

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

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

Section 3: Evidence and certification of domestic partnership

In accordance with Rhode Island General Law \S 36-10-40, \S 16-16-1(15) or \S 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
- $\bullet\,$ 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.



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Section 4: Termination	of domestic partner	rship	
l, the Employees' Retirement Syst termination of the relationship o the date of such change.		tatus of my domestic p	
We affirm that the statements a Misrepresentation of information fine not to exceed ten thousand and payable to the Trust from w	ttested to in this Affidavit and in this Affidavit will result dollars (\$10,000.00) enforc	are true and correct to t in the obligation to rep eable by the Employee	(signatures must be notarized) the best of our knowledge. bay the benefits received and a civil 's Retirement System of Rhode Island
Member Authorization			
l, the foregoing representations, ir	nformation and document	(member) do her ation provided herein a	eby under oath depose and say that re true, correct and complete.
Member signature	Me	ember SSN (last 4 digits)	Date of signature (mm/dd/yyyy)
Notarization of member's signa	ture (required)		
State	County		
Subscribed and sworn to (or affi	rmed) before me on the $_$	day of	, 20
(SEA	1)	Notary public signature	
(027)	-,	Notary name (print)	
Date of commission expiration (mm/dd/yyyy)		Notary phone number (area code and number)	
(Domestic partner authorization cor	ntinued on next page)		



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Domestic partner authorization				
I, (domestic partner) do hereby under oath dep say that the foregoing representations, information and documentation provided herein are true, correct and				
say that the loregoing representations, information	n and doo	cumentation provided r	erein are true, correct and complete.	
Domestic Partner signature		Partner SSN (last 4 digits)	Date of signature (mm/dd/yyyy)	
Notarization of domestic partner's signature (req	uired)			
State County				
Subscribed and sworn to (or affirmed) before me on the		day of	, 20	
(SEAL)		Notary public signature		
		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 Is	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:** <u>ersri@ersri.org</u> | **Website:** <u>www.ersri.org</u>