

[SAMPLE DOCUMENT]

IN THE _____ COURT OF _____ COUNTY, _____ (STATE)

ACTION-LAW.

Plaintiff/Petitioner

No. _____

vs.

Defendant/Respondent

QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)

AND NOW, THIS _____ day of (_____), it appears to the Court as follows:

1. The parties hereto were husband and wife, seek this Order in conjunction with a final decree of dissolution of marriage dated (_____) in that action pending in this Court at the above number.

2. Participant (_____), Social Security Number (_____), hereinafter referred to as "Participant", has the following IRAs at TIAA-CREF Trust Company, FSB (each an "Existing IRA"):

[list account numbers]

Participant's current and last known mailing address is _____ and daytime phone number is _____.

3. The Participant's spouse (hereinafter "Alternate Payee") is _____ whose current and last known mailing address is _____. The Alternate Payee's Social Security Number is _____, date of birth is _____, and daytime phone number is _____.

4. To accommodate the marital/community property distribution between the parties IT IS ORDERED, ADJUDICATED AND DECREED AS FOLLOWS:

A. That the Existing IRAs are marital property:

B. Upon finalization of this Order and pursuant to the terms of said Existing IRA, the current values as of the valuation date of the Existing IRA for the Marital Portion defined below shall be awarded as the Alternate Payee's sole and exclusive property to be established as an IRA for the benefit of Alternate Payee (the "Alternate Payee IRA"):

Contract Number	Marital Portion (insert dollar amount or percentage)
_____	_____
_____	_____

The valuation date for the Marital Portion shall be [the date of dissolution specified in paragraph (1).] or [The date TIAA-CREF receives a certified copy of this Order along with a fully completed application for a new account.]

The amount actually transferred will reflect interim positive or negative investment experience of the assets in the Existing IRAs until the transfer is recorded by TIAA-CREF.

C) TIAA-CREF may, at its discretion, liquidate assets in the Existing IRAs and transfer the marital property portion to the Alternate Payee by check. Any taxes payable will be reported under the Alternate Payees Social Security number.

D. Conditions of division of the IRAs:

- i. All ownership and interest in the balance of the Existing IRA not transferred will belong to the Participant.
- ii. All ownership rights in the Alternate Payee IRA will belong to the Alternate Payee.
- iii. The beneficiary designation of the Alternate Payee's IRA will be his or her estate, unless a beneficiary designation is submitted pursuant to the provisions of the IRA, and is accepted by TIAA-CREF.
- iv. The Alternate Payee may direct a change in the investments in the Alternate Payee's IRA after that IRA is established.

E. Termination/Reaffirmation of **Alternate Payee's status as beneficiary of record for the Existing IRA.**

[i) Termination - As of the date of TIAA-CREF's receipt of the QDRO, all Existing IRA benefits otherwise payable to the Alternative Payee as beneficiary are payable to the Estate of the Participant. The Participant retains the right to change the designations.]

or

[i) Reaffirmation - The Alternate Payee is to remain beneficiary of the Existing IRAs as per existing designations. The Participant retains the right to change these designations.]

F. The parties are directed to submit to TIAA-CREF all documents and releases (if required by TIAA-CREF) to finalize this Order within 30 days of the request for same.

G. This court order is a valid and binding under applicable state law.

5. This Order:

A. does not require any IRA to provide any type or form of benefit, or any options not otherwise provided under the IRA, and

B. does not require TIAA-CREF to provide increased benefits, and

C. if any portion of this order is rendered invalid, the balance of the order will remain fully enforceable.

6. This Court reserves jurisdiction to issue further orders as needed to execute this Order.

By the Court _____ Date _____

Participant _____ Date _____

Alternate Payee _____ Date _____