

STATE OF HAWAII FAMILY COURT OF THE ____ CIRCUIT	QUALIFIED DOMESTIC RELATIONS ORDER FOR 401K PLAN	CASE NUMBER FC-D NO. _____
VS.	PREPARED BY: <input type="checkbox"/> PLAINTIFF <input type="checkbox"/> ATTY FOR PLAINTIFF	
	ADDRESS	
DEFENDANT (YOUR SPOUSE'S FULL NAME)	CITY, STATE ZIP	
	PHONE	

Upon agreement and Consent of the parties, the Court finds and it is hereby ordered as follows:

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.

This order is entered pursuant to the authority granted under the applicable domestic relations laws of the State of Hawaii.

1. **Plan.** This order applies to the Employee Savings and Retirement Plan of \_\_\_\_\_ (the "Plan"). Any successor to the Plan shall also be subject to the terms of this Order.

2. **Participant.** The name, address, social security number and date of birth of the participant are as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
DOB: \_\_\_\_\_

3. **Alternate Payee.** The person named as the alternate payee shall meet the requirements of the definition of alternate payee as set forth in Section 401(a)(9) below. The alternate payee's name, address, social security number, date of birth, and relationship to the participant are as follows:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
SSN#: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Relationship: \_\_\_\_\_

The alternate payee shall be responsible for notifying the plan administrator in writing of any changes in  his or  her mailing address subsequent to the