

Affidavit of Domicile

1. Decedent Information

Decedent's 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

Customer'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