

TERMINATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

I, _____ hereby notify LACERS that my Domestic Partnership
Member Name
with _____ terminated on _____.
Domestic Partner's Name Date

Initial All that Apply

___ I certify that I personally delivered written notice terminating our domestic partnership on
_____ at _____, to which
Date Address
_____ attests to by their signature on this form
Domestic Partner's Name

Domestic Partner's Signature
****signature requires notarization; use Page 3 of this document***

___ I certify that I sent _____ written notice terminating our domestic
Domestic Partner's Name
partnership by certified mail _____ to their last known
Certified Mail Tracking Number
address: _____
Domestic Partner's Address

I have included copies of the written notice and the certified mail tracking slip to this affidavit.

___ My domestic partner died on _____. A copy of the death certificate is
Date
included for LACERS records.

___ I have married or entered into a domestic partnership with _____
Spouse/Domestic Partner Name
A copy of the Marriage/Domestic Partnership Certificate is provided for LACERS records.

___ My partner has married or entered into a domestic partnership with someone else:

Spouse/Domestic Partner Name

Date

___ I no longer have contact with my partner and thereby am unable to provide specific information to either LACERS or my partner. I am willing to complete a notarized declaration to this effect, which LACERS will provide to me at my request.

Information Regarding the Termination of Domestic Partnership Affidavit

1. If your Plan-Registered Domestic Partnership is terminated by means other than the death of your domestic partner, **you must wait at least six months** before registering a subsequent Domestic Partnership, and you and your new domestic partner must meet all the Plan requirements.
2. Use of this form is for the purpose of notifying LACERS that your domestic partnership has ended. This form may not be used to cancel a domestic partnership filing or benefits in place with the Personnel Department for the City of Los Angeles.
3. If your domestic partnership is registered with the State of California or with another comparable jurisdiction and the partnership is substantially equivalent to a California state-registered domestic partnership, you must comply with the laws of that jurisdiction governing the termination of a domestic partnership.
4. Submitting this termination form will not change any beneficiary designations you may have made which name your former domestic partner as beneficiary. You must complete new beneficiary forms if you wish to designate someone other than your former domestic partner as beneficiary of your LACERS benefits.
5. You are responsible for notifying your former domestic partner that this Termination of Domestic Partnership has been filed with LACERS and you must provide LACERS with proof that you have served notification.
6. If you subsequently file another Declaration of Domestic Partnership, following the six-month waiting period, please be advised your new Declaration must be on file with LACERS for at least one year prior to your retirement in order for your new domestic partner to qualify for a continuance benefit.
7. Termination of Domestic Partnership Affidavits submitted without supporting documents will be considered incomplete.
8. LACERS will notify the nonmember in writing of receipt of this Termination of Domestic Partnership.

I declare under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct.

Executed this _____ day of _____, 20____ at _____, California.

Member's Signature
**signature requires notarization; use Page 3 of this document*

Date

Social Security Number

Telephone Number

ACKNOWLEDGMENT OF NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____, before me, _____

Personally appeared _____,

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity, and that by their signature on the instruments the person, or the entity upon which the person acted, executed the instrument.

I certify UNDER PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my Hand and Official Seal
Seal

Signature of Notary Public: _____

My Commission Expire _____
Date

ADA NOTICE

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability and, upon request, will provide reasonable accommodations to ensure equal access to its programs, services and activities.