

IN THE SUPERIOR COURT OF THE STATE OF *[STATE]*  
IN AND FOR THE COUNTY OF *[COUNTY]*

IN RE THE MARRIAGE OF : )  
 )  
*[PETITIONER'S NAME]*, )  
 ) No. *[00 0 00000 0]*  
Petitioner, )  
 ) QUALIFIED DOMESTIC  
v. ) RELATIONS ORDER  
 )  
*[RESPONDENT'S NAME]*, )  
 )  
Respondent. )  
\_\_\_\_\_ )

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 parties have stipulated that the Court shall enter this Order as an Addendum to the Decree of Dissolution of Marriage filed herein on *[date filed with court]*, NOW, THEREFORE,

IT IS HEREBY ORDERED by the Court as follows:

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

1.1 "Participant" *[Participant's Name]*  
Address *[Address]*  
Date of Birth *[Month, Day, Year]*

1.2 "Alternate Payee" *[Alternate Payee's Name]*

Relationship to Participant *[Relationship]*  
Address *[Address]*  
Date of Birth *[Month, Day, Year]*

- 1.3 “Retirement Plan” Carpenters Retirement Plan of  
Western Washington
- 1.4 “Plan Administrator” Board of Trustees  
Carpenters Trusts of Western Washington  
Address PO Box 1929  
Seattle, WA 98111

**2. Division of Marital Property.** This Order is entered into pursuant to RCW 26.09.080 governing division of marital property (as that term is defined therein) between spouses and former spouses in divorce actions.

**3. Participant’s Retirement.** Participant retired effective *[date]* and elected benefits payable in the form of *[benefit option]*, designating Alternate Payee as beneficiary following Participant’s death.

**4. Payments to Alternate Payee.** Effective the month following entry of this Order, the entire interest in the benefits from the Plan is awarded to the Participant. The Alternate Payee waives any and all rights to present or future benefit payments, including survivorship benefits he or she may have otherwise been entitled to receive. The Participant shall be entitled to increase his or her benefit to a single life benefit pursuant to the terms of the Plan, with all benefit payments terminating upon his death.

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

5.1 To provide for any type or form of benefits, or any option, not otherwise provided under the Plan;

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

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

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

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

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 *[date]* day of *[month]*, *[year]*.

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JUDGE/COURT COMMISSIONER

Presented by:

***[NAME OF ATTORNEY'S OFFICE]***

By \_\_\_\_\_  
***[NAME OF ATTORNEY]***  
***[WSB# 0000]***  
Attorney for Respondent

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

***[NAME OF ATTORNEY'S OFFICE]***

By \_\_\_\_\_  
***[NAME OF ATTORNEY]***  
***[WSB# 0000]***  
Attorney for Petitioner