

1 The Participant's social security number and date of birth will be
2 provided separately to the Plan Administrator.

3 1.2 "Alternate Payee:" [Alternate Payee's Name]
4 Relationship to Participant: [Relationship]
5 Address: [Address]

6 The Alternate Payee's social security number and date of birth will be
7 provided separately to the Plan Administrator.

8 1.3 "Plan" Puget Sound Electrical Workers Pension
9 Plan

10 1.4 "Plan Administrator" Board of Trustees
11 Puget Sound Electrical Workers Pension Plan
12 Address: P.O. Box 34203
13 Seattle, WA 98124

14 **2. Division of Marital Property.** This Order hereby creates and recognizes the
15 existence of the Alternate Payee's rights to receive a portion of the Participant's benefits under
16 the Plan.

17 **3. Participant's Retirement.** Participant retired effective [date] and is receiving
18 benefits in the form of a [Life Only Pension; Husband and Wife Pension; or Contingent
19 Beneficiary Option].

20 **4. Payments to Alternate Payee.**

21 4.1 Effective with benefits payable for [month/year], the Alternate Payee is
22 awarded [what percent or dollar amount] of each of the Participant's monthly benefit
23 payments from the Plan. Alternate Payee [is/is not] entitled to share in "thirteenth" benefit
checks. Alternate Payee's benefits shall be paid directly to the Alternate Payee by the Plan.

4.2 [FOR USE IF THE PARTICIPANT IS RECEIVING THE LIFE-
ONLY PENSION] The Alternate Payee's benefits will cease at the earliest of the
Participant's death or the Alternate Payee's death. If the Alternate Payee predeceases the
Participant, the Alternate Payee's share shall revert to the Participant.

4.2 [FOR USE IF THE PARTICIPANT IS RECEIVING THE
HUSBAND AND WIFE PENSION OR CONTINGENT BENEFICIARY OPTION.] The
Alternate Payee's benefits cease at the earliest of the Participant's death or the Alternate
Payee's death, provided that if the Participant predeceases the Alternate Payee, the Alternate
Payee shall be the Participant's sole surviving spouse entitled to receive the survivor benefit

1 following the Participant's death. If the Alternate Payee predeceases the Participant, the
2 Alternate Payee's share shall revert to the Participant.

3 4.3 In the event the Participant returns to work after retirement, the
4 Participant's benefits may be suspended. In such event, the Alternate Payee's benefits shall
5 also be suspended.

6 **5. Limitations on Order.** Nothing contained in this Order shall be construed to
7 require the Plan:

8 5.1 To provide for any type or form of benefits, or any option, not
9 otherwise provided under the Plan at the time benefits commence to the Alternate Payee;

10 5.2 To provide increased benefits (determined on the basis of actuarial
11 value) not available to the Participant;

12 5.3 To provide benefits to the Alternate Payee which are required to be paid
13 to another Alternate Payee under another order previously determined to be a QDRO; and

14 5.4 To provide the payment to the Alternate Payee of benefits forfeited by
15 the Participant.

16 **6. Action to Be Taken.** The Plan Administrator shall be provided with a copy of
17 this Order by the Alternate Payee or Participant. Pending determination of a proposed order's
18 status as a QDRO, the Plan Administrator shall separately account within the Plan for the
19 amount ("segregated amounts") which would have been payable to the Alternate Payee (if this
20 Order is established to be a QDRO) during the determination period, as defined in Internal
21 Revenue Code Section 414(p)(7). No segregation is necessary if benefits are not payable
22 during the determination period.

23 **7. Continuing Jurisdiction.** The Court retains jurisdiction over this matter to
amend this order to establish or maintain its status as a QDRO under the Retirement Equity
Act of 1984, as amended.

DONE IN OPEN COURT this ____ day of *[month]*, *[year]*.

JUDGE/COURT COMMISSIONER

1 Presented by:

2 [NAME OF ATTORNEY'S OFFICE]

3

4 By: _____
5 [NAME OF ATTORNEY], WSBA No. [00000]
6 Attorney for Respondent

7 Copy Received, Approved for Entry,
8 Notice of Presentment Waived:

9 [NAME OF ATTORNEY'S OFFICE]

10

11 By: _____
12 [NAME OF ATTORNEY], WSBA No. [00000]
13 Attorney for Petitioner

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