



### Declaration of Termination of Domestic Partnership

I, \_\_\_\_\_, certify and declare that:  
(Associate - print name)

\_\_\_\_\_ and I are no longer domestic partners as of  
(Former Domestic Partner - print name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

I understand that coverage for this individual will terminate on the last day of the month following this date.

I make and file this Declaration of Termination in order to cancel the Declaration of Domestic Partnership filed by me with J. Crew Group, Inc. on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

Termination of the Declaration of Domestic Partnership is due to: (check one)

- ☐ Termination of domestic partnership
- ☐ Death of domestic partner
- ☐ Marriage to another person
- ☐ No longer jointly responsible for each other's common welfare and living expenses
- ☐ Change in residence of one partner

I understand that another Declaration of Domestic Partnership cannot be filed until six (6) months from the date the relationship ends (as indicated above).

In the event that termination of this relationship is not due to the death of my domestic partner, it is my responsibility to notify my former domestic partner and will mail a copy of this notice to him/her:

\_\_\_\_\_  
\_\_\_\_\_  
(Former domestic partner new address)

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

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

Please submit to Human Resources below:

DC/CC Associates – [dcbenefits@jcrew.com](mailto:dcbenefits@jcrew.com), your local HR Drop Box or fax  
Asheville: 828-687-6498      Lynchburg: 434-385-5795

Home Offices & Field Associates – [benefits@jcrew.com](mailto:benefits@jcrew.com) or 212.209.6600

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