

AFFIDAVIT OF DOMICILE

The following is an affidavit of decedent's legal residence at time of death to be filed by the beneficiary, surviving spouse, executor, administrator, personal representative, or legal representative for the estate. You may also be required to provide an Inheritance Tax Waiver. Check with the decedent's state of legal residency at the time of death for requirements.

DECEDENT'S ACCOUNT NUMBER: _____

DECEDENT'S SOCIAL SECURITY NUMBER: _____

STATE OF: _____

COUNTY OF: _____

I, *Affiant (Your Name)* _____ being duly sworn, depose and state as follows:

I reside at (*Street address*) _____, City of _____,

County of _____ and State of _____, and I am the (Please check one):

☐ beneficiary ☐ surviving spouse ☐ executor ☐ administrator ☐ personal representative ☐ legal representative of:

(*Name of decedent*) _____ who died on _____, _____ of, 20_____.
(day) (month) (year)

At the time of death, the decedent's legal residence (domicile) was in the City of _____,

County of _____ and State of _____; and had been the same for the last _____ preceding years.

If the decedent resided in another state **within three years prior to their death**, provide the previous residence and domicile below.

City of _____, County of _____ and State of _____.

This Affidavit is for the purpose of securing the transfer or delivery of the above-referenced account owned by the decedent at the time of his or her death to the person(s) legally entitled thereto under the laws of state(s) of the decedent's domicile(s).

Signature

Date

(Affix Notary Seal)

Notary Public

Subscribed and sworn to before me this day

_____, _____ of, 20_____.
(day) (month) (year)

Signature of Notary Public

My commission expires

_____, _____ of, 20_____.
(day) (month) (year)

Mail to the following:

First Class Mail:
Cromwell Funds
P.O. Box 534498
Pittsburgh, PA 15253-4498

Overnight Mail:
Cromwell Funds 2025
Attention: 534498
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Customer Service:
1-855-625-7333