

TOYS“R”US, INC.
DISSOLUTION OF DOMESTIC PARTNERSHIP

Note: Domestic Partners (and their children, if covered) must be dropped from health and wellness benefit coverage within 31 days of the dissolution of a Domestic Partnership.

Certification

We certify, under penalty of perjury and any and all other applicable laws that the undersigned individuals hereby declare that our domestic partnership relationship has ended. We understand that the willful falsification of information contained in this Dissolution of Domestic Partnership may result in termination of coverage, disciplinary action up to and including termination of employment at Toys“R”Us, Inc., and, in addition, may result in civil action being brought against us. We certify that the domestic partnership has ended on the date specified in the Signature section below.

SIGNATURES

If my former Domestic Partner is unable or unwilling to attest to this Dissolution, I bear full responsibility and declare the statements contained in this Certification are factual.

Date Domestic Partnership ended: _____

Team Member Name (please print): _____ Employee ID: _____

Signature: _____ Date: _____

Former Domestic Partner Name (please print): _____

Signature: _____ Date: _____

NOTARIZATION:

State of _____

County of _____

On this _____ day of _____ in the year _____, before me appeared _____ and _____ known to me to be the persons whose names are subscribed to this document.

Signature and Seal of Notary Public