

Statement of Domestic Partnership

We, the undersigned, each represent that:

- A. We are currently registered as domestic partners or civil union partners with a governmental body, pursuant to state or local law; or
- B. We have assumed legal responsibility for each other's common welfare and financial obligations and that by the execution of this Declaration of Domestic Partner Status form, we are declaring a legally binding relationship with each other to the extent permitted by law.

We further represent:

- 1. Each of us is presently unmarried under statutory or common law, legally separated, or in a partnership with anyone else, and neither has been in such a relationship for the last six months;
- 2. Each of us is unrelated by blood to a degree that would prohibit marriage in our state;
- 3. Each of us is at least 18 years old and mentally competent;
- 4. We share the same residence, and have, for at least the last six months;
- 5. Each of us intends that the relationship to last indefinitely.

We understand that as Domestic Partners, we are subject to the same window period governing all other employees by or applying for benefit plan coverage.

We understand that as Domestic Partners, the Employee may be subject to taxation on imputed income based on the value of the benefit(s) for the Domestic Partner and/or Domestic Partner Child(ren). Additionally, we have reviewed the Domestic Partner Enrollment Guide on NutanixBenefits.com.

We agree to notify the Human Resources department if there is any change in our status as Domestic Partners or if we believe we are not subject to imputed income.

We have provided the information in this Declaration of Domestic Partner Status form for use by Nutanix, Inc. Human Resources department for the sole purpose of determining our eligibility for insurance benefits. We agree to furnish any additional information requested to demonstrate our financial interdependence or to evaluate the current status of our Domestic Partnership relationship. Return form to Nutanix Benefits; email HR@nutanix.com or fax 1-408-490-2794.

Employee Name (please print)

Domestic Partner Name (please print)

Employee Signature

Domestic Partner Signature

Date Signed

Requested Coverage Effective Date

Sworn and subscribed before me under penalty of perjury in the State of _____, this _____ day of _____, 20_____.

Notary Public