

Affidavit of Committed Relationship

I. DECLARATION

We, _____ and _____,
(Print Participant's Full Name) (Print Spouse's Full Name)
represent and affirm, jointly and individually:

1. We were married on _____.
2. Prior to our marriage, we were in a committed relationship equivalent to marriage from _____ to _____ (the "Requisite Period"), which is the period immediately preceding the Participant's retirement during which the Participant earned credited service under The Church Pension Fund Clergy Pension Plan (the "Plan").
3. We were each other's sole partner during the Requisite Period, who had chosen to share one another's lives in a mutually exclusive partnership that resembled marriage, and intended to remain so indefinitely.
4. We have attached the following as proof of the existence of our committed relationship equivalent to marriage for the entirety of the Requisite Period¹:

[ONE of the following:]

- _____ Affidavit of Support for Committed Relationship (to be completed by an Episcopal cleric who is not your spouse)
- _____ Certificate of civil union or domestic partnership issued by a state or local government or other governmental agency

OR

[Any TWO of the following:]

- _____ Joint bank account statements
- _____ Joint credit card statements
- _____ Loan agreement indicating joint obligation
- _____ Property deed indicating joint ownership
- _____ Residential tenants lease indicating joint tenancy
- _____ Common public utility or telephone bill
- _____ Joint tax return (financial information may be redacted)

¹ Please note that in order to prove such a committed relationship existed for the entirety of the Requisite Period, any document provided as proof must establish that the committed relationship existed **prior to or on the first day of** the Requisite Period.

- _____ Health care proxy
- _____ Life insurance certificate or beneficiary designation
- _____ Domestic partnership agreement
- _____ Irrevocable trust agreement
- _____ Designation of your same gender partner as a beneficiary in your will or identified in your will as your domestic partner or life partner or something similar
- _____ Joint ownership or lease of an automobile
- _____ Joint ownership or holding of an investment account or other investments
- _____ Other documentation*

* Please note that The Church Pension Fund will determine in its sole discretion whether any other documentation is sufficient to establish the existence of a committed relationship equivalent to marriage for the duration of the Requisite Period.

5. Neither of us were married to, or legally separated (or going through a separation) from, anyone else during the Requisite Period.
6. We agree to indemnify, jointly and severally, The Church Pension Fund and its affiliates, their trustees, directors, officers and employees, the Plan and the Medical Supplement Plan for any expenses or liabilities they or it incur as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this Affidavit or in any of the information concerning our dependency provided with this Affidavit.
7. We understand that if we are determined to be eligible by the Plan Administrator, any benefits under the Plan and/or the Medical Supplement Plan will commence as of the first of the month following receipt by the Plan Administrator of all required paperwork.

* * * * *

Please be sure to sign your name in the presence of an adult witness who is not your spouse. The Plan Administrator will review the Affidavit before making its determination and will inform you if any further information or action is required.

II. STATEMENT

We affirm, under penalties of perjury, that the assertions in this Affidavit are true and correct to the best of our knowledge and belief.

Participant's Signature

Date

Participant's Date of Birth

Spouse's Signature

Date

Spouse's Date of Birth

Street Address

City State Zip

Home Phone Number Participant's Email

Witnessed by:

Witness Signature

Date

Print Name of Witness