



Regular mail: Pax World Mutual Funds PO Box 55370 Boston MA 02205-5370	Overnight mail: Pax World Mutual Funds c/o BFDS 30 Dan Road, Suite #55370 Canton, MA 02021-2809 Telephone: 800.372.7827
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AFFIDAVIT OF DOMICILE

Account Number _____

_____, being duly sworn, deposes and says: That _____
 (Name of Executor/Administrator/Personal Representative/Survivor/Atty) (he/she)

resides at _____, City of _____ County of _____

_____, State of _____ and is

_____, of the estate of _____ deceased,
 (Executor/Administrator/Personal Representative/Survivor/Atty)

who died on the _____ day of _____, 20 _____.

That the decedent died a legal resident of the State of _____ and was

a resident of this state for a period of _____ years immediately preceding _____ death.
 (his/her)

That the decedent executed no will or other instrument within two years prior to death in which he/she states that _____
 (he/she)

was not a resident of any state other than the State of _____.

 (Signature of Deponent, and capacity in which affidavit is signed)

State _____

County _____

Sworn to me before a Notary Public

this _____ Day of _____, Year _____.

 (Signature of Official Administering Oath)

My commission expires _____, Year _____.

Affidavit of decedent's legal residence at time of death filed by survivor, executor, administrator, personal representative or legal representative for the estate.