

WATER AND POWER EMPLOYEES' RETIREMENT PLAN
CITY OF LOS ANGELES

**ACKNOWLEDGEMENT OF TERMINATION
OF DOMESTIC PARTNERSHIP**

Re: Member Name _____ Employee Number _____

This is to acknowledge receipt of your "Notification of Termination of Domestic Partnership" received in our office. Your notice acknowledges the limitations of the Retirement Plan as it pertains to registration of Domestic Partners.

As a member of the DWP Retirement Plan you may find the following reminders helpful:

1. Your "Notification of Termination" was received: _____.

2. This Termination of Domestic Partnership is only applicable to your retirement benefits. If you have registered your Domestic Partner for health plan benefits and want to terminate that designation, you should contact the DWP Health Plan Office in Room 564, (213) 367-2023.

3. You may want to make sure your beneficiary designations are current at DWP, and at other entities providing death or other benefits for you.
(FORMS FOR CHANGING BENEFICIARIES CAN BE PROVIDED AT YOUR REQUEST)

4. A copy of this acknowledgement form has been sent to your former Registered Domestic Partner for information.

Comments: _____

Acknowledgement on behalf of the Board of Administration - Water and Power Employees' Retirement Plan by:

Retirement Plan Manager or
Assistant Retirement Plan Manager

Date: _____

c: DWP Registered Domestic Partner _____

WATER AND POWER EMPLOYEES' RETIREMENT PLAN
CITY OF LOS ANGELES

**NOTIFICATION OF TERMINATION
OF DOMESTIC PARTNERSHIP**

Member Name _____

Employee Number _____

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

I understand that upon filing this Notice of Termination with the Board of Administration of the Water and Power Employees' Retirement Plan any benefits that may be due now or in the future from the Water and Power Employees' Retirement Plan based on this domestic partnership are now null and void and the Water and Power Employees' Retirement Plan is now fully discharged from any liability for such benefits.

I understand that I may not register a new Domestic Partnership with the Board of Administration of the Water and Power Employees' Retirement Plan until the first day following six full months after the date this Notice of Termination is filed with the Board.

Signed: _____ Date: _____

NAME OF FORMER DOMESTIC PARTNER: _____

FORMER DOMESTIC PARTNER'S DATE OF BIRTH: _____

**RECEIVED BY THE BOARD OF ADMINISTRATION, WATER AND POWER
EMPLOYEES' RETIREMENT PLAN:**

DATE: _____ BY: _____