

CITY OF LOS ANGELES
WATER AND POWER EMPLOYEES' RETIREMENT PLAN

TERMINATION OF DOMESTIC PARTNERSHIP

Member Name: _____

Emp ID: _____

Name of Domestic Partner: _____

Is Domestic Partner a current or former DWP employee?

Yes No

I HEREBY DECLARE THAT THE DOMESTIC PARTNERSHIP I REGISTERED WITH THE WATER AND POWER EMPLOYEES' RETIREMENT PLAN (PLAN) HAS TERMINATED.

**INITIAL
BELOW:**

I understand as of the receipt date stamped on this form any benefits that may be due now or in the future from the Plan based on this domestic partnership are now **null and void** and the Plan is now fully discharged from any liability for such benefits.

I understand that I may not register a new domestic partnership with the Plan until the first day following **six (6) full months** after the date this form is received in the Retirement Plan Office.

I understand that if my Domestic Partner is also a member of the Plan, this form will also terminate my eligibility for Plan benefits under my Domestic Partner's account, unless he/she specifies in writing to the Plan that I am to be retained as a Domestic Partner under his/her account.

Member Signature: _____

Date: _____

RETIREMENT PLAN OFFICE COMPLETE BELOW:

By: _____