

The following information must be signed and returned within 31 days of the date of termination.

I, \_\_\_\_\_ I declare the following:  
*(Print Employee's Name)*

1. \_\_\_\_\_, and I are no longer domestic partners.  
*(Print Partner's Name)*

2. I make and file this Statement of Termination in order to cancel the Affidavit of Domestic Partnership by me and with eFunds Corporation on \_\_\_\_\_.  
*(Effective Date of Termination)*

3. I mailed my former domestic partner copy of this notice to the following address:

\_\_\_\_\_  
\_\_\_\_\_

I declare, under penalty of perjury, under governing state laws that the above statements are true and correct.

I understand that a subsequent Affidavit of Domestic Partnership cannot be filed for at least 12 months from the date of this termination in accordance with eFunds' enrollment guidelines.

**Authorization**

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Name (print) \_\_\_\_\_

Employee Address \_\_\_\_\_

\_\_\_\_\_

*The information about benefits included in this enrollment process is only a brief overview, providing highlights of the eFunds welfare benefit plans. If there are any differences between this overview and the official plan documents, the plan documents will govern. eFunds reserves the right to amend or terminate the welfare benefit plans for any reason and in its sole discretion, and you would be subject to such amendments or termination. For more information contact the Benefits Department.*