

CITY OF LOS ANGELES
 WATER AND POWER EMPLOYEES' RETIREMENT PLAN (PLAN)
 REGISTRATION OF DOMESTIC PARTNERSHIP

INITIAL BELOW:

Member	Domestic Partner (DP)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

WE, THE UNDERSIGNED, CERTIFY THAT:

We have chosen to share one another's lives in an intimate and committed relationship of mutual caring; and

Neither of us is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity; and

We are both at least 18 years of age, or have met the requirements of California Family Code Section 297.1; and

We are not related by blood to any degree that would bar marriage in the State of California; and

We are both capable of consenting to the domestic partnership; and

We understand for eligibility to the Plan's domestic partnership benefits, our domestic partnership period began as of the date stamp on this form; and

We understand if this domestic partnership is terminated, we must file a Termination of Domestic Partnership with the Retirement Plan Office.

We declare under penalty of perjury, under the laws of the State of California, that the certifications above and the information provided below are correct.

 PLAN MEMBER'S SIGNATURE

 DOMESTIC PARTNER'S SIGNATURE

 PRINT NAME

 PRINT NAME

 DWP EMPLOYEE NUMBER

 DWP EMPLOYEE NO. OR SOCIAL SECURITY NO.

 BIRTHDATE

SAME ADDRESS AS MEMBER

 RESIDENCE ADDRESS - STREET

 RESIDENCE ADDRESS - STREET

 RESIDENCE ADDRESS - CITY, STATE, ZIP

 RESIDENCE ADDRESS - CITY, STATE, ZIP

We understand if we are both members of the Plan, a copy of this registration form will be placed in each of our member files as to formally register each other for the Plan's domestic partner benefits.

Member	DP	
_____	_____	<i>By initialing, we do not wish for a copy of the registration form to be placed in the file for the member listed as Domestic Partner on this form.</i>

 RETIREMENT PLAN OFFICE COMPLETE BELOW

BY: _____

**WATER AND POWER EMPLOYEES' RETIREMENT PLAN
DOMESTIC PARTNER REGISTRATION**

TO MEET THE DEFINITION OF DOMESTIC PARTNER UNDER THE PROVISIONS OF THE PLAN, A MEMBER AND HIS/HER DOMESTIC PARTNER WOULD HAVE TO:

- Be registered with the Retirement Plan for at least one (1) year prior to member's retirement, on the date of the member's retirement, and on the date of the member's death.

CERTIFY THAT:

- They have chosen to share one another's lives in an intimate and committed relationship of mutual caring; and
- Neither is married to someone else or is a member of another domestic partnership with someone else that has not been terminated, dissolved, or adjudged a nullity; and
- They are both at least 18 years of age, or have met the requirements of California Family Code Section 297.1; and
- They are not related by blood to any degree that would bar marriage in the State of California; and
- They are both capable of consenting to the domestic partnership; and
- All required registration information provided is true and accurate.

DOMESTIC PARTNERSHIP TERMINATED:

- File a Termination of Domestic Partnership with the Retirement Plan Office.
- Wait six (6) months after a Termination of Domestic Partnership form has been filed with the Plan before a new domestic partner may be registered.

HEALTH PLAN BENEFITS:

- By completing this form, you are registering your Domestic Partner to potentially receive Retirement Plan benefits **ONLY**. If you would like for your Domestic Partner to receive health plan benefits, you must complete a separate registration form with the Health Plans Office:

111 N. Hope St., Room 564, Los Angeles, CA 90012 - Tel: (213) 367-2023