



AFFIDAVIT OF TERMINATION OF DOMESTIC PARTNERSHIP

The facts to which you attest in this Affidavit of Termination of Domestic Partnership may impact the eligibility of an individual for domestic partner coverage under the United Supermarkets, LLC benefit programs.

This signed Affidavit of Termination of Domestic Partnership must be submitted to the Benefit Department. You can contact the Benefit Service Center at (806) 791-0220 or totalbenefits@unitedtexas.com. Please retain a copy for your records.

Team Member Name:	Team Member SSN:
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I, the above-named associate, hereby declare and certify by my signature below to the following:

- On _____ (date), an Affidavit of Domestic Partnership as executed by me and _____ (domestic partner name), the other person named in that Affidavit of Domestic Partnership.
- The domestic partnership with the above-named domestic partner has terminated effective _____ (date) due to
 - _____ a) my domestic partner's death.
 - _____ b) our domestic partnership ending.
- If the above-named domestic partner is still living, I have mailed a completed and signed copy of this Affidavit of Termination of Domestic Partnership to him or her.

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

EXECUTED in the county of _____ in the state of _____.

Signature of Team Member

Date

Sworn to and subscribed before me this _____ **day of** _____, 20_____.

Notary Public
My commission expires: _____