

STATE OF TENNESSEE COURT _____ COUNTY _____
(must be completed) (must be completed)

**QUALIFIED DOMESTIC
RELATIONS ORDER**

Plan Participant Not In Pension
Status

file no. _____ (The clerk assigns a
number) division _____ (Large counties
only)

Plaintiff _____ }
(Name: First, Middle, Last) }

Defendant _____ }
(Name: First, Middle, Last) }

It is the intent of the Court that the provisions of this domestic relations order ("Order") operate as an effective assignment of the Participant's interest in the Pension Fund set forth below to the Alternate Payee under both state and federal laws, for all purposes, and constitute a Qualified Domestic Relations Order ("QDRO") in compliance with Section 414(p) of the Internal Revenue Code of 1986, as amended ("Code") and Section 206(d)(3) of the Employee Retirement Income Security Act of 1974, as amended ("ERISA").

The parties having stipulated to the entry of this Order, and the Court being otherwise fully advised in the premises, and the Court having fully considered same, it is hereby

ORDERED AND ADJUDGED as follows:

1. This Court has personal jurisdiction over both parties to this proceeding, as well as jurisdiction over the subject matter of this Order hereafter referred to as "Order".

2. This Order is entered pursuant to the domestic relations laws of the State of Tennessee, and is intended to be a Qualified Domestic Relations Order as that term is defined in Internal Revenue Code Section 414(p) (Internal Revenue Code of 1986) and Section 206(d)(3) of ERISA. This Order is entered for the purpose of dividing and/or distributing marital property.

3. The parties were married on _____, and were divorced by this Court in this action on _____, 20____.

4. Plan: This Order shall apply to the _____ Employee Retirement Plan (the "Plan"), and any amended, successor, substitute or replacement plan which subsequently takes the place of that Plan, or into which the benefits payable to the Participant by that Plan are transferred. The address of the Plan is _____. The Plan Administrator is _____.

5. The Plan Participant is: _____

Mailing Address: _____

Social Security Number: _____