



New York Life Insurance Company
 – A Mutual Company Founded in 1845 –
 51 Madison Avenue, New York, NY 10010

DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

Member Name: _____ Group Policy Number: _____
 Address: _____
 City, State Zip Code: _____
 Phone Number: _____

I, _____ (Member – print name), certify and declare that:
 _____ (Former Domestic Partner – print name), and I are no longer
 Domestic Partners as of ____ / ____ / ____.

1. I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership filed by me with New York Life on ____ / ____ / ____.
2. Termination of the Declaration of Domestic Partnership is due to one of the following:
 ___ Termination of Domestic Partnership, by court order or otherwise
 ___ Change in residence
 ___ Marriage to another person
 ___ No longer jointly responsible for each other’s common welfare and living expenses
 ___ Death of a Domestic Partner
 ___ Other _____

I understand that another Declaration of Domestic Partnership cannot be filed until six (6) months from the date this relationship ends (as indicated above).

In the event that termination of this relationship is not due to the death of my Domestic Partner, New York Life will mail a copy of this notice to my former Domestic Partner at my address on record and, if supplied, the address below:

 (former Domestic Partner’s new address)

I affirm, to the best of my knowledge and belief, the statements made are true and complete.

 Member Signature _____ / ____ / ____
 Date

Please return completed form and applicable documentation to the American Bar Endowment, 321 N Clark St., 14th floor, Chicago, IL 60654-7648.