

No. _____

IN THE MATTER OF

IN THE DISTRICT COURT OF

AND

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_____ 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:_____