

AFFIDAVIT

I, _____, hereby declare under penalty of perjury.

1. I currently reside at _____.
2. I was employed by _____ (the "Company") from _____.
3. In connection with the Company, my employer sponsored a retirement plan for the benefit of the employees known as the _____ (the "Plan").
4. I am or was a participant in the Plan named above.
5. To the best of my knowledge and belief, after making appropriate and diligent inquiries, my former employer who maintained the Plan is no longer actively in business and cannot be located, nor can I locate the owners or officers of the Company in regards to my Plan account.
6. To the best of my knowledge and belief, I am or was fully vested in my Plan account.
7. I have terminated employment with the Company maintaining the Plan.
8. With respect to the **AllianzGI US Distribution**, I have received a distribution check and I desire to have the distribution check made payable to myself.
9. I agree that I am solely responsible for paying any taxes with respect to any distribution check I received from the **AllianzGI US Distribution**.
10. I certify to the best of my knowledge and belief that all my declarations in this Affidavit are true, correct and complete. Further, I have made my declarations after careful reflection with the knowledge that **AllianzGI US**, including its agents and sub-contractors, may rely upon my declarations herein to determine whether I am eligible to receive the distribution check.

BY: _____

Date: _____

This Affidavit was signed in my presence by _____, the author of this document, who appeared before me and acknowledged the foregoing to be of his free act and deed before me.

STATE OF _____

ss.:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public

My commission expires: _____, 20____.