QDRO TRANSMITTAL LETTER

			Date	
	District Counc eld Ironworke 203	ril of the Pacific rs Annuity Plan		
Re:	QDRO –		and	
Dear Plan Ad	ministrator:	Participant		Alternate Payee
As no		Court Certified Co	ırity number a	and date of birth of the Participant ar
,	1		rticipant	
	Participant'		пистрані	
	Social Secu	rity Number:		
	Date of Birt	h:		
		Alte	rnate Payee	
	Alternate Pa	ayee's Name:		
	Social Secu	rity Number:		
	Date of Birt	h:		
If furt	her informati	on is needed in conn	ection with thi	s QDRO, please contact:
	Name:			
	Phone Num	ber:		
			Sincerely,	
			Signature	

	Child Support QDRO 6/19/2017
	0/13/2017
	HE STATE OF OF
	NO
Petitioner,	QUALIFIED DOMESTIC RELATIONS ORDER
V.	
Respondent.	
WHEREAS, the Court has jurisdiction dissolution action; and	over all parties and over the subject matter in this
Domestic Relations Order (hereinafter referred	and Court intend this Order to be a Qualified to as "Order" or "QDRO") as that term is used in al, and interpreted in accordance with that Act; and
WHEREAS, the Participant is the parelegal obligation of support for such child re(date); and	nt of (child) and has a flected in an Order of Child Support entered on
WHEREAS, the parties have stipul Participant's account balance in the Plan to be	ated that this Order be entered to allow the used to satisfy such support obligation;
NOW, THEREFORE, IT IS HEREBY	ORDERED by the Court as follows:
Definitions. The following are	the definitions used in this order:
QUALIFIED DOMESTIC RELATIONS ORDER – 1	

1	1.1	"Participant" Name:	
2		Address:	
3			
4	separately to the Plan	-	security number and date of birth will be provided
5	1.2	"Alternate Payee"	
6		Name: Relationship to	
7		Participant:	
8		Address:	
9		The Alternate Payae's	social security number and date of birth will be
10	provided separately	to the Plan Administrator.	social security number and date of birth will be
11	1.3	"Plan"	Ironworkers District Council of the Pacific
12	1.4	"Dl A J	Northwest Field Ironworkers Annuity Plan
13	1.4	"Plan Administrator" Address:	Board of Trustees P.O. Box 34203
14			Seattle, WA 98124
15	existence of the Alte	• •	This Order hereby creates and recognizes the eive a portion of the Participant's benefits under the
16	Plan as a child suppo		
17			Order is based on the following facts:
18	3.1	Participant is vested;	
19	3.2	Participant is yea	ars of age; and
20	3.3 of benefits under the	*	of entry of this Order is not receiving any payment
21			
22			
23			
24			
	QUALIFIED DOMES ORDER – 2	TIC RELATIONS	

4.	<u>Payments to Alternate Payee</u> .
	4.1 Alternate Payee is awarded (select only one, flat amount or percentage):
	The FLAT AMOUNT of \$
	Alternate Payee's share of the account will be transferred effective on:
	(date).
	Such amount shall be transferred to a separate account in the Plan solely in the name of the Alternate Payee. Alternate Payee's account shall thereafter be valued separately from the Participant's and be subject to allocation of earnings and
	expenses separately from Participant's.
OR	
	The PERCENTAGE of% of the Participant's account balance in the Plan earned from:
	(beginning date) to
	(ending date).
	The Alternate Payee's share shall be transferred effective on:
	(date on or after ending date) to a separate account in the Plan solely in the name of the Alternate Payee. Alternate Payee's account shall be
	valued separately from the Participant's and be subject to allocation of earnings and expenses separately from Participant's.
eginning date ntitled to sele ne benefits. It ayee's separa	4.2 Alternate Payee's benefits shall commence upon application by Alternate time after approval of this Order by the Plan, but not later than the required under the Plan. Consistent with the terms of the Plan, Alternate Payee shall be ct a form of payment and designate a beneficiary for Alternate Payee's portion of Alternate Payee dies prior to commencement of benefits, the balance in Alternate the account shall be payable in the form of an alternate death benefit to Alternate beneficiary pursuant to the terms of the Plan.
5.	Facility of Payment to Authorized Representative.
	(Child Support Services Must Provide Payment Instructions.)
QUALIFIED DO ORDER – 3	OMESTIC RELATIONS

QUALIFIED DOMESTIC RELATIONS ORDER – 4

1	Presen	ited by:					
2	D						
3	By:	Signature		Petitioner or		Respondent	
4	Copy 1	Received, App	roved	for Entry,			
5	Notice	Notice of Presentment Waived:					
6	By:						
7		Signature		Petitioner or		Respondent	
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
	QUAL ORDE	IFIED DOMES' R – 5	ΓIC R	ELATIONS			