Veeva Systems, Inc. Welfare Benefits Plan
Dissolution or Termination of Domestic Partnership

_____, Employee and, _____, the Former Domestic Partner, hereby certify that that on or about _____, 20_____, our domestic partnership relationship dissolved and that we no longer meet the criteria set forth in the Veeva Systems, Inc. Welfare Benefits Plan (the "Plan") Domestic Partnership Affidavit.

In addition to submitting this completed form, Employee will take the necessary steps to remove any ineligible dependents from the Plan within 30 days of the date of dissolution or termination of the domestic partnership.

Employee

_____
Signature

Printed Name: _____

Date: _____

Former Domestic Partner

_____
Signature

Printed Name: _____

Date: _____

[State] or [Commonwealth] of _____ [state]

County of _____

On this _____ [day] of _____ [month], 20___, before me, the undersigned notary public, _____ [Employee] and _____ [Domestic Partner] personally appeared, proved to me through satisfactory evidence of identification, which were _____ [type of identification], to be the individuals who signed the preceding or attached document in my presence, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief.

[Seal]

_____

[Notary Public Signature]