

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/Administrator/ Survivor)

_____, City of _____ County of _____ State of _____,
(Street Address)

and I am Executor/Administrator/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 any other state within

the United State of America, at the time of death. This affidavit is for the purpose of securing the transfer or delivery of

the securities registered in the name of or owned by the decedent at the time of his or her death.

III. SIGNATURE

AUTHORIZED SIGNATURE: _____

DATE: _____

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

NOTARY PUBLIC: _____

INTRODUCING BROKER-DEALER NAME: _____

RETURN COMPLETED FORM TO:

ALIGHT FINANCIAL SOLUTIONS
PO BOX 563901
CHARLOTTE NC 28256-3901
FAX: 1.847.554.1444



AFDD