

# OLD NATIONAL BANCORP AFFIDAVIT OF DOMESTIC PARTNERSHIP

**Associate Information – Please Print**

Last Name, First Name, Middle	Date of Birth	Gender	Associate Number	Social Security Number

**Domestic Partner Information – Please Print**

Last Name, First Name, Middle	Date of Birth	Gender		Social Security Number

**Address of Residence Shared by Both Domestic Partners – Please Print**

Street Address	City	State	Zip Code

The definition of “Domestic Partnership” for purposes of this Affidavit shall be two individuals, either of the same or opposite sex, who live together in an exclusive long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other’s common welfare and to share financial obligations.

**Declaration of Domestic Partnership**

We, \_\_\_\_\_ (“Associate”) and \_\_\_\_\_ (“Domestic Partner”), affirm under penalties of perjury that:

- We are both at least eighteen (18) years of age and we are mentally competent to contract;
- Neither of us is legally married to another person, nor is either of us a member of another domestic partnership or civil union;
- We are in an exclusive, sole domestic partnership, and have been for at least twelve (12) months preceding the date of this Affidavit. We have been in this domestic partnership and living together continuously since \_\_\_\_\_ (month/day/year); and, we intend to remain sole domestic partners indefinitely;
- Neither of us is related to the other any closer than second cousins;
- We are jointly responsible for each other’s common welfare as evidenced through, for example, a joint deed, joint mortgage, joint lease, joint credit card, joint bank account, designation of domestic partner as beneficiary for life insurance and retirement contract, designation of domestic partner as primary beneficiary in the associate’s will and/or powers of attorney authorizing each of us to act on behalf of the other;
- We understand that an associate’s domestic partner and/or the domestic partner’s child enrolled as the associate’s dependent ceases to be an eligible member on the first of the month following the termination of such domestic partnership and that the associate is required to submit an Affidavit of Domestic Partnership Termination within 31 days of the termination of the domestic partnership.

We acknowledge and agree to the terms stated herein and we understand that any misrepresentation may result in loss of benefits and/or repayment of insurance benefits erroneously paid on my domestic partner’s behalf. We further understand that if the Insurer and/or the Company benefit plan suffers any loss due to any false statement contained in this Affidavit, it may bring a civil actions against either or both of us to recover its losses, including reasonable attorney’s fees. The Insurer and/or the Company plan retains the right to verify, at any time, any and/or all of the information set forth herein. If the domestic partnership terminates, we agree to notify the Corporate Benefits department within 31 days of the termination.

<p><b>We have read and understand this Affidavit of Domestic Partnership. We understand that criminal penalties for knowingly making false or fraudulent claims may be brought, and hereby certify that the information we provided is true and correct.</b></p>		<p style="text-align: center;"><b>Notary Signature and Seal</b></p> <p style="text-align: center;">State of _____, County of _____</p> <p style="text-align: center;">Signed before me by both parties on</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Date (mm/dd/yy)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Notary Signature</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">My commission is permanent/expires on _____</p>	
Associate Signature	Date		
Domestic Partner Signature	Date		