AFFIDAVIT OF DOMESTIC PARTNERSHIP (PASS TRAVEL ONLY)

By submitting personal data to Endeavor Air, you agree to allow Endeavor Air to process your personal data and to transfer your personal data to Endeavor Air headquarters in Minneapolis, MN, USA, for any purpose related to your employment with Endeavor Air, including, without limitation, to provide you with pass travel privileges. "Personal data" means any information relating to you or your employment with Endeavor Air. "Process" in relation to personal data means the following operations: collection, recording, organization, storage, amendment, retrieval, consultation, use, disclosure, erasure and similar operations.

(1) We, _____ , employee, and _____ domestic partner, each certify and declare that we are each other's domestic partner as set out below:

- We are both at least (18) years old;
- Neither of us is legally married (or the common law spouse) to any other person and neither of us is engaged in another domestic partnership;
- We are not related by blood or law;
- We reside together in the same legal permanent residence and have lived in a "spouse-like" relationship for at least six continuous months, and have the intent to continue living together indefinitely and;
- We are financially inter-dependent.

(2) **We are enclosing evidence of our domestic partner relationship and our financial interdependence** by providing supporting documents from the following that **dates back six months or more**; Document showing shared primary residence, joint mortgage, lease or deed record or other similar documentation of financial interdependence, along with the copy of driver's licenses. I understand that more information may be requested at any time.

(3) I, the employee, have an obligation to ensure that the Pass Bureau receives a Notice of Termination of Domestic Partnership from me if there is a termination of the domestic partnership, if the relationship fails to meet all of the requirement set forth in paragraph (1) above, or if there is any change in the relationship that makes this affidavit invalid or erroneous. This Notice shall be provided to the Endeavor Air Pass Bureau within 30 days of any of the events described in the preceding sentence. The employee is not eligible to add a new domestic partner until 6 months after the date the notice of termination of domestic partnership was received by Endeavor Air Pass Bureau. The employee is not eligible to add a domestic partner until 6 months after the date of divorce if the employee was previously married.

(4) Regardless of whether I submit a timely Notice of Termination of Domestic Partnership form, I acknowledge that pass travel privileges for my domestic partner and any covered children of the domestic partner shall automatica lly terminate on the first to occur of the (1) effective date of the termination of the domestic partnership, (2) the first date that any of the

information in this Affidavit is erroneous or no longer valid or (3) the date the partnership fails to meet all of the requirements set forth in paragraph 1, above.

(5) I, the employee, understand that the providing of any fraudulent or false information in this Affidavit or the failure to notify the Endeavor Air Pass Bureau of a termination of our domestic partnership is a violation of Endeavor Air policy and may subject me to disciplinary action, including but not limited to, the termination of my employment with Endeavor Air.

(6) We understand that before signing this Affidavit we should seek competent legal and tax advice concerning such matters. We acknowledge that Endeavor Air has provided us with no advice in this regard.

This form pertains to Pass Travel ONLY.

We certify that the information we have provided regarding our domestic partner relationship is true and correct.

_____ _____

Employee Signature **Date**

Employee's Printed Name: _____

Employee's PPR number: _____

Employee's Date of Birth (mm/dd/yyyy): _____

Employee's Address:

_____

_____

_____ _____

Domestic Partner Signature **Date**

Domestic Partner's Printed Name: _____

Domestic Partner's Gender: Male ☐ Female ☐

Domestic Partner's Date of Birth: _____

Domestic Partner's Address:

_____

_____

Date Domestic Partnership Began: _____

NOTARIZATION:

Notary Public: _____

My Commission Expires: _____

Employee: Please submit the form and supporting documents in Dayforce Self-Service.
Retiree: Please email the form and supporting documents to Pass.Bureau@Endeavorair.com