STATE OF HAWAI'I FAMILY COURT OF THE _____ CIRCUIT	**QUALIFIED DOMESTIC RELATIONS ORDER** FOR 401K PLAN	CASE NUMBER FC-D NO._____
PLAINTIFF (YOUR FULL NAME) VS.	PREPARED BY: ☐ PLAINTIFF ☐ ATTY FOR PLAINTIFF ADDRESS CITY, STATE ZIP	
DEFENDANT (YOUR SPOUSE'S FULL NAME)	PHONE	

SAMPLE

QUALIFIED DOMESTIC RELATIONS ORDER
For 401K Plan

Upon (check only one): ☐ the Agreement and Consent of the parties, ☐ an Order of this Court, 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 Name.** The name of the Plan to which this Order applies is the _____ *(hereinafter referred to as "Plan")*. Any successor to this Plan shall also be subject to the terms of this Order. Also, any benefits accrued by the Participant under a predecessor plan of the employer or any other defined contribution plan sponsored by the Participant's employer, whereby liability for benefits accrued under such predecessor plan or other defined contribution plan has been transferred to the Plan, shall also be subject to the terms of this Order.

Any changes in Plan Administrator, Plan Sponsor or name of the Plan shall not affect the alternate payee's rights as stipulated under this Order.

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

Name: _____

Address: _____

_____

SSN#: _____

DOB: _____