

**AFFIDAVIT OF  
TERMINATION OF DOMESTIC PARTNERSHIP**

I, \_\_\_\_\_ (Associate), affirm under penalty of perjury, that the Domestic Partner Affidavit attested to and signed by me on \_\_\_\_\_, 20\_\_\_\_, shall be and is terminated by submitting this signed Affidavit of Termination of Domestic Partnership. Upon termination of this domestic partnership, I acknowledge that my former domestic partner and domestic partner children, as applicable, will not be entitled to any benefits or insurance coverage extended to domestic partners (as outlined in the Domestic Partner Benefits Summary).

Please submit this completed form to SS&C Technologies Inc., Benefits Team.

Associate Signature	DT Number	Date of Birth	Date Signed
Associate Name (Printed)	Daytime Phone Number		
Domestic Partner's Name (Printed)	DP's Date of Birth		