

Regular mail:Impax Funds
P.O. Box 534463
Pittsburgh, PA 15253-4463**Overnight mail:**Impax Funds
Attention: 534463
500 Ross Street, 154-0520
Pittsburgh, PA 15262
Telephone: 1 (800) 372 7827**Affidavit of Domicile**

Affidavit of decedent's legal residence at time of death filed by survivor, executor, administrator, personal representative or legal representative for the estate.

A. CURRENT ACCOUNT INFORMATION

Account Number

Owner's First Name (or Trustee, Custodian, etc.)	Middle Initial	Last Name	Social Security/Tax ID No.	
Joint Owner's First Name (or Trustee, Custodian, etc.)	Middle Initial	Last Name	Social Security/Tax ID No.	
Mailing Address		City	State	Zip Code
Day Telephone	Evening Telephone	Cell Telephone		
Email Address				

Check here if contact information above is new.

B. DECEDENT INFORMATION

(Name of Executor/Administrator/Personal Representative/Survivor/Atty) _____,

being duly sworn, deposes and says: That (he/she) _____

resides at _____, City of _____ County of _____

State of _____ and is (Executor/Administrator/Personal Representative/Survivor/Atty) _____

of the estate of (Decedent) _____, who died on the _____

day of _____, 20_____.

That the decedent died a legal resident of the State of _____ and was a resident of this state

for a period of _____ years immediately preceding (his/her) _____ death.

That the decedent executed no will or other instrument within two years prior to death in which he/she states that (he/she) _____

was not a resident of any state other than the State of _____.

This affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of the or owned by said decedent at the time of his/her death.

Affidavit of Domicile



(Signature and capacity in which affidavit is signed)

Date

State

County

Sworn to before me this day of , 20 ,

Notary Public

My commission expires:

Notary Stamp (required)