



AFFIDAVIT OF DOMESTIC PARTNERSHIP

*Original documents or certified copy of documents submitted as proof must be attached to this Affidavit.
Original documents will be returned to the member or the member may bring the documentation in person to
the Employees' Retirement System of Rhode Island, 50 Service Avenue, 2nd Floor, Warwick, RI 02886*

Please print clearly in black ink.

Section 1 - Member information

First name	MI	Last name
Address (street number, street name and apartment number)		
City	State	Zip code

Section 2 - Domestic partner information

First name	MI	Last name								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">M</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">D</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> <td style="width: 20px; text-align: center;">Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y		
M	M	D	D	Y	Y	Y	Y			
Date of birth										

Section 3 - Evidence and certification of domestic partnership

In accordance with Rhode Island General Law § 36-10-40, § 16-16-1(15) or § 45-21-2(5), we hereby certify that as domestic partners, we meet the following criteria:

- We are at least eighteen (18) years of age and are mentally competent to contract; and
 - Neither of us is married to anyone; and
 - We are not related by blood to a degree which would prohibit marriage in Rhode Island; and
 - We reside together and have resided together for at least one (1) year; and
 - We are financially interdependent as evidenced by at least two (2) of the following four (4) items:
Check two and attach appropriate documentation (original documents or certified copy of documents)
- Domestic partnership agreement or a relationship contract.
- Joint mortgage or joint ownership of primary residence.
- As partners, we are financially interdependent as evidenced by at least two (2) of the following items:
Check two and attach appropriate documentation (original documents or certified copy of documents)
- Joint ownership of vehicle
 - Joint checking account
 - Joint credit account
 - Joint lease
- The domestic partner has been designated as a beneficiary for the member's will, retirement contract, or life insurance.

Section 4 - Termination of domestic partnership

I, _____ (member) agree to notify the Executive Director of the Employees' Retirement System of Rhode Island if the status of my domestic partnership changes – including termination of the relationship or failure to meet any of the above criteria – no later than thirty (30) days from the date of such change.



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Section 5 – Member’s and domestic partner’s authorization *(signatures must be notarized)*

We affirm that the statements attested to in this Affidavit are true and correct to the best of our knowledge. Misrepresentation of information in this Affidavit will result in the obligation to repay the benefits received and a civil fine not to exceed ten thousand dollars (\$10,000.00) enforceable by the Employee’s Retirement System of Rhode Island and payable to the Trust from which the benefits were paid.

I, _____ (*member*) do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct and complete.

Member signature	Member SSN <i>(4 last digits only)</i>	Date of signature <i>(mm/dd/yyyy)</i>

Notarization of member’s signature *(required)*

State	County

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____.

(SEAL)

Notary public signature
Notary name <i>(print)</i>

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M	M	D	D	Y	Y	Y	Y																				
Date of Commission expiration	Notary phone number <i>(area code and number)</i>																										

I, _____ (*domestic partner*) do hereby under oath depose and say that the foregoing representations, information and documentation provided herein are true, correct and complete.

Domestic partner signature	Domestic partner SSN <i>(4 last digits only)</i>	Date of signature <i>(mm/dd/yyyy)</i>

Notarization of domestic partner’s signature *(required)*

State	County

Subscribed and sworn to (or affirmed) before me on the _____ day of _____, 20_____.

(SEAL)

Notary public signature
Notary name <i>(print)</i>

<table border="1"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																		
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Date of Commission expiration	Notary phone number <i>(area code and number)</i>																										

Approval

Executive Director – Employees’ Retirement System of Rhode Island	Date of signature <i>(mm/dd/yyyy)</i>



**Employees' Retirement
System of Rhode Island**

AFFIDAVIT OF DOMESTIC PARTNERSHIP

Please forward this completed form, dated and signed, to the following address:

Employees' Retirement System of Rhode Island

50 Service Avenue 2nd Floor

Warwick, RI 02886-1021

Office: (401) 462-7600 | Fax: (401) 462-7691

Email: ersri@ersri.org | Web site: www.ersri.org