Manning & Napier Fund, Inc. Affidavit of Domicile



Account Number: ___

The following is an affidavit of decedent's legal residence at time of death to be filed by the beneficiary, surviving spouse, executor, administrator, personal representative or legal representative for the estate. You may also be required to provide an Inheritance Tax Waiver. Check with the decedent's state of legal residency at the time of death for requirements.

INCORPORATED IN		Decedent's SSN:					
INCORPORATED IN	INESIAIE	OF MARYLAND					
STATE OF)					
COUNTY OF)					
I,				being duly	sworn, depos	se and state as fo	llows:
	Affian	nt (Your Name)					
I reside at						,	
		(Street address)					
City of	, County of						
State of		, and am the					
(Please check one):	☐ beneficiar	y ☐ surviving spouse ☐	executor	☐ administrate	or 🗌 persor	nal representative	☐ legal representative
of (deceased)(Name of decedent)			who d	ied on	,		, 20 .
,	(Name o	f decedent)		(day)	(month)	(year)
At the time of death, t	he decedent's	s legal residence (domicile)) was in the	e			
City of			, County of				
and State of			; and h	nad been the sa	me for the la	stprecedi	ing years.
If the decedent reside	d in another s	state within three years pric	or to their d	eath, provide th	ne previous re	esidence and don	nicile below.
City of			, County of				
and State of			·				
		securing the transfer or deli gally entitled thereto under					edent at the time of
Signature		Date		Notary Pub	olic		
(Affix Notary Seal)				Subscribed an	d sworn to be	efore me this day	
				oubsonbed an	d Sworr to be	of, 20	
				,	(month)		<u>vear)</u>
P.O. Box 5344	pier Fund, Inc. 149	Overnight Mail: Manning & Napier Fund, Inc. Attention: 534449		Signature of N	lotary Public		
Pittsburgh, PA	. 15253-4449	500 Ross Street, 154-0520 Pittsburgh, PA 15262		My commissio	n expires	of, 20 (/	<u></u>