

**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

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.

The Impax Funds are incorporated in the state of Massachusetts.

## A. Current Account Information

Account Number			
Owner's Name (or Trustee, Custodian, etc.)		Social Security/Tax ID No.	
Joint Owner's Name (or Trustee, Custodian, etc.)		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. The new information will replace the information currently on file.

## 2. Decedent Information

(Name of Executo	or/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/A	Administrator/Personal Representative/Su	rvivor/Atty)		of the estate of
(Decedent)		, who died on the	day of	, 20 .
That the deceden	t died a legal resident of the State of		and was a reside	nt of this state for a
period of	years immediately preceding (his/her)	death.		
That the deceden	t executed no will or other instrument witl	hin two years prior to deat	h in which (he/she	) states that
(he/she)	was a resident of any state other than the	e State of.		

## Affidavit of Domicile (continued)



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.

Signature and capacity in which affidavit is signed	Date
State	
Sworn to before me this day of , 20	
Notary Public	
My commission expires:	

Notary Stamp (required)		