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Affidavit of Domicile

For assistance, please contact our CollegeAccess 529 Plan Investor Services at 866-529-7462, Monday through Thursday, 8:30am – 6:00pm and until 5:00pm on Friday, or visit our website at CollegeAccess529.com.

Please send the completed form to one of the following addresses:

Regular Mail
CollegeAccess 529
P.O. Box 534436
Pittsburgh, PA 15253-4436

Overnight Mail
CollegeAccess 529
Attn: 534436
AIM: 154-0520
500 Ross Street
Pittsburgh, PA 15262

1. Account Information

Account Owner Name/Registration

U.S. Social Security Number	Account Number(s)

2. Affidavit of Domicile

TO BE COMPLETED BY THE EXECUTOR, ADMINISTRATOR, SURVIVOR AND/OR HEIR

STATE OF _____)
ss:
COUNTY OF _____)

I, (name of individual taking the affidavit)_____ , being duly sworn, deposes and says that (he-she) resides at_____ , State of _____ , and is the (executor-administrator-survivor-heir) of the estate of _____ deceased, who died on the _____ day of _____ , _____ ; that at the time of (his-her) death the domicile (legal residence) of said decedent was at_____ ; County of _____, State of _____, for _____ years prior to death, and was not a resident of any other State (other than that of his/her domicile) within the United States of America, at the time of death.

This affidavit is made for the purpose of securing the transfer or delivery of securities registered in the name of, or owned by, said decedent at the time of his/her death.

_____
EXECUTOR / ADMINISTRATOR / SURVIVOR / HEIR

Subscribed and sworn to before me

This _____ day of _____, 20 ____

_____
(Notary Public)
My commission Expires _____

(Notary Seal)