



## AFFIDAVIT OF QUALIFIED DOMESTIC PARTNERSHIP

Complete this *Affidavit of Qualified Domestic Partnership* if you are a Pension Plan member and you wish to designate a non-marital partner of either the same sex or opposite sex as a qualified domestic partner for purposes of receiving Pension Plan benefits.

**- PLEASE TYPE OR PRINT CLEARLY -**

### I. MEMBER INFORMATION

Member Name \_\_\_\_\_ Member Ref. No. \_\_\_\_\_  
(first) (middle) (last/family name)

☐ **Check here if there has been a change to your contact information on file.**

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

### II. DOMESTIC PARTNER INFORMATION

Domestic Partner Name \_\_\_\_\_ Social Security No./ITIN \_\_\_\_\_  
(first) (middle) (last/family name)

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship: ☐ U.S. ☐ Other: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Non-Binary

### III. AFFIDAVIT OF QUALIFIED DOMESTIC PARTNERSHIP

Our domestic partnership satisfies the criteria under (1) or (2) below (*check one only*):

1. ☐ **Our partnership is formally registered with the state.** We reside in a state that recognizes a civil union or a substantially similar legal relationship other than marriage, and we have established such legal relationship under applicable state law. *Include with this Affidavit a copy of your state certificate or other documentation of such legal relationship.*
2. ☐ **Our partnership meets all of the criteria listed below.** Regardless of the state in which we reside, we have satisfied all of the following requirements:
  - We are each other's sole domestic partner and intend to remain so indefinitely;
  - We are jointly responsible to each other for our common welfare and financially support each other in the provision of basic necessities (*e.g.*, food, clothing, housing, and medical care).
  - We are both at least eighteen (18) years of age, are mentally competent to enter into contracts, and are not related by blood to a degree that would prohibit marriage in the state in which we reside;
  - We are not married to, nor in a civil union with or the domestic partner of, anyone else, nor have either of us been married to, or in a civil union with or the domestic partner of, anyone else within the last sixty (60) months; and
  - We have been in a relationship for a period of at least sixty (60) consecutive months, and have jointly shared the same residence for at least twenty-four (24) months.

*Include with this Affidavit at least two documents of proof of interdependence from the list below:*

- |  |  |
|--|--|
| <input type="checkbox"/> Common ownership (attach copy of mortgage or deed)      | <input type="checkbox"/> Joint lease (attach copy of lease agreement)            |
| <input type="checkbox"/> Common household (attach copy of utility or phone bill) | <input type="checkbox"/> Joint financial account (attach copy of bank statement) |

- ☐ Named beneficiary under retirement plan (attach copy of beneficiary designation) ☐ Joint obligors on a loan (attach copy of loan note)

#### IV. CERTIFICATION AND SIGNATURE

By signing this Affidavit, the undersigned member and domestic partner each make the following certifications:

- I certify that the information provided on this Affidavit, and specifically that the information provided in Section III, is true and accurate.
- I agree that I will timely notify Pension Fund of any changes to the information provided on this Affidavit, and that in the event my domestic partnership terminates, I will promptly notify Pension Fund by filing a *Termination of Qualified Domestic Partnership*.
- I understand that the personal information provided on this Affidavit will be used by Pension Fund to process my benefits and to provide member services to me under the Pension Plan.
- I understand that if the member has already commenced a pension or disability benefit under the Pension Plan as of the effective date of this *Affidavit of Qualified Domestic Partnership*, a surviving spouse/partner pension will be payable to the domestic partner only if the *Affidavit of Qualified Domestic Partnership* has been effective for at least twenty-four (24) months before the death of the member.

Member Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Domestic Partner Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me the above named \_\_\_\_\_ and \_\_\_\_\_, personally known to me, who, being duly sworn, deposes and says that he or she voluntarily executed the foregoing consent.

Notary Public Signature \_\_\_\_\_ (SEAL)

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_

#### V. ACCEPTANCE OF AFFIDAVIT BY PENSION FUND

The undersigned representative of Pension Fund has reviewed this Affidavit and documentation of legal relationship or documents of proof, as applicable, and hereby accepts this Affidavit, effective as of the date signed by the member and domestic partner in Section IV.

Representative Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Pension Fund of the Christian Church

P.O. Box 6251, Indianapolis, Indiana 46206-6251

Toll Free Phone: 1.866.495.7322 • Phone: 317.634.4504 • Fax: 317.634.4071

E-mail: [pfcc1@pensionfund.org](mailto:pfcc1@pensionfund.org) • Website: [www.pensionfund.org](http://www.pensionfund.org)