

## Affidavit of Domicile

### 1. Decedent Information

Decedent's First Name (**print**) \_\_\_\_\_ Decedent's Last Name (**print**) \_\_\_\_\_ Decedent's Account Number \_\_\_\_\_

Decedent's Social Security Number \_\_\_\_\_

Decedent Died At (location of death) (City, State) \_\_\_\_\_ Date of Decedent's Death (month/day/year) \_\_\_\_\_

Decedent's Address at the time of Death (Street Address, City State, Zip Code) \_\_\_\_\_

### 2. Executor/ Administrator/ Surviving Tenant/ Beneficiary/ Other Information

For the decedent named in **Section 1**, I am the:  Executor  Administrator  Surviving Tenant  Beneficiary  Other \_\_\_\_\_

\_\_\_\_\_ being duly sworn, depose and say that I reside at:  
Name of Executor/Administrator/Surviving Tenant/Beneficiary/Other (**print**) \_\_\_\_\_

Street Address, City, State, Zip Code of Executor/Administrator/Surviving Tenant/Beneficiary/Other \_\_\_\_\_

### 3. Signatures

This affidavit is made for the purpose of securing the transfer or delivery of property owned by decedent at the time of his/her death to the person or persons legally entitled thereto under the laws of the decedent's domicile. If signing as Executor, Administrator or Surviving Tenant, I further certify that all debts, taxes and claims against the estate have been paid or provided for, and that any apparent inequality in distribution has been satisfied or provided for out of other assets in the estate.

#### Notary Public:

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me this \_\_\_\_\_ day of  
month \_\_\_\_\_, year \_\_\_\_\_, by

Affiant's Name (print) \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

Commission Expiration Date \_\_\_\_\_

(SEAL)

Name of Notary Public (typed, stamped, printed) \_\_\_\_\_

Signature of Executor/Administrator/  
Surviving Tenant/Beneficiary/Other \_\_\_\_\_

Date \_\_\_\_\_

#### Return by Regular Mail:

Foresters Investor Services, Inc.  
P.O. Box 7837, Edison, NJ 08818-7837

#### Return by Overnight Mail:

Foresters Investor Services, Inc.  
Raritan Plaza I, 8th Floor, Edison, NJ 08837-3620

#### For More Information:

First Investors Funds  
800-423-4026 (Shareholder Services)  
www.foresters.com