



STATEMENT OF TERMINATION OF DOMESTIC PARTNERSHIP

The domestic partnership relationship between me and _____ ended on _____
Domestic Partner Name (please print)
Date

I make and file this Statement of Termination of Domestic Partnership in order to cancel the Affidavit of Domestic Partnership filed by me on _____. I certify that I mailed my former Domestic Partner a copy of this notice.
Date

ACKNOWLEDGMENTS

1. I understand that this information will be held confidential and will be subject to disclosure only upon our express written authorization or if otherwise required by law.
2. I understand that the effect of filing this Statement of Termination of Domestic Partnership is that my Domestic Partner will remain ineligible for a period of 6 months for Activision Blizzard benefits.
3. I, the undersigned, certify under penalty of perjury, under the laws of the State of _____, that the foregoing is true and correct.

Print Employee Name

Signature of Employee

Date