



Barnes Group Inc.

Notice of Dissolution of Domestic Partnership

I, _____ (*Employee*) certify that I previously filed a Affidavit of Domestic Partnership with Barnes Group. I request that Barnes Group Inc. immediately terminate the Affidavit of Domestic Partnership relating to the following Domestic Partner and/or the Domestic Partner's eligible dependent children:

Name of Domestic Partner: _____

AND/OR

Name(s) of Domestic Partner's Eligible Dependents:

1. _____
2. _____
3. _____

Acknowledgments:

1. I understand that all benefits provided to the Domestic Partner and/or the Domestic Partner's eligible dependent children identified in this Notice will be terminated in accordance with the terms of each applicable benefit plan — which may be immediate.
2. The last known address of the Domestic Partner identified in this Notice (for benefit continuation purposes, if applicable) is:
Street: _____
Apt/Unit: _____
City: _____ State: _____ Zip: _____
3. I certify that the information on this Statement is true, complete and accurate. I understand that any misrepresentation or omission of material facts may result in disciplinary action, including termination of employment. I also understand that I am responsible for reimbursement of any expenses incurred as a result of any false, incorrect or misleading statement contained in this Statement (including any related attorneys' fees and costs).
4. I further certify that I have mailed or otherwise delivered a copy of this Notice to the Domestic Partner identified above on _____ (*Date*).

Employee's Signature _____ Date: _____

RETURN ORIGINAL COMPLETED FORM TO:

Benefits@BGInc.com

Or by mail at:
Barnes Group Inc.
Attn: Corporate Benefits Department
123 Main Street
Bristol, CT 06010