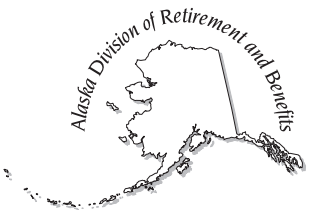

Alaska Cost-of-Living Allowance (COLA) Affidavit of Residency

FOR OFFICE USE ONLY

Toll-Free: (800) 821-2251
alaska.gov/drb

Division of Retirement and Benefits
P.O. Box 110203
Juneau, Alaska 99811-0203

Juneau: (907) 465-4460
TDD: (907) 465-2805
FAX: (907) 465-3086

COLA Recipient Name (Last, Maiden, First, M.I.)	Social Security Number or RIN

Physical Address (Street, City, State, ZIP+4)

Mailing Address (Street or P.O. Box, City, State, ZIP+4)

COLA is for retirees who reside in the State of Alaska. Resides means domiciled and physically present in the state.

2 AAC 36.210 (TRS) and 2 AAC 35.240 (PERS) states a person domiciled in the state is a person who:

(1) maintains his or her **principle** place of residence in the State of Alaska;

(2) demonstrates at all times during an absence an intent to return to Alaska and remain a resident of Alaska;

(3) does not claim residency outside the state or obtain benefits or residency in another state or nation.

The administrator's determination of an applicant's residency will be based on the totality of relevant circumstances. Intent is demonstrated by establishing and maintaining customary ties indicative of Alaska residency.

AS 39.35.670 (PERS) and AS 14.25.210 (TRS) — A person who knowingly makes a false statement, or falsifies or permits to be falsified a record of this system, in a attempt to defraud the system, is guilty of a Class A Misdemeanor and upon conviction is punishable by a fine of not more than $500 or by imprisonment for not more than 12 months, or by both.

This form must be certified by an adult Alaska resident <u>not related</u> to the applicant who can verify the applicant's Alaska residency.

CERTIFICATION: I certify the above applicant is a resident of Alaska and intends to remain a resident of Alaska. I further certify the applicant resides in the above physical address which is his/her true, fixed permanent home and principal residence. I have first hand knowledge the applicant's household goods are maintained in this residence and it is inhabited primarily by the applicant.

Name of Person Verifying Residency	Telephone Number

Mailing Address (Street or P.O. Box, City, State, ZIP+4)

Verifier's Signature, witnessed by one of the following: DRB Representative or Division of Personnel Staff

Signature _____ Title _____ Date _____/_____/_____

OR, SIGNATURE WITNESSED BY A NOTARY

On this _____ day of _____ 20_____, _____ personally appeared before me whose identity I proved on the basis of satisfactory evidence to be the signer of the participant's signature above, and he/she acknowledged that he/she executed it.

NOTARY SEAL OR POSTMASTER STAMP REQURIED

Notary Public_____

State of _____ and City of _____

Residing at _____ Commission Expires _____