International Monetary Fund
STAFF RETIREMENT PLAN

REGISTRY OF DOMESTIC PARTNERS

(Please complete and return form to: HR Center (HQ2-05-009), 700 19th St. NW, Washington, DC 20431)

I. AFFIDAVIT OF DOMESTIC PARTNERSHIP

We, _____, a participant or retired participan (strike the one that does not apply) in the Staff Retirement Plan (SRP), and _____each certify and declare that we are each other's sole domestic partners as set out below:

A. We are both at least eighteen (18) years old and legally competent to consent to a civil contract; and

B. We have each considered ourselves domestic partners during the period of at least one year prior to the date of this Affidavit, which is demonstrated by the attached documentation of our (1) having lived together for at least twelve (12) months, and (2) having been financially interdependent during such time; and

C. Neither of us is married to or legally separated from any other person and neither of us is engaged in another domestic partnership; and

D. We are not related by blood or marriage; and

E. We are engaged in an exclusive, committed relationship of mutual caring and support, consider ourselves jointly responsible for our common welfare, and intend to continue this relationship permanently.

II. TERMINATION OF DOMESTIC PARTNERSHIP

A. The employee has an obligation to ensure that the Aministration Committee of the Staff Retirement Plan of the International Monetary Fund receives a written "Declaration of Termination of Domestic Partnership" if there is any change in the domestic partnership status that makes this Declaration invalid or erroneous. Notice shall be provided to the Administration Committee within sixty (60) days of such change.

B. The participant or retired participant understands that termination of benefit coverage obtained as a result of such Declaration will be effective on the last day of the month during which the domestic partnership ends or at such time as coverage terminates in accordance with the terms and conditions of applicable policies. Receipt by the Administration Committee of a Declaration of Termination of Domestic Partnership from either partner shall be deemed conclusive evidence of the termination of the domestic partnership status for purposes of any benefits extended as a result of the domestic partnership. In the event that more than one such Declaration of Termination of Domestic Partnership is provided with conflicting dates of termination of the domestic partnership, the Administration Committee shall rely on the document with the earlier date.

III. ACKNOWLEDGMENTS

A. We understand that a civil action may be brought against one or both of us for any losses (including attorney's fees and costs) due to any false statement contained in this Declaration or for failure to notify the SRP Administration Committee of changed circumstances as required in Section II, above.

B. We have provided information in this Declaration for use by the SRP Administration Committee for the sole purpose of determining our eligibility for certain SRP benefits. We understand and agree that the Executive Board of the Fund may amend this benefit in whole or in part in accordance with Article 12 of the SRP.

C. As with other personal information and employee records maintained by the Fund, we understand that the information provided in this Affidavit will be treated as confidential by the Fund, but will be subject to disclosure:

1. Upon the express written authorization of an undersigned employee, or

2. If otherwise required in connection with legal or administrative proceedings.

D. We understand that this Affidavit may have legal implications relating, for example, to our ownership of property or to taxability of benefits provided. We understand that before signing this Affidavit we should seek competent legal and tax advice concerning such matters. We acknowledge that neither the Fund nor the SRP Administration Committee has provided us with advice in this regard.

We affirm, under penalty of perjury, that the statements in this Affidavit are true and correct

_____ ___/___/___ ___/___/___
Signature of Participant or Retired Participant Date of Birth Date

Employee ID# _____

Printed Name: _____

Address: _____

_____ appeared before me personally and on oath acknowledged or affirmed that he or she has read and understood the foregoing, that the representations therein are true, and that such Affidavit of Domestic Partnership was freely executed for the purpose of registering as a domestic partner with the Staff Retirement Plan of the International Monetary Fund. In witness whereof, I have signed my name and affixed my seal this _____ day of _____, 20___.

Notary Public: _____

_____ ___/___/___ ___/___/___
Signature of Domestic Partner Date of Birth Date

Printed Name: _____

Address: _____

_____appeared before me personally and on oath acknowledged or affirmed that he or she has read and understood the foregoing, that the representations therein are true, and that such Affidavit of Domestic Partnership was freely executed for the purpose of registering as a domestic partner with the Staff Retirement Plan of the International Monetary Fund. In witness whereof, I have signed my name and affixed my seal this _____ day of _____, 20___.

Notary Public: _____

Accepted and Approved:

_____ Date: _____
Secretary of the Administration Committee

Proof of Financial Interdependence
List of Documents

The following list of documents could be presented as proof of financial interdependence:

- Joint credit card
- Joint obligation on a loan
- Joint ownership or holding of investments
- Joint ownership of residence
- Joint ownership of real estate other than residence
- Listing of both partners as tenants on the lease of a shared residence
- Shared rental payments of a residence
- Shared rental payments for property other than residence
- A common household and shared household expenses (utility bills, telephone bills, other bills)
- Joint ownership of major items of personal property
- Joint ownership of a motor vehicle
- Joint responsibility for childcare
- Shared childcare expenses
- Execution of wills naming each other as executor/executrix and/or beneficiary
- Designation as beneficiary under each other's life insurance policy
- Designation as beneficiary under each other's retirement account
- Mutual grant of durable power of attorney
- Mutual grant of authority to make health care decisions
- Other items of proof sufficient to establish economic interdependence under the circumstances of a particular case