

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF _____

Plaintiff,	, Case No			
V	HON.			
Defendant	_,			
	_ P			
Attorney for Plaintiff {Address}				
{Phone #}				
	Р			
In Pro Per {Address}				
{Phone #}		_		
		TIC RELATIONS ORDER Fin State Police Retirement S		
At a session of the Court,	held in the Cour	thouse, in the City of		
PRESENT HON:		thouse, in the City of County of	, on	, 20
PRESENT HON		Circuit Court Judge		
This Order is intended to se		stic Relations Order (DRO) tion of his/her retirement b	•	
specified below, to the Fo	rmer Spous <u>e,</u>		_ , in accorda	nce with MCL 552.18,

R0323H (Rev 3/2019) Authority, as amended: 1980 PA 300, 1943 PA 240, 1992 PA 234, 2002 PA100



1.	The retirement system (the Plan) subject to this Order is as follows:				
	Attn: Plan Departme Michigan P. O. Box	Michigan 48909-7671	·t		
2.	2. The Retirant is; retirement effective date (mm/yyyy) retirement; whose last known address is:		, date of birth (mm/dd/yyyy) ; Straight Life option chosen at		
3.	The Former Spouse is; whose last known address is:		, date of birth (mm/dd/yyyy)		
	on (mm/de	d/yyyy) to this order, but not filed with the court, are	(mm/dd/yyyy), and were divorced the social security numbers for the Former Spouse		
6.	and the Retirant. The Retirant assigns to the Former Spouse a portion of the Retirant's benefits from the Plan and the Plan will pay benefits to the Former Spouse according to the following terms and conditions (Select a, b, and/or c.)				
benefit from the Plan of		benefit from the Plan of	this Court, that the Former Spouse receive a monthly of the Retirant's pension, which was effective on includes a prorata share of any guaranteed benefit ses the Retirant, all benefits payable to the Former evert to the Retirant. If the Retirant predeceases the Former Spouse under this Order will permanently this Court, that the Former Spouse receive a monthly om the Retirant's pension, which was effective on it will also include \$ of any guaranteed deceases the Retirant, all benefits payable to the ler will revert to the Retirant. If the Retirant fits payable to the Former Spouse under this Order		

	(c)	If, at the time of retirement, the Reti Spouse as his or her beneficiary, the survivor option is voided, the Retira beneficiary may not be selected. To language is required.	ne DRO may be used to void tha ant's benefit will revert to a straig	t survivor option. If the ht life option. A new		
		void, the Retirant's election the plan administrator, there pension or benefit after the the presentation of a certific	I, upon receipt of this order, neg of the Straight Life survivor opt eby relinquishing all of the Form death of the Retirant. Beginning ed copy of this order to the plan nce shall revert to a straight life	ion previously filed with her Spouse's rights to any g the first month following administrator, the		
7.	under the	gnment of benefits does not require the Plan. This assignment does not require of actuarial equivalent value, or the potential another individual under a DRO or Expression of the potential process.	uire the Plan to provide increase payment of a benefit to the Form	d benefits, determined on er Spouse that is required to		
8.	distribution Spouse s	ner Spouse shall include his/her gross ons received pursuant to the Retirant's shall be treated as the sole distribute to on made to him/her under the Retirant	s assignment of benefits under t under IRS Sections 72 and 402	his DRO. The Former of any payment or		
9.	The Retirant, the Former Spouse, and the Court intend this Order to be a DRO under the Plan and related laws.					
10.	Former S	ninistrator of the Plan determines this pouse agree to submit to and reques DRO acceptable to the Plan and app	t a court of competent jurisdiction			
11.		es agree to use this particular docum ponding language is not incorporated				
		-	(Signature)			
Ap	proved as	Circuit Court Judge to form:				
(Si	gnature)	D	Doto			
Att	torney for	PPlaintiff	_ Date			
(Si	gnature)	P	Date			
In	Pro Per					

Attachment 1 Required

DO NOT FILE THIS DOCUMENT WITH THE COURT. Include this attachment with the signed DRO when delivering to the Michigan Office of Retirement Services.

Case Name: v		
Case Number:	County of:	
Plaintiff		Defendant
Name:	١	Name:
Social Security Number:	5	Social Security Number:

PRINT

Print copies for distribution:

- Original to Circuit Court Clerk
- True copy to Plan administrator

Michigan State Police Retirement System

Attn: Plan Administrator

Department of Technology, Management, and Budget

Michigan Office of Retirement Services

P.O. Box 30171 Lansing, MI 48909-7671