



Affidavit of Dissolution of Domestic Partnership

Clearway Energy Benefits Plan

NOTE: The definition of "Opposite Sex or Same Sex Domestic Partner" for purposes of this Affidavit shall be two individuals of the same or opposite sex who live together in a long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other's common welfare and to share financial obligations.

We, _____("Employee") and _____ ("Domestic Partner"),
after being first duly sworn depose and attest to the following:

- We had been parties to a Domestic Partnership
- The benefits of the Domestic Partnership included eligibility for certain employer sponsored benefit plans
- Such Domestic Partnership has since ended on ___/___/_____, resulting in a loss of benefits eligibility for Domestic Partner
- Unless required by law or offered under the terms of the applicable benefit plan, Domestic Partner shall not be entitled to COBRA or other continuation coverage

We certify, under penalty of perjury, that the foregoing is true and correct.

Employee Signature

Domestic Partner Signature

Date

Date