Reset Form

Affidavit of Domicile

(Please do not fax this form; an original is required.)

PO Box 2760 ■ Omaha, NE 68103-2760
200 South 108th Ave ■ Omaha, NE 68154-2631

Account Number:

Full Legal Name:

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

Street Address:

City:	State:	ZIP Code:

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:

City:	State:	ZIP Code:

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! Must be signed at time of notary signature.

X Signature:	Date:

NOTARY PUBLIC

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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