

Alexander & Baldwin, Inc.
Affidavit of Termination of Domestic Partnership

I, _____, submit this Affidavit of Termination of
(Print Name of Employee)

Domestic Partnership to cancel the Affidavit of Domestic Partnership previously submitted.

The Domestic Partnership between _____ and me,
(Print Name of Domestic Partner)
ended on _____.
(Date of Termination)

OR

My Domestic Partner, _____, died on: _____.
(Print Name of Domestic Partner) (Date of Death)

I understand that I have already agreed in the Affidavit of Domestic Partnership previously submitted, that after termination of the Domestic Partnership, another Affidavit of Domestic Partnership cannot be filed until twelve (12) months have elapsed, after which I may enroll a new Domestic Partner in my health, dental, and vision care programs and access the LifeWorks Family Information Resources subject to A&B's eligibility and enrollment rules.

I further understand that this Affidavit of Termination of Domestic Partnership initiates no change to my actual insurance coverage. If the domestic partner relationship is terminated, coverage for the domestic partner will terminate at the end of the month in which the terminating event occurs.

(Signature of Employee)

(Employee's Social Security Number)

(Date)