

No. \_\_\_\_\_

IN THE MATTER OF

IN THE DISTRICT COURT OF

\_\_\_\_\_  
AND  
\_\_\_\_\_

§  
§  
§  
§  
§  
§

\_\_\_\_\_ COUNTY, TEXAS

\_\_\_\_\_ JUDICIAL DISTRICT

**QUALIFIED DOMESTIC RELATIONS ORDER**

This Qualified Domestic Relations Order (this "Order") is intended to meet the requirements for a "qualified domestic relations order" relating to the TEXAS MUNICIPAL RETIREMENT SYSTEM (the "Plan"). This Order is an integral part of the Decree of Divorce granted on \_\_\_\_\_. In compliance with those requirements the following is specified:

1. This Order assigns a portion of the benefits payable under the Plan to \_\_\_\_\_ in recognition of his/her marital rights in \_\_\_\_\_'s benefits payable under the Plan.
2. Participant in the Plan is \_\_\_\_\_. Confidential information, including Participant's last known mailing address, date of birth and Social Security Number, is included in the Statement of Confidential Information, attached as an Exhibit, and hereby incorporated by reference.
3. Alternate Payee is \_\_\_\_\_. Confidential information, including Alternate Payee's last known mailing address, date of birth and Social Security Number, is included in the Statement of Confidential Information, attached as an Exhibit, and hereby incorporated by reference. Participant and Alternate Payee were married on \_\_\_\_\_.
4. As part of a just and right division of the estate of the parties, the Alternate Payee is hereby awarded a portion of the benefit payable with respect to Participant which Participant, or Participant's designated beneficiary, surviving spouse, or estate is entitled to receive from the Plan, such portion to be determined as \_\_\_\_% of the benefit payable to Participant or Participant's designated beneficiary, surviving spouse, or estate by the Plan.
5. The provisions of 34 Texas Administrative Code, §129.13 and §129.14 are incorporated herein by reference.

SIGNED this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge Presiding

Approved and consented as to form and content:

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Alternate Payee's Signature

Approved as to form only:

\_\_\_\_\_  
Participant Attorney's Signature

Name:\_\_\_\_\_

\_\_\_\_\_  
Alternate Payee Attorney's Signature

Name:\_\_\_\_\_



# Statement of Confidential Information

Cause # \_\_\_\_\_

This form is part of the Qualified Domestic Relations Order (QDRO), but should be kept confidential in the court files. However, this page must be submitted to TMRS along with a certified court copy of the QDRO.

## PARTICIPANT INFORMATION

\_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

\_\_\_\_\_  
Social Security Number Phone Number E-mail Address

\_\_\_\_\_  
Address City State Zip

## ALTERNATE PAYEE INFORMATION

\_\_\_\_\_  
First Name Middle Name Last Name Date of Birth

\_\_\_\_\_  
Social Security Number Phone Number E-mail Address

\_\_\_\_\_  
Address City State Zip

## PARTICIPANT ATTORNEY INFORMATION

\_\_\_\_\_  
First Name Middle Name Last Name State Bar Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Number Fax Number

## ALTERNATE PAYEE ATTORNEY INFORMATION

\_\_\_\_\_  
First Name Middle Name Last Name State Bar Number

\_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Phone Number Fax Number

