

Barnes Group Inc.**Affidavit of Domestic Partnership**

Submitting this Affidavit of Domestic Partnership makes you eligible to enroll your Domestic Partner and/or your Domestic Partner's eligible dependent children in certain benefit plans and is required before you are eligible for any leave under the Domestic Partner provisions of the Barnes Group Inc. Family Medical Leave Policy. However, it does not enroll you, your Domestic Partner or your Domestic Partner's dependent children in any benefit plan or name your Domestic Partner or your Domestic Partner's dependent children as a beneficiary of your life insurance plan or other plan that requires a beneficiary election. You must satisfy the enrollment and participation requirements for each benefit plan or policy. Because there may be tax and legal consequences to enrolling your Domestic Partner and/or your Domestic Partner's dependent children in a Barnes Group Inc. ("Barnes Group") benefit plan, you are encouraged to consult your tax and/or legal advisor.

I. Statement

I, _____ (Employee) certify that I am the Domestic Partner of _____ (Domestic Partner), and declare that we currently satisfy all of the requirements listed in Item II below.

II. Status

1. We are each other's sole domestic partner and intend to remain so indefinitely.
2. Neither of us is married (including common-law) or in a domestic partnership with anyone else.
3. We are both at least eighteen (18) years of age and mentally competent to contract.
4. We are not related by blood to a degree of closeness that would prohibit legal marriage in the state in which we legally reside.
5. We cohabit and reside together in the same residence, we have resided together for at least twelve (12) continuous months, and we intend to do so indefinitely.
6. We are engaged in a committed relationship that is intended to be permanent and are jointly responsible for our common welfare, household and living expenses.

Date Domestic Partnership Established: _____

I further certify our interdependence by providing Barnes Group with a certified copy of a formal legal Domestic Partnership Agreement (including but not limited to a legal registration of the domestic partner relationship, or civil union, with a local, state or federal government)

— OR —

at least two of the following items (please check appropriate items submitted):

- Proof of common ownership of real property (joint deed or mortgage agreement) or a common leasehold interest in property.
- Proof of common ownership of a motor vehicle.
- Driver's licenses listing a common address.
- Proof of joint bank accounts or credit accounts.
- Proof of designation as the primary beneficiary for life insurance or retirement benefits, or primary beneficiary designation under a partner's will.
- Assignment of a durable property power of attorney or health care power of attorney.

III. Children of Domestic Partner

We certify that the following children of _____ (*Domestic Partner*) are eligible for coverage and that they satisfy the requirements of the applicable plan or policy:

Name of Child (First, MI, Last)	SSN	Gender (Male or Female)	Birth Date (MM/DD/YYYY)

IV. Change in Domestic Partnership

We understand that we have an obligation to notify Barnes Group and to submit the required Dissolution of Domestic Partnership form if there is any change in our domestic partnership status that would terminate this Statement (death of a partner, a change in residence of one partner, termination of the relationship, etc.). We will notify Barnes Group within thirty (30) days of such a change.

V. Certification of Domestic Partner as a Dependent (the "Certification")

Please consult your tax advisor before you certify that your Domestic Partner and/or your Domestic Partner's dependents seeking coverage is your legal tax dependent as defined by Section 152 of the Internal Revenue Code. If your answer is YES, you are not taxed on imputed income or the dependent coverage premiums paid by Barnes Group, and you are able to make contributions for your Domestic Partner's coverage on a pre-tax basis.

Please initial one and complete (as required):

_____ **YES**, the following individuals (i.e., Domestic Partner and/or eligible dependents of the Domestic Partner) qualify as my legal tax dependent(s) for federal income tax purposes.

Name of Domestic Partner (<u>First, MI, and Last</u>)
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and/or

Name of Dependent Children of Domestic Partner (<u>First, MI and Last / DOB / SSNs</u>)

_____ **NO**, my Domestic Partner and/or the Domestic Partner's eligible dependents do not qualify as my legal tax dependent for federal income tax purposes.

VI. Acknowledgments

1. We understand that we are responsible for the reimbursement of any losses (as well as attorneys' fees and costs) incurred because of any false or misleading statement contained in this Statement and/or in the Certification. We understand we must provide Barnes Group with immediate written notice in the event the status of my Domestic Partner and/or my Domestic Partner's dependent children as my legal tax dependent changes. We agree to reimburse Barnes Group for any and all liabilities including, without limitation, taxes, penalties, or losses (including reasonable attorneys' fees and costs) that Barnes Group may incur arising out of its reliance on this Statement and/or in the Certification if it is untrue in any respect, or if we fail to provide notice of dissolution of the domestic partnership.
2. We understand that a legal action may be brought against one or both of us for any losses (as well as attorney's fees and costs) due to any false or misleading statement contained in this Statement or for failure to notify Barnes Group of changed circumstances as required in Section IV above.
3. We understand that falsification of information in this Statement, or failure to notify Barnes Group of changed circumstances pursuant to Section IV above may lead to disciplinary action against the employee, including discharge from employment.
4. We understand that the payment of benefits for Domestic Partners (and/or the dependents of the Domestic Partner) is not eligible for favorable federal and state tax treatment unless the applicable legal requirements are satisfied and that their enrollment may result in additional taxes to the employee.
5. We have provided the information in this Statement for use by Barnes Group for the sole purpose of determining our eligibility for certain domestic partner benefits. We understand and agree that Barnes Group is not legally required to extend or maintain any such benefits.
6. We understand that the benefits offered by Barnes Group are governed by the applicable plan documents and policies and that such plan documents and policies govern and are binding.
7. We confirm that we have not received, and are not relying on, any tax or legal advice or representations provided by Barnes Group.
8. We understand that this Statement may have certain tax and legal implications and that we have been advised to consult our tax and legal advisor(s).
9. We have been provided and reviewed the Barnes Group Domestic Partner Benefits Procedures.

We affirm that the information in this Statement is true and correct in every respect.

Employee's Signature _____ **DOB:** _____ **Today's Date:** _____

Sworn to and subscribed before me this the ____ day of _____, _____.

Notary's Signature: _____ **Today's Date:** _____

My Commission Expires: _____

[Notary Seal]

Domestic Partner's Signature _____ DOB: _____ Today's Date: _____

Domestic Partner SSN: _____ - _____ - _____

Joint Address: _____

Notary's Signature: _____ Today's Date: _____

My Commission Expires: _____

[Notary Seal]

RETURN ORIGINAL COMPLETED FORM

TO: Barnes Group Inc.
Attn: Corporate Benefits Department
123 Main Street
Bristol, CT 06010