

Statement of Domestic Partnership

We, the undersigned, each represent that 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 is subject to an Imputed Income Tax on the value of the benefit(s) for the Domestic Partner and/or Domestic Partner Child(ren). For current Imputed Income amounts, please contact the Benefits Team at hr@nutanix.com.

We agree to notify the Human Resources department if there is any change in our status as Domestic Partners.

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