QDRO DETERMINATION CHECKLIST

The Plan Administrator must complete this checklist to comply with the Plan's QDRO Procedure. Note: The Plan Administrator must determine the qualified status of the order within a reasonable time. If the Plan Administrator does not conclude the determination within 18 months from the time the first payment is due under the order, the order will be effective only prospectively.

PRELIMINARY DATA

1. Ide	entifying information. The Order concerns:	
Participant: _		Soc. Sec. No.:
Participant's	address:	
Alternate Pay	yee:	Soc. Sec. No.:
Alternate Pay	yee's address:	
as follows. N the Plan Adm business days	Note: The Plan Administrator must notify the Participant and ministrator's receipt of the order. The Plan Administrator wil	f receipt of a Domestic Relations Order, by regular first class mai each alternative payee of receipt of the order, within 10 days of l account separately for the amounts subject to the order within 2 vise the Trustee of the existence of the order within 2 business day
Date of notifi	ication to Participant:	
Date of notifi	ication to alternate payee(s):	
Date of notifi	ication to Trustee:	
REVIEV	W OF ORDER	
Qualified Do	omestic Relations Order (QDRO) only if the Plan Administrator answers "No" to any question, check paragraph 6 and state	lete review of the order within a reasonable time. The order is a ator answers "Yes" to each question in this paragraph 3. If the Plae the reason(s) for the answer in paragraph 6. mestic relations law (including a community property law)?
a.	Yes No	nestic relations law (including a community property law).
b. pro		ing child support, alimony (maintenance) payments or marital
	Yes No	
c.	Plan identification. Does the order specify this Plan as the	plan subject to the order?
	Yes No	
d. "alt	Alternate payee. Does the order direct payment to the Paraternate payee")?	ticipant's spouse, former spouse, child or other dependent (the
	Yes No	
e.	Identification of Participant. Does the order identify the P	articipant?
	Yes No	
f.	Identification of alternate payee. Does the order state each	n alternate payee's name and mailing address?
	Yes No	

	eacl		of benefit. Does the order state the amount or the percentage of the Participant's benefit the Plan must pay to ayee? Note: Answer "Yes" if the order describes the manner in which the Plan may determine the amount or
		Yes	No
	h. payı		ayment. Does the order state the number of payments or the period to which the order applies? Note: A lump-sum s this requirement.
		Yes	No
4. paragrap 7.			y Requirements. The order is a QDRO only if the Plan Administrator answers "No" to each question in this dministrator answers "Yes" to any question, check paragraph 7 and state the reason(s) for the answer in paragraph
		s not provide	enefit. Does the order require the Plan to provide a type or a form of benefit or a benefit option the Plan otherwise? Note: Consult the Plan's QDRO provisions. Payment consistent with the Plan's QDRO provisions or consistent ormal distribution provisions is acceptable.
		Yes	No
		Amount of nout the QDI	benefit. Does the order require the Plan to provide benefits greater than the benefits available to the Participant RO?
		Yes	No
	c. alte		O. Does the order require payment of benefits which a previous QDRO requires the Plan to pay to another Note: If no prior QDRO is in effect with respect to the Participant, answer "No."
		Yes	No
answered should we the order explanati Administ Checklis	d "No rite " does on as trator t to e	"to each que N/A" next to NOT qualify required, are should notify ach party, co	f Qualified Status. If the Plan Administrator has answered "Yes" to each question in paragraph 3, and has estion in paragraph 4, the order qualifies as a QDRO. If the order qualifies as a QDRO, the Plan Administrator of each of paragraphs 6 and 7, and should sign the Plan Administrator's Certification of QDRO in paragraph 8. If y as a QDRO, the Plan Administrator should check one or more of paragraphs 6 and 7, should complete the ad should sign the Plan Administrator's Certification of Nonqualified Status in paragraph 8. The Plan for the Participant and each alternate payee of the determination by mailing a copy of this QDRO Determination complete with the Plan Administrator's Certification. After notification of the Participant and each alternate payee, and complete the QDRO procedure.
	RAPI	HS 3 AND 4	AND COMPLETE ONLY THOSE OF PARAGRAPHS 6 AND 7 WHICH APPLY IN RESPONSE TO . IF ANY OF PARAGRAPHS 6 AND 7 DO NOT APPLY, WRITE "N/A" NEXT TO THE NUMBER AND DO ARAGRAPH.
6. technical			Technical Requirements. The order is not a QDRO because the order does not satisfy one or more of the erred to in paragraph 3. The explanation of each "No" answer is the following:
7.			Consistency Requirements. The order is not a QDRO because the order does not satisfy one or more of the referred to in paragraph 4. The explanation of each "Yes" answer is the following:
			DETERMINATION OF STATUS
8. respect to			tor's Certification. Sign the certification paragraph which states the Plan Administrator's determination with tus of the order. COMPLETE ONLY ONE CERTIFICATION.
			Plan Administrator's Certification of QDRO
		-	an Administrator, certify the order identified in paragraph 1 is a qualified domestic relations order. The Plan will ith the QDRO.
Date:			By:
			Plan Administrator

Plan Administrator's Certification of Nonqualified Status

I, the undersigned Plan Administrator, certify the order identified in paragraph 1 is not a qualified domestic relations order. The Plan will pay any amounts segregated in accordance with Code Section 414(p) without regard to the order. If the Participant is not receiving any distribution from the Plan, the Plan Administrator will disregard any separate accounting.				
Date:	By:			