

Affidavit of Domicile



Return Options:

Regular Mail:
PO Box 2760, Omaha, NE 68103-2760

Overnight Mail:
200 South 108th Avenue
Omaha, NE 68154-2631

This form must be returned physically. Email and fax are not accepted.

Account Number:	First Name:	Middle Initial:	Last Name:
□□□□□□□□□□	_____	_____	_____

being duly sworn, deposes and says that he/she:

1

resides at:

Street Address (no PO box or mail drop):

_____	_____	_____	_____
City:	State:	Zip Code:	Country:
_____	_____	□□□□□□-□□□□□□	_____

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and is the: Executor Administrator Survivor of (name of deceased): _____

who died on: □□□-□□□-□□□□□□, and that at the time of death, the residence of the decedent was:

Street Address (no PO box or mail drop):

_____	_____	_____	_____
City:	State:	Zip Code:	Country:
_____	_____	□□□□□□-□□□□□□	_____

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and that this affidavit is made for the purpose of inducing TD Ameritrade Clearing, Inc., to register the transfer of securities registered in the name of or owned by the decedent at the time of death.

STOP HERE PLEASE! This document must be signed in the presence of a Notary Public.

Sign Here

Signature:	Printed Name:	Date:
X	_____	□□□-□□□-□□□□□□

Original signatures are required; electronic signatures and/or signature fonts are not authorized.



Notary Public

(Notary Public use only)

County of: _____)

_____) ss

State of: _____)

Subscribed to and sworn to before me this

_____ day of _____.

Notary Public: _____

[SEAL]

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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