AFFIDAVIT OF DOMESTIC PARTNERSIIP

Employee Information

_____ _____ _____

First Name MI Last Name

Domestic Partner's Information

_____ _____ _____

First Name MI Last Name

_____

Date Domestic Partnership Commenced

Authorization, Disclosures

Declaration

We declare under penalty of perjury that the statements below are true and correct.

1. We are mentally competent to enter into a contract.
2. We live together and share the common necessities of life.
3. We are not closely related that marriage would otherwise be prohibited.
4. We are financially interdependent.
5. We are not legally married to, or the domestic partner of, another person under either statutory or common law.

Change In Domestic Partnership

We understand we have an obligation to notify Intuit if there is any change in our status as Domestic Partners as attested in this Affidavit, which would make us no longer eligible for any current coverage elections (for example, a change in joint residence status or if we are no longer each other's sole Domestic Partner). We will notify Intuit in writing within thirty-one (31) days of such change.

Employer's Rights

We understand Intuit, as sponsor of the Plan(s), reserves the right to terminate, modify, or adjust this provision of the Plan(s) at any time at its sole discretion. We have provided the information in this Affidavit for use by Intuit for the sole purpose of determining our eligibility for certain Domestic Partner benefits. We understand that this information provided in this statement will be treated as confidential but will be subject to disclosure: a) upon the express written authorization of the undersigned employee, or b) if otherwise required by law.

Any false statement(s) that we make in this Affidavit or failure to inform the company of a termination of our Domestic Partnership as described above may result in our ineligibility for coverage(s) under the Plan(s) and/or disciplinary action (even including termination of employment). Further, Intuit may recover from us any benefits paid and any company contributions paid as a result of our false statement(s) or failure to inform Intuit of a termination of our Domestic Partnership.

Signature _____ **Date** _____

Domestic Partner's Signature _____ **Date** _____

NOTARIZATION

State of _____, County of _____

On this _____day of _____ in the year _____, before me appeared

_____ and _____,

known to me to be the persons whose names are subscribed to this document.

Signature and Seal of Notary Public