

QDRO TRANSMITTAL LETTER

Date

Board of Trustees
Ironworkers District Council of the Pacific
Northwest Field Ironworkers Annuity Plan
P. O. Box 34203
Seattle, WA 98124

Re: QDRO – _____ and _____
Participant *Alternate Payee*

Dear Plan Administrator:

Enclosed is a Qualified Domestic Relations Order (“Order”) impacting the benefits under the Ironworkers District Council of the Pacific Northwest Field Ironworkers Annuity Plan.

This Order is a: Draft, or
 Court Certified Copy

As noted in the Order, the social security number and date of birth of the Participant and Alternate Payee will be provided separately. They are as follows:

Participant

Participant’s Name: _____
Social Security Number: _____
Date of Birth: _____

Alternate Payee

Alternate Payee’s Name: _____
Social Security Number: _____
Date of Birth: _____

If further information is needed in connection with this QDRO, please contact:

Name: _____
Phone Number: _____

Sincerely,

Signature

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IN THE SUPERIOR COURT FOR THE STATE OF _____
IN THE COUNTY OF _____

_____,
Petitioner,
v.
_____,
Respondent.

NO. _____
QUALIFIED DOMESTIC RELATIONS
ORDER

WHEREAS, the Court has jurisdiction over all parties and over the subject matter in this dissolution action; and

WHEREAS, the parties to this order and Court intend this Order to be a Qualified Domestic Relations Order (hereinafter referred to as "Order" or "QDRO") as that term is used in the Retirement Equity Act of 1984, as amended, and interpreted in accordance with that Act; and

WHEREAS, the Participant is the parent of _____ (child) and has a legal obligation of support for such child reflected in an Order of Child Support entered on _____ (date); and

WHEREAS, the parties have stipulated that this Order be entered to allow the Participant's account balance in the Plan to be used to satisfy such support obligation;

NOW, THEREFORE, IT IS HEREBY ORDERED by the Court as follows:

1. Definitions. The following are the definitions used in this order:

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1.1 "Participant"

Name: _____

Address: _____

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

1.2 "Alternate Payee"

Name: _____

Relationship to Participant: _____

Address: _____

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

1.3 "Plan"

Ironworkers District Council of the Pacific Northwest Field Ironworkers Annuity Plan

1.4 "Plan Administrator"

Address: Board of Trustees
P.O. Box 34203
Seattle, WA 98124

2. Child Support Obligation. This Order hereby creates and recognizes the existence of the Alternate Payee's rights to receive a portion of the Participant's benefits under the Plan as a child support payment.

3. Factual Basis for order. This Order is based on the following facts:

3.1 Participant is vested;

3.2 Participant is _____ years of age; and

3.3 Participant at the time of entry of this Order is not receiving any payment of benefits under the Plans.

1 **4. Payments to Alternate Payee.**

2 4.1 Alternate Payee is awarded (select only one, flat amount or percentage):

3 The FLAT AMOUNT of \$_____.

4 Alternate Payee's share of the account will be transferred effective on:

5 _____ (date).

6 Such amount shall be transferred to a separate account in the Plan solely in the
7 name of the Alternate Payee. Alternate Payee's account shall thereafter be valued
8 separately from the Participant's and be subject to allocation of earnings and
9 expenses separately from Participant's.

10 **OR**

11 The PERCENTAGE of _____% of the Participant's account balance
12 in the Plan earned from:

13 _____ (beginning date) to

14 _____ (ending date).

15 The Alternate Payee's share shall be transferred effective on:

16 _____ (date on or after ending date) to a separate account in the Plan
17 solely in the name of the Alternate Payee. Alternate Payee's account shall be
18 valued separately from the Participant's and be subject to allocation of earnings
19 and expenses separately from Participant's.

20 4.2 Alternate Payee's benefits shall commence upon application by Alternate
21 Payee at any time after approval of this Order by the Plan, but not later than the required
22 beginning date under the Plan. Consistent with the terms of the Plan, Alternate Payee shall be
23 entitled to select a form of payment and designate a beneficiary for Alternate Payee's portion of
24 the benefits. If Alternate Payee dies prior to commencement of benefits, the balance in Alternate
25 Payee's separate account shall be payable in the form of an alternate death benefit to Alternate
26 Payee's eligible beneficiary pursuant to the terms of the Plan.

27 **5. Facility of Payment to Authorized Representative.**

28 _____
29 _____
30 _____
31 _____
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33 _____
34 _____
35 _____ *(Child Support Services Must Provide Payment Instructions.)*

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

3 6.1 To provide for any type or form of benefits, or any option, not otherwise
4 provided under the Plan at the time benefits commence to the Alternate Payee;

5 6.2 To provide increased benefits (determined on the basis of actuarial value)
6 not available to the Participant;

7 6.3 To provide benefits to the Alternate Payee which are required to be paid to
8 another Alternate Payee under another order previously determined to be a QDRO; and

9 6.4 To provide the payment to the Alternate Payee of benefits forfeited by the
10 Participant.

11 **7. Action to Be Taken.** The Plan Administrator shall be provided with a copy of the
12 Order by counsel for the Alternate Payee. Upon receipt, the Plan Administrator shall:

13 7.1 Immediately notify the Participant and the Alternate Payee of:

14 7.1.1 The receipt of this Order; and

15 7.1.2 The Plan's procedures for determining whether this Order is a
16 QDRO.

17 7.2 Within a reasonable period of time, determine if this Order is a QDRO,
18 and notify the Participant and Alternate Payee of such determination.

19 7.3 Pending determination of a proposed order's status as a QDRO, separately
20 account within the Plan for the amount ("segregated amounts") which would have been payable to
21 the Alternate Payee (if this Order is established to be a QDRO) during the determination period,
22 as defined in Internal Revenue Code Section 414(p)(7). No segregation is necessary if benefits
23 are not payable during the determination period.

24 **8. 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 _____, _____.

JUDGE/COURT COMMISSIONER

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Presented by:

By: _____
Signature Petitioner or Respondent

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

By: _____
Signature Petitioner or Respondent