



Affidavit of Domicile

Schwab.com

1-800-435-4000
(inside the U.S.)

+1-415-667-8400
(outside the U.S.)

1-888-686-6916
(multilingual services)

As You're Filling Out This Form, Please Remember to

- Sign the form and ensure that it is notarized.
- See Section 5 for instructions on returning your completed form.

1 Tell Us About the Decedent

Decedent's Account Number(s)

Decedent's Name *Title, First* *Middle Name* *Last Name, Suffix*

Date of Decedent's Death *mm/dd/yyyy*

Please enter address at time of death.

Decedent's Home/Legal Street Address *No P.O. Boxes* **City** **State** **Zip Code**

Did the decedent reside in any other state during the three years leading up to his or her death? If you select yes, you must list the state(s).

Yes-the state(s) is listed below.

State **State** **State**

No

2 Tell Us About Yourself (Authorized Representative)

We respect your privacy. Schwab may use the information you provide to communicate with you and provide information about products and services. Read about Schwab's privacy policy at www.schwab.com/privacy. As required by federal law, Schwab will use the information provided below to verify your identity.

Name *Title, First* *Middle Name* *Last Name, Suffix*

Preferred Phone Number *Extension* **Alternate Phone Number**

Home/Legal Street Address *No P.O. Boxes* **City** **State** **Zip Code**

By providing your email address, you consent to receiving email from Schwab and Schwab Bank.

Email Address

I am the decedent's:

Please select one of the following options.

- Executor/Administrator**
- Spouse**
- Beneficiary**
- Surviving Joint Tenant (of account[s] listed in Section 1)**
- Other (Please specify below.)**

3 Affirmation and Signature

Please read and sign below.

Any and all debts of the deceased, claims against the estate, administration expenses, inheritance and estate taxes, and legacies having priority will be provided for or paid.

This affidavit is made for the purpose of securing the transfer or delivery of property owned at the time of the decedent's death to a purchaser or the person(s) legally entitled thereto under the laws of the state of the decedent's domicile. Any apparent inequity in distribution is appropriate, whether it is due to the manner of distribution of other estate assets, the provisions of the estate plan, or other factors.

I, as the Authorized Representative indicated in Section 2, duly swear or affirm that the information in Sections 1 and 2 is correct and true. I have read carefully and understand the Affirmation on this form.

SIGN HERE

X

Today's Date mm/dd/yyyy

Print Name

4 Notarization

Notice to CA Residents: A notary public or other officer completing this certificate verifies only the identity of the individual(s) who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Certificate of Acknowledgment of Notary Public*

State of _____ **in the County of** _____ **On** mm/dd/yyyy

the above-named individual(s) personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY that the foregoing paragraph is true and correct.

X

Notary Signature _____ **Today's Date** mm/dd/yyyy

Print Notary Name _____ **My Commission Expires** mm/dd/yyyy

(NOTARY SEAL)

*If your state law permits, notaries may attach the appropriate notarizing declaration in lieu of this notarization.

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Return Instructions

- **Upload** online with secure messaging (if you are an existing client and have online access to your account).
 1. Go to [Schwab.com](https://www.schwab.com) and log in to your account.
 2. Click the Message Center link (under Service), and then click the Upload Document link.
 3. Upload your form as an attachment by clicking the Add File button.
 4. When your message is complete, click Send.
- **Fax** to 1-888-526-7252.
- **Bring** to your nearest Schwab branch (visit [Schwab.com/branch](https://www.schwab.com/branch) for locations).
- **Mail** to any of the following addresses:

Regular Mail (West)

Charles Schwab & Co., Inc.
P.O. Box 982600
El Paso, TX 79998-2600

Regular Mail (East)

Charles Schwab & Co., Inc.
P.O. Box 628291
Orlando, FL 32862-8291

Overnight Mail (West)

Charles Schwab & Co., Inc.
1945 Northwestern Drive
El Paso, TX 79912

Overnight Mail (East)

Charles Schwab & Co., Inc.
1958 Summit Park Dr., Ste. 200
Orlando, FL 32810

