

# AFFIDAVIT OF DOMICILE

Mail To: Wilmington Funds P.O. Box 9828 Providence, RI 02940

# WILMINGTON FUNDS

For help with this form, or for more information, call Shareholder Services toll-free at 1-800-836-2211.

**Account Number:** \_\_\_\_\_

Internal Acct. ID: \_\_\_\_\_

STATE OF:  
COUNTY OF:

\_\_\_\_\_ being duly sworn, deposes and says: I reside at  
\_\_\_\_\_, Street, City of \_\_\_\_\_, and am  
Executor/Administrator/survivor of \_\_\_\_\_, deceased, who died on  
the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. At the time of the death the legal residence of  
said decedent was \_\_\_\_\_ Street, City of \_\_\_\_\_,  
County of \_\_\_\_\_, State of \_\_\_\_\_.

He/She resided in the State of \_\_\_\_\_ or any State (other than that of his/her Domicile) within  
the United States of America, at the time of death.

\_\_\_\_\_  
Signature

Sworn to, before me, this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

Affix Seal

*The information called for must be completed by the filling in of all applicable blank spaces and must be sworn to before a Notary Public and the latter's seal affixed to his certification.*