



Statement of Termination of Domestic Partnership

I, _____, previously filed an **Affidavit of Domestic Partnership**
Employee Name (Print)

with Rivian. I hereby certify and declare that _____
Name of Former Domestic Partner (Print)

is no longer my domestic partner as of _____, and that the Affidavit of Domestic
Effective Date

Partnership attested to and signed by me on _____ is terminated.
Date

I certify that a copy of this Statement of Termination of Domestic Partnership was mailed to my former domestic partner identified above.

I understand that another **Affidavit of Domestic Partnership** cannot be filed until one (1) year after the effective date of the termination of my domestic partnership identified above.

I affirm that the above statements are true and accurate.

Signature of Employee

Date

Employee Name (Print)