



AFFIDAVIT OF COMMON LAW MARRIAGE

The benefit programs and plans maintained by Gates Corporation provides special benefits and rights to the spouses of participants. In those instances where there has not been a formal marriage ceremony, the Company, as administrator of the plan, has the responsibility to determine whether an individual who was named as the employee's "spouse" will be treated as the employee's spouse under the plan. The plan defines spouse as an individual of the same or opposite sex to whom you are legally married pursuant to the laws of the State in which the marriage is celebrated. See the list below for States that recognize non-ceremonial common law marriages.

To assist the Company in making its determination, it is requested that you and your spouse complete the attached declarations in the presence of your Human Resources Representative. It is also important that, at that time, you present your HR Representative with documentation demonstrating your marital status, such as the information listed on the attached Evidence of Common Law Marriage Form.

As an alternative, your spouse may complete the Spouse's Declaration in the presence of a Notary Public. You may then submit both declarations, together with information demonstrating the marital status of both you and your spouse to your HR representative.

The declaration will be read together as a mutual statement that you and your spouse have entered into a common law marriage. The Company will review the declarations and evidence before making its determination and will promptly inform you if any further information or action is required.

States that recognize common law marriage:

- Alabama (if created before 1/1/2017)
- Colorado
- Georgia (if created before 1/1/97)
- Idaho (if created before 1/1/96)
- Iowa
- Kansas
- Montana
- Ohio (if created before 10/10/91)
- Oklahoma
- Pennsylvania (if created before 1/1/05)
- Rhode Island
- South Carolina
- Texas
- Utah
- Washington, D.C.



EMPLOYEE’S DECLARATION

Instructions: Please print and complete in the presence of your HR Representative.

I, _____, declare that _____
(Full Legal Name of Employee) (Full Legal Name of Spouse)

is my one and only spouse and is entitled to the rights of my spouse under the benefit programs and plans maintained by Gates Corporation (the “Company”) and further declare that I am entitled to the rights of a spouse under all employee benefit plans maintained by my spouse’s employer, if any.

I have presented the materials indicated (by check marks) on the attached Evidence of Common Law Marriage Form to a plan representative and made these materials available for copying. I certify that any and all information that I have presented to the plan representative as evidence of my marital status is true and accurate and that the documents that I have presented to the plan representative are authentic.

I understand that by completing this form, I am asserting that on _____ the above-
(Month, Day, Year)
named spouse and I, being freely able to contract, entered into the relationship of husband and wife under common law at _____, intending to be legally bound thereby and in full recognition of the
(City, State)
rights, duties, and obligations associated therewith. At that time, we had the present intent to be married, evidenced by words in the present tense uttered with a view and purpose of establishing the relationship of husband and wife, and we continue to maintain that relationship as of this date.

I understand that by completing this form, I am asserting that the above-named spouse is my one and only spouse for all legal purposes and will remain my spouse until death or divorce. I also understand that divorce may occur only as a result of a proceeding in court. I agree to inform the Company of any change in my marital status and to present any reasonable evidence of such change as the Company may require. I further agree to indemnify the Company for any expenses or liabilities it incurs as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this declaration or in any of the information concerning my marital status that I have presented to the plan representative.

Employee Signature: _____

Date: _____

Witnessed: _____
HR Representative

Date: _____



SPOUSE'S DECLARATION

Instructions: Please print and complete in the presence of the Employee's HR Representative or Notary Public :

I, _____, declare that _____
(Full Legal Name of Spouse) (Full Legal Name of Employee)

is my one and only spouse and is entitled to the rights of a spouse under all employee benefit plans maintained by my employer, if any, and further declare that I am entitled to the rights of a spouse under the benefit programs and plans maintained by Gates Corporation (the "Company").

I (or my spouse on my behalf) have presented the materials indicated (by check marks) on the attached Evidence of Common Law Marriage Form to a plan representative and made these materials available for copying. I certify that any and all information that I (or my spouse on my behalf) have presented to the plan representative as evidence of my material status is true and accurate and that the documents presented to the plan representative are authentic.

I understand that by completing this form, I am asserting that on _____ the above-
(Month, Day, Year)
named employee and I, being freely able to contract, entered into the relationship of husband and wife under common law at _____, intending to be legally bound thereby and in full recognition
(City, State)
of the rights, duties, and obligations associated therewith. At that time, we had the present intent to be married, evidenced by words in the present tense uttered with a view and purpose of establishing the relationship of husband and wife, and we continue to maintain that relationship as of this date.

I understand that by completing this form, I am asserting that the above-named employee is my one and only spouse for all legal purposes and will remain my spouse until death or divorce. I also understand that divorce may occur only as a result of a proceeding in court. I further agree to indemnify the Company for any expenses or liabilities it incurs as a result of any misrepresentations or inaccuracies, whether made knowingly or unknowingly, in this declaration or in the information presented to the plan representative.

Spouse's Signature: _____ Date: _____

WITNESS:

On this, the ____ day of _____, 20__, before me, _____,
(Print Name of Notary or HR Representative)

undersigned, personally appeared _____ known to me (or satisfactorily
(Name of Spouse)

proven) to be the person whose name is subscribed above, and who acknowledged that the foregoing instrument was executed for the purpose contained therein.

(if Notary)

My Commission Expires:

WITNESSED BY:

Signature of Notary Public or
HR Representative

(Affix Official



SUPPORTING DOCUMENTATION OF COMMON LAW MARRIAGE

Instructions: Please check all items that are presented to your HR Representative. Must submit at least two documents.

- Copies of your federal income tax return which indicates marital status. For privacy reasons, you may delete the numbers showing income and deductions.
- Photocopies of the deed to your home (if owned jointly) or the lease to your home (if it shows joint leasehold).
- Photocopy of automobile title, if owned jointly.
- Copies of bank accounts or investments that are held in joint name.
- Photocopies of loan application and credit card applications where the loan or credit card is applied for jointly.
- Documents provided to Social Security by either of you indicating that you are married.
- A copy of your Will, identifying your spouse.
- If both of you attend the same church, name of your church pastor together with your written permission to contact the pastor regarding your marital status.
- Personnel records maintained by the employer of the spouse not employed by the
Which indicate marital status? Examples include:
 - Employment application;
 - Application or enrollment form for employer-provided health insurance, life insurance, or other welfare or retirement benefits;
 - Records relating to employee benefits which identify any beneficiaries or additional persons covered by such benefit and their relationship; and
 - Form W-4, Employee's Withholding Allowance Certificate.
- The driver's license for each of you showing your residence.
- Voting records for each of you showing your residence.
- Automobile, home ownership, health or life insurance policies indicating the names of the insured and their relationship.
- Records indicating the length of time each of you have lived at the same residence.
- Other facts or documents that you think show that you are husband and wife under a common law statute (specify):

Instructions to HR: If accepted, provide the employee with the following documents for completion:
Benefits Change in Status form
Benefits Enrollment/Change Form
Life Insurance Beneficiary Designation
W-4