

## MODEL QDRO

### I.A.M. NATIONAL 401(K) PLAN

**This model is for informational purposes only. It does not represent all of the alternatives available in drafting a QDRO, nor does it cover all of the issues that arise in regards to a QDRO. The parties to the order should consult with their attorneys to ensure that their intentions are accurately reflected in the order submitted for review.**

In the \_\_\_\_\_ Court of \_\_\_\_\_,

State of \_\_\_\_\_

_____, Plaintiff	)	
vs.	)	Case No. _____
_____, Defendant	)	

### QUALIFIED DOMESTIC RELATIONS ORDER

In accordance with the agreement of the parties, the following disposition is made of the Participant's pension benefit accrued through participation in the pension plan named below.

I.A.M. National 401(k) Plan  
1300 Connecticut Avenue, N.W.  
Suite 300  
Washington, D.C. 20036-1703

#### 1. Plan Participant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

#### 2. Alternate Payee Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

3. **Date of Marriage and Divorce:** The Participant and the Alternate Payee were married on \_\_\_\_\_, and were granted a divorce on \_\_\_\_\_.
4. **Assignment Of Benefits To Alternate Payee:** The Alternate Payee is hereby assigned a portion of the pension benefit from the Plan that would otherwise be payable to the Participant. The Plan is to make payment of the Alternate Payee's benefit directly to the Alternate Payee.
5. **Formula For Determining Alternate Payee Benefit:** The Plan shall determine the Alternate Payee's portion of the Participant's individual account as follows: **[STATE PORTION OF PARTICIPANT'S ACCOUNT ASSIGNED TO ALTERNATE PAYEE, EITHER AS SPECIFIC AMOUNT OR AS PERCENTAGE OF PARTICIPANT'S ACCOUNT. ALSO, INDICATE DATE AS OF WHICH PARTICIPANT'S ACCOUNT IS TO BE DEEMED DIVIDED.]** The Alternate Payee's entitlement will include investment return at the rate allocated by the Plan to the Participant's account from the date the account is deemed divided until the date a separate account is established in the name of the Alternate Payee, and it will be assessed administrative expenses at the rate allocated by the Plan to the Participant's account from the date the account is deemed divided until the date a separate account is established in the name of the Alternate Payee.
6. **Establishment of Separate Account:** Once the order is determined by the Plan to be a Qualified Domestic Relations Order as defined by ERISA, the Plan will establish a separate account in the name of the Alternate Payee. The Plan will place in this account the portion of the Participant's benefit assigned to the Alternate Payee by this order. Upon establishment of this separate account, the Alternate Payee will have the same rights with respect to that account as do other Participants under the terms of the Plan of Benefits, except to the extent that such rights are limited by this order.
7. **Form of Payment to Alternate Payee:** The Alternate Payee shall be eligible to receive a benefit in the form provided by the Plan.
8. **Commencement Of Payments To Alternate Payee:** The Alternate Payee may, upon written application to the Plan, choose to begin receiving the portion of the Participant's benefit assigned to the Alternate Payee by this order on the earlier of the date the Participant becomes eligible to receive benefits or the date the Participant attains (or would have attained) age 50.
9. **Designation of Beneficiary:** The Alternate Payee may designate a beneficiary to receive any benefits in the Alternate Payee's account that have not been distributed at the time of the Alternate Payee's death. If the Alternate Payee has not made a valid beneficiary designation

under the rules of the Plan, then the remaining benefit will be distributed in accordance with the provisions of the Plan of Benefits.

SO ORDERED, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Plan Participant

\_\_\_\_\_  
Attorney for Participant/Address

\_\_\_\_\_  
Alternate Payee

\_\_\_\_\_  
Attorney for Alternate Payee/Address