



AFFIDAVIT OF DOMESTIC PARTNERSHIP

STATE OF _____

COUNTY OF _____

The undersigned, being duly sworn, depose and declare as follows:

- We are both eighteen years of age or older and unmarried. If either or both of us have been married, we submit evidence of the termination of the marriage.
- We are not related by blood in a manner that would bar marriage under the laws of the State of New York.
- We are each other's sole domestic partner, have been so for at least six months prior to the date of this affidavit, and intend to remain so indefinitely. We are in a relationship of mutual support, caring and commitment, and have assumed responsibility for each other's welfare.
- We have been living together on a continuous basis for at least six months prior to the date of this affidavit. (see reverse for proof of residency.)
- One of us is enrolled in the Sun Life Financial Term Life Insurance Plan.
- Neither of us has been registered as a member of another domestic partnership within the last six (6) months.
- I, the enrollee, affirm that I will file a Termination of Domestic Partnership from within 14 days of the date I/my partner no longer meet one of the qualifying criteria set forth above.
- I, the enrollee, understand that any false or misleading statement made in order to receive benefits for which I do not qualify will subject me to financial responsibility for any benefits paid on behalf of my partner.

Print Name (Enrollee)

Print Name (Partner)

Social Security Number

Social Security Number

Address

Address

Address

Address

Signature

Signature

Sworn to before me this _____ day of _____, 202_____

Notary Public



PROOF OF SIX MONTH RESIDENCY

To enroll your domestic partner in the Sun Life Financial Term Life Insurance plan, you must submit a copy of one item of proof that you and your partner have resided together for at least six months. The proof may be one document with both names or two separate documents that show the residence of each partner. The following is a list of some items that can be used to demonstrate proof of residency. You may submit a copy of another document that proves residency began at least six months ago.

- Driver's license
- Auto registration
- Lease agreement
- Mortgage agreement
- Tax return
- Bank statement
- Passport
- Insurance benefits statement
- Pay check stub
- Utility bill
- Telephone bill
- Joint membership (e.g., church or family association)
- Registration as a domestic partnership in the municipalities that have established such a procedure (e.g., New York City, Rochester, Ithaca)



Affidavit of Financial Interdependence

The undersigned, being duly sworn, depose and declare as follows: We are domestic partners who reside together and are financially interdependent. We submit original documents of two of the following items (at least one of the two must be from List A.) as proof of our financial interdependence:

(Note: Original documents will be copied only to the extent necessary to document receipt and then will be returned to you. Proof must show financial interdependency for at least six months.)

List A

- Joint obligation on a loan including affidavit by a creditor
- Joint ownership of residence
- Joint renters' or homeowners' insurance policy
- Joint responsibility for child care (eg., school documents, guardianship)
- Designated as beneficiary under the other's life insurance policy, retirement benefits account or will or executor of each other's will.
- Affidavit by a creditor or other person able to testify to partners' financial interdependency
- Mutual durable power of attorney
- Designation of one partner as the representative payee for the other's government benefits
- Joint ownership or holding of investments
- Joint ownership or lease of a motor vehicle
- Both listed as tenants on the lease of our shared residence
- Mutually granted authority to make health care decisions
- Share a household budget for the purpose of receiving government benefits
- Claim partner as a dependent for federal tax purposes

List B

- Joint bank account
- Joint credit or charge card
- Signatory on partner's bank account, credit or charge card
- Other proof establishing economic interdependence

Print Name (Enrollee)

Social Security Number

Address

Address

Signature

Print Name (Partner)

Social Security Number

Address

Address

Signature

Notary Public