

## 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.

MoA Funds INCORPORATED IN THE STATE OF: Maryland

MoA Funds ACCOUNT NUMBER: \_\_\_\_\_

DECEDENT'S SOCIAL SECURITY NUMBER: \_\_\_\_\_

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

I, *Affiant (Your Name)* \_\_\_\_\_ being duly sworn, depose and state as follows:

I reside at *(Street address)* \_\_\_\_\_, City of \_\_\_\_\_,

County of \_\_\_\_\_ and State of \_\_\_\_\_, and I am the (Please check one):

☐ beneficiary ☐ surviving spouse ☐ executor ☐ administrator ☐ personal representative ☐ legal representative of:

*(Name of decedent)* \_\_\_\_\_ who died on \_\_\_\_\_, \_\_\_\_\_ of, 20 \_\_\_\_\_.  
(day) (month) (year)

At the time of death, the decedent's legal residence (domicile) was in the City of \_\_\_\_\_,

County of \_\_\_\_\_ and State of \_\_\_\_\_; and had been the same for the last \_\_\_\_\_ preceding years.

If the decedent resided in another state **within three years prior to their death**, provide the previous residence and domicile below.

City of \_\_\_\_\_, County of \_\_\_\_\_ and State of \_\_\_\_\_.

This Affidavit is for the purpose of securing the transfer or delivery of the above-referenced account owned by the decedent at the time of his or her death to the person(s) legally entitled thereto under the laws of state(s) of the decedent's domicile(s).

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

### Notary Public

Subscribed and sworn to before me this day

\_\_\_\_\_, \_\_\_\_\_ of, 20 \_\_\_\_\_.  
(day) (month) (year)

*Signature of Notary Public*

*My commission expires*

\_\_\_\_\_, \_\_\_\_\_ of, 20 \_\_\_\_\_.  
(day) (month) (year)

**(Affix Notary Seal)**

#### Mail to the following:

#### First Class Mail:

MoA Funds  
P.O. Box 534499  
Pittsburgh, PA 15253-4499

#### Overnight Mail:

MoA Funds  
ATTENTION: 534499  
500 Ross Street 154-0520  
Pittsburgh, PA 15262

#### Customer Service:

1-800-914-8716