



LACERS

**LA CITY EMPLOYEES'
RETIREMENT SYSTEM**

Mailing Address: PO Box 512218, Los Angeles, CA 90051-0218
Visit LACERS at 202 W. First Street, Suite 500, Los Angeles, CA 90012
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(800) 779-8328 | Fax (213) 473-7297 | RTT (888) 349-3996

TERMINATION OF DOMESTIC PARTNERSHIP AFFIDAVIT ALL MEMBERS

I, _____ hereby notify LACERS that my Domestic
(Member Name)

Partnership with _____ terminated on
(Domestic Partner's Name)

(Date)

Initial All that Apply

_____ I certify I personally delivered written notice to my domestic partner terminating our domestic
partnership on _____ at _____.
Date Address

_____ I certify that I sent _____ written notice terminating our domestic
Domestic Partner's Name
partnership by certified mail to his/her last known address: _____
Address

_____ My partner died on _____
Date

_____ My Partner has married or entered into a domestic partnership with someone else.

_____ I have married or entered into a domestic partnership with someone else.

If Member has married, name of Spouse: _____

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 _____,
(City, State)

Member's Signature

Date

Social Security Number

Telephone Number

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 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.

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.