

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.

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.

Member Authorization

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 (last 4 digits)

Date of signature (mm/dd/yyyy)

Notarization of member's signature (required)

State

County

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

Notary public signature

(SEAL)

Notary name (print)

Date of commission expiration (mm/dd/yyyy)

Notary phone number (area code and number)

(Domestic partner authorization continued on next page)

Domestic partner authorization

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 (last 4 digits)

Date of signature (mm/dd/yyyy)

Notarization of domestic partner's signature (required)

State

County

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

Notary public signature

(SEAL)

Notary name (print)

Date of commission expiration (mm/dd/yyyy)

Notary phone number (area code and number)

Approval

Executive Director—Employees' Retirement System of Rhode Island

Date of signature (mm/dd/yyyy)

Please forward this completed form, dated, signed and notarized, 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 | **Website:** www.ersri.org