



DECLARATION OF TERMINATION OF DOMESTIC PARTNERSHIP

I, _____, certify and declare that:
(Employee – print name)

1. _____ (Partner) are no longer Domestic Partners as of the _____ day of _____ 20__ (Termination Date).
2. I understand coverage under the Fanatics Omnibus Benefits Plan (Plan) for the Partner and his/her dependent children will terminate as of the end of the month following or coincident with the Termination Date consistent with the Plan’s existing policies and procedures.
3. The Declaration of Domestic Partnership (Declaration) attested to and filed by me with Fanatics, Inc., is no longer effective with respect to the Domestic Partner status of myself and Partner. **I understand, however, that the attestations and acknowledgements set forth in that Declaration survive the termination of the Domestic Partnership.**
4. Unless termination of the Domestic Partnership is due to the death of the Partner, I have mailed a copy of this notice to the Partner at:

(Partner’s Address)

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

(Employee’s Signature)

(Date)