domicile**

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

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 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

Account Number: _____

**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

(Signature of Legal Representative) Date

Sworn to and subscribed before me: This _____ day of _____,

Notary Public

My commission expires:

Seal: