

Affidavit of Domicile

Account Number: _____

I, _____ am the _____
(Name of Signatory) (Executor/Administrator/Personal Rep/Beneficiary/Trustee/Survivor)

of the estate of/account of _____,

Deceased, who died on _____. At the time of his/her death the domicile (legal residence) of said
(mm/dd/yyyy)

decedent was _____,

State of _____. He/She resided in the State of _____ for _____

years immediately preceding his/her death and was not a resident of any other state. This Affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of or owned by said decedent at the time of his or her death.

X _____
(Signature of Executor/Administrator/Personal Rep/Beneficiary/Trustee/Survivor, and capacity in which affidavit is signed)

Notary (Signature Must Be Notarized)

State _____ County _____

Subscribed to and sworn before me on

This _____ Day of _____ in Year _____

By _____
(Person whose signature is being notarized)

X _____
Signature of Official Administering Oath

My Commission expires _____ Year _____

Account(s) carried by First Clearing. First Clearing is a trade name used by Wells Fargo Clearing Services, LLC, a registered broker-dealer and non-bank affiliate of Wells Fargo & Company.