

California Teachers Association Employees' Retirement Benefits Trust

DOMESTIC PARTNER AFFIDAVIT

A. MEMBER INFORMATION

Name: _____

SSN: _____

Address: _____

Phone: _____

B. DOMESTIC PARTNER INFORMATION

Name: _____

SSN: _____ Date of Birth: _____

We, the undersigned, hereby acknowledge and agree that:

- We share the same regular and permanent residence with the current intent to continue doing so indefinitely;
- We have agreed to be jointly responsible for each other's basic living expenses (such as food, shelter and any other expenses of the common household);
- We would not be prohibited from marrying under California law on account of our blood relationship; and
- We were mentally competent to enter into a contract when our domestic partner relationship began.

We agree to notify the California Teachers Association Employees' Retirement Benefits Plan ("Plan") within 31 days if we no longer meet the criteria above, or in the case of the death or

California Teachers Association Employees' Retirement Benefits Trust

marriage of either partner. We understand that we will not be treated as spouses under the Plan for purposes of the normal form of payment for married members, death benefits, rollover payments, or any other provision of the Plan under which domestic partners may not be considered spouses for purposes of federal tax law governing the tax-qualified status of the Plan.

Under penalty of perjury, we certify that all of the above statements are true and correct to the best of our knowledge and belief.

Member's

Signature: _____ **Date:** _____

Domestic Partner's

Signature: _____ **Date:** _____

COMPLETE THE FOLLOWING TO NOTIFY THE PLAN'S ADMINISTRATION OFFICE OF THE TERMINATION OF YOUR DOMESTIC PARTNERSHIP

My domestic partnership terminated due to (check one):

- ☐ Dissolution as of _____
(insert date)
- ☐ Marriage on _____
(insert date)
- ☐ Death of my domestic partner on _____
(insert date and attach Death Certificate)

Under penalty of perjury, I certify that the above statements are true and correct to the best my knowledge and belief.

Member's signature: _____ **Date:** _____