

**Instructions:** Use this form to complete legal transfers of securities upon the death of an owner. This form verifies residency of the deceased at the time of death and must be notarized. **Mail the completed form to LPL, Attn: Custody Department, P.O. Box 502210, San Diego, CA 92150-2210.**

|   |   |  |   |
|---|---|--|---|
| <b>1.</b>   | <b>LPL Account Number</b><br><input style="width: 90%;" type="text"/> | <b>Social Security/Tax ID Number</b><br><input style="width: 90%;" type="text"/> | <b>Rep ID</b><br><input style="width: 90%;" type="text"/> |
| <b>Account Registration</b><br><input style="width: 95%;" type="text"/> |   |  |   |

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|--|---|--|---|
| <b>2.</b>  | <b>The account named above is held in the following:</b><br><table style="width: 100%;"> <tr> <td style="width: 40%;"> <b>State</b><br/> <input style="width: 95%;" type="text"/> </td> <td style="width: 60%;"> <b>County</b><br/> <input style="width: 95%;" type="text"/> </td> </tr> </table> | <b>State</b><br><input style="width: 95%;" type="text"/> | <b>County</b><br><input style="width: 95%;" type="text"/> |
| <b>State</b><br><input style="width: 95%;" type="text"/> | <b>County</b><br><input style="width: 95%;" type="text"/>   |  |   |

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| <b>3.</b>   | <p>This affidavit is made for the purpose of transferring shares of the security named below as requested. If the transfer constitutes an apparently uneven distribution, the matter has been equalized by the distribution of other securities or in some other manner.</p> <p><b>Full Name of Security</b></p> <input style="width: 95%;" type="text"/><br><input style="width: 95%;" type="text"/> <p><b>At the time of death, the securities described above were physically located in:</b></p> <table style="width: 100%;"> <tr> <td style="width: 33%;"> <b>City</b><br/> <input style="width: 95%;" type="text"/> </td> <td style="width: 33%;"> <b>County</b><br/> <input style="width: 95%;" type="text"/> </td> <td style="width: 33%;"> <b>State</b><br/> <input style="width: 95%;" type="text"/> </td> </tr> </table> | <b>City</b><br><input style="width: 95%;" type="text"/>  | <b>County</b><br><input style="width: 95%;" type="text"/> | <b>State</b><br><input style="width: 95%;" type="text"/> |
| <b>City</b><br><input style="width: 95%;" type="text"/> | <b>County</b><br><input style="width: 95%;" type="text"/>   | <b>State</b><br><input style="width: 95%;" type="text"/> |   |  |

|                 |   |                 |                    |            |
|-----------------|---|-----------------|--------------------|------------|
| <b>4.</b>       | <p><b>The undersigned, duly sworn, deposes and says that she/he is the:</b> (select one)</p> <p> <input type="radio"/> Administrator<br/> <input type="radio"/> Executor<br/> <input type="radio"/> Survivor<br/> <input type="radio"/> Other _____         </p> <p>of the Estate of:</p> <p><b>Name of Decedent</b></p> <input style="width: 95%;" type="text"/> <p>The undersigned further states that she/he was well acquainted with the deceased during said deceased's lifetime; that at the time of death, which occurred on <b>Date</b> <input style="width: 150px;" type="text"/> the residence and domicile of the deceased was in the <b>State of</b> <input style="width: 150px;" type="text"/> during or for the greater part of any period of twelve consecutive months in the 24 months immediately preceding <b>(circle one)</b> his / her death; and further, that the deceased did not, within the year prior to death, execute any formal instrument or last will in which he declared he was a resident of any other state; and that he is familiar with the administration of the estate. The deceased filed his or her last federal income tax return for the year as a resident of the <b>State of</b> <input style="width: 150px;" type="text"/>; that all prior legacies, debts, funeral expenses, inheritance, transfer and other taxes and administration expenses of the said estate have been paid or otherwise amply provided for, so that the shares of stock registered in the name of the decedent are entirely free for transfer and distribution.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 40%;">           Signature _____         </td> <td style="width: 40%;">           Name (print) _____         </td> <td style="width: 20%;">           Date _____         </td> </tr> </table> <p><b>Notary</b></p> <p>Sworn to and subscribed before me this <input style="width: 100px;" type="text"/></p> <p style="text-align: center; margin-left: 200px;">MM/DD/YYYY</p> <p>_____<br/>Notary Public <b>(Affix Seal)</b></p> | Signature _____ | Name (print) _____ | Date _____ |
| Signature _____ | Name (print) _____  | Date _____      |                    |            |