

QDRO TRANSMITTAL LETTER

Date

Board of Trustees
Northwest Ironworkers Retirement Trust
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 Northwest Ironworkers Retirement Trust.

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: _____
Social Security Number: _____
Date of Birth: _____

Alternate Payee

Alternate Payee: _____
Social Security Number: _____
Date of Birth: _____

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

Names: _____
Phone Number: _____

Sincerely,

Signature

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

IN RE THE MARRIAGE 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 parties have stipulated that the Court shall enter this Order as an Addendum to the Decree of Dissolution of Marriage filed herein on _____ (date), NOW, THEREFORE,

IT IS HEREBY ORDERED by the Court as follows:

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

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" Northwest Ironworkers Retirement Plan
1.4 "Plan Administrator" Board of Trustees
Address: P.O. Box 34203
Seattle, WA 98124

2. Division of Marital Property. 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.

3. Participant's Retirement. Participant retired effective _____ (retirement date) and is receiving benefits in the form of _____ (form of benefits).

4. Payments to Alternate Payee.

4.1 Effective with benefits payable for _____ (month/year), the Alternate Payee is awarded _____ (percentage or dollar amount) of each of the Participant's monthly benefit payments from the Plan.

Alternate Payee (select one):
 Is entitled to share in "thirteenth" benefit checks.
 Is NOT entitled to share in "thirteenth" benefit checks.

1 Alternate Payee's benefits shall be paid directly to the Alternate Payee by the Plan.

2 4.2 The Alternate Payee's benefits will cease at the earliest of the
3 Participant's death or the Alternate Payee's death, provided that (Select option that
4 corresponds to the retirement type elected at retirement):

5 **SINGLE LIFE BENEFIT.** If the Participant dies prior to payment of the
6 guaranteed monthly payments, Alternate Payee's benefits will cease at the earlier of payment
7 of the guaranteed monthly payments, or Alternate Payee's death. If the Alternate Payee
8 predeceases the Participant, the Alternate Payee's share shall revert to the Participant.

9 **JOINT AND SURVIVOR BENEFIT.** If the Participant predeceases the
10 Alternate Payee, the Alternate Payee shall be the Participant's sole surviving spouse entitled to
11 receive the survivor benefit following the Participant's death. If the Alternate Payee
12 predeceases the Participant, the Alternate Payee's share shall revert to the Participant.

13 4.3 In the event the Participant returns to work after retirement, the
14 Participant's benefits may be suspended. In such event, the Alternate Payee's benefits shall
15 also be suspended.

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

18 5.1 To provide for any type or form of benefits, or any option, not
19 otherwise provided under the Plan at the time benefits commence to the Alternate Payee;

20 5.2 To provide increased benefits (determined on the basis of actuarial
21 value) not available to the Participant;

22 5.3 To provide benefits to the Alternate, Payee which are required to be
23 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 counsel for the Alternate Payee. Upon receipt, the Plan Administrator shall:

6.1 Immediately notify the Participant and the Alternate Payee of:

6.1.1 The receipt of this Order; and

1 6.1.2 The Plan's procedures for determining whether this Order is a
2 QDRO.

3 6.2 Within a reasonable period of time, determine if this Order is a
4 QDRO, and notify the Participant and Alternate Payee of such determination.

5 6.3 Pending determination of a proposed order's status as a QDRO,
6 separately account within the Plan for the amount ("segregated amounts") which would
7 have been payable to the Alternate Payee (if this order is established to be a QDRO) during
8 the determination period, as defined in Internal Revenue Code Section 414(p)(7). No
9 segregation is necessary if benefits are not payable during the determination period.

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

13 DONE IN OPEN COURT this ____ day of _____. _____.

14 _____
15 JUDGE/COURT COMMISSIONER

16 Presented by:

17 By: _____
18 *Signature* Petitioner or Respondent

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

21 By: _____
22 *Signature* Petitioner or Respondent
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