



ConocoPhillips Employee and Retiree Benefit Plan (Plan)
AFFIDAVIT of TERMINATION of DOMESTIC PARTNERSHIP

Declaration

I, _____ ("Employee/Retiree"), Employee ID # _____ certify that on or
(Employee/Retiree – Print Name)

about _____, 20_____, the Domestic Partner relationship between myself

and _____ (Domestic Partner) has dissolved.
(Domestic Partner – Print Name)

Domestic Partner Dissolution

A Domestic Partnership ends when:

- The Partners are no longer each other's sole Domestic Partner; or
- The Partners no longer share the same common residence; or
- The Partners no longer assume mutual obligations for the welfare and support of each other; or
- One of the Partners dies; or
- Any of the criteria in the Affidavit of Domestic Partnership previously provided to Employer are no longer met.

I acknowledge that we no longer meet the criteria set forth in the Affidavit of Domestic Partnership form, and we will no longer be considered Domestic Partners.

I also acknowledge that I will send a copy of this notarized Affidavit of Termination of Domestic Partnership form to my former Domestic Partner on _____, 20_____ at the following address:

Street Address

City, State, Zip Code

Other Acknowledgements

I declare, under penalty of perjury, that all of the information I have provided on this form is true and correct. I understand that any false or misleading statement made will subject me to disciplinary action up to and including termination of employment and possible charges of fraud.

Employee/Retiree Information

Name (printed)

Social Security Number

Signature

Date Signed

State of _____

County of _____

Sworn to before me this day of
_____, 20_____

Notary Public