

**QUALIFIED DOMESTIC RELATIONS ORDER  
For Savings Plan**

<b>Vermont Family Court</b>	County <u>SELECT COUNTY</u>	Docket Number _____
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Plaintiff's Name \_\_\_\_\_ VS. Defendant's Name \_\_\_\_\_

Street Address \_\_\_\_\_ Street Address \_\_\_\_\_

Town/City State Zip Code \_\_\_\_\_ Town/City State Zip Code \_\_\_\_\_

\_\_\_\_\_

This order creates and recognizes the existence of an alternate payee's right to receive a portion of the Participant's benefits payable under an employer-sponsored defined contribution plan, which is qualified under Section 401 of the Internal Revenue Code (the "Code"). This order is intended to constitute a Qualified Domestic Relations Order ("QDRO") under Section 414(p) of the Code and Section 206(d) of the Employee Retirement Income Security Act of 1974 ("ERISA") and shall be interpreted and administered in conformity with such laws.

**1. PLAN**

This order applies to the \_\_\_\_\_ (Savings Plan). Any successor plan or arrangement to the Plan or any other plan(s) which assumes liability for provision of the Participant's benefits described below, shall also be subject to the terms of this Order.

**2. IDENTIFICATION OF PARTICIPANT**

The name, address, Social Security Number, and date of birth of the Participant are as follows:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_

**3. IDENTIFICATION OF ALTERNATE PAYEE**

The person named as alternate payee meets the requirement of the definition of alternate payee as set forth in Section 5 below. The alternate payee's name, address, Social Security Number, date of birth, and relationship to the participant are as follows:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Social Security Number of Alternate Payee: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Relationship to Participant: **Spouse / Former Spouse**