This Agreement is made and entered into by and between ______________________________________, (“Participant”), a Participant in the Public Employees’ Retirement Association of Colorado (“PERA”), and ______________________________________________, the spouse of the Participant (“Alternate Payee”) to use a Domestic Relations Order (“DRO”) for a Colorado PERA benefit plan in accordance with C.R.S. § 14-10-113(6).

The Participant and Alternate Payee are parties in an action for dissolution of marriage, legal separation, or declaration of invalidity of marriage, in Case No.___________________________________________________, District Court of  ________________________   County, State of ________________________________ (the “Case”).

NOW, THEREFORE, in consideration of the mutual covenants and promises contained in this Agreement, as well as the entire division of all marital property, the sufficiency of which is hereby acknowledged, the parties agree as follows:

1. COLORADO PERA BENEFIT PLANS COVERED BY THIS AGREEMENT

[check all that apply]

- PERA Defined Benefit Plan:
  - PERA Benefit Structure (Section 2 or 3)
  - Denver Public Schools (DPS) Benefit Structure (Section 4 or 5)

- PERAPlus Plans:
  - PERAPlus 401(k) Plan (Section 6)
  - PERAPlus 457 Plan (Section 7)

- Other PERA Plans:
  - PERA Defined Contribution (DC) Plan (Section 8)

Modification of Prior DRO
Attach copy of DRO to be modified and complete only the sections below that apply:

- PERA Benefit Structure (Section 2 or 3)
- DPS Benefit Structure (Section 4 or 5)
- PERAPlus 401(k) Plan (Section 6)
- PERAPlus 457 Plan (Section 7)
- PERA DC Plan (Section 8)
2. RETIREE UNDER THE PERA BENEFIT STRUCTURE

(1) Method of Division of Monthly Benefit Payment to the Alternate Payee

[check only one and fill in blank]
- Percentage of Monthly Dollar Amount _______%
- Fixed Monthly Dollar Amount $_____________

(Refer to pages 4–5 of the PERA Benefits and Divorce booklet for additional information)

(2) Changing or Deleting Cobeneficiary

[check only one]
- Yes
- Not Applicable

(If the answer is “Yes,” Colorado PERA must be provided with the required information to change the cobeneficiary)

3. MEMBER UNDER THE PERA BENEFIT STRUCTURE

(1) Method of Division of Future Benefit Payment to the Alternate Payee

[check only one and fill in blank(s)]
- Percentage: __________ %
- Fixed Dollar Amounts
  (complete both blanks below)
  Lump-Sum Dollar Amount: $_____________
  Monthly Dollar Amount: $_____________

(Refer to pages 5–8 of the PERA Benefits and Divorce booklet for additional information)

- Time Rule Formula
  (complete both blanks below)
  Months of service credit acquired during marriage __________
  Agreed upon percentage _________%

- Date of Decree Formula
  (complete both blanks below)
  Months of service credit acquired during marriage __________
  Agreed upon percentage _________%

- Other Method or Formula
  Attach Description of Alternative Method or Formula

(2) Alternate Retirement Age

(Refer to pages 8–9 of the PERA Benefits and Divorce booklet for additional information)

When the Participant reaches age 65, or the age of _______(must be a whole number higher than 65) and no payment is being made to the Participant by the PERA Plan, then the Alternate Payee may begin to receive a monthly payment from the PERA Defined Benefit Plan, even though no payment is being made to the Participant by PERA. Upon retirement, the Participant’s monthly benefit will be reduced actuarially to reflect these payments to the Alternate Payee.
4. RETIREE UNDER THE DPS BENEFIT STRUCTURE

(1) Method of Division of Monthly Benefit Payment to the Alternate Payee

- Percentage of Monthly Dollar Amount
  ____________________%  
- Fixed Monthly Dollar Amount
  $___________

(Refer to pages 9–10 of the PERA Benefits and Divorce booklet for additional information)

(2) Deleting Cobeneficiary

- Yes  
- Not Applicable

(If the answer is “Yes,” PERA must be provided with the required information to delete the cobeneficiary. Please note that only retirees under Options P2 or P3 may delete their cobeneficiary.)

5. MEMBER UNDER THE DPS BENEFIT STRUCTURE

(1) Method of Division of Future Benefit Payment to the Alternate Payee

- Percentage: _______%
- Fixed Dollar Amounts
  (complete both blanks below)
  Lump-Sum Dollar Amount: $ ____________
  Monthly Dollar Amount: $ _____________

- Time Rule Formula
  (complete both blanks below)
  Months of service credit acquired during marriage _______
  Agreed upon percentage ______%  

- Date of Decree Formula
  (complete both blanks below)
  Months of service credit acquired during marriage _______
  Agreed upon percentage ______%  

- Other Method or Formula
  Attach Description of Alternative Method or Formula

(2) Alternate Retirement Age

When the Participant reaches age 65, or the age of ______ (must be a whole number higher than 65) and no payment is being made to the Participant by the PERA Plan, then the Alternate Payee may begin to receive a monthly payment from the PERA Defined Benefit Plan, even though no payment is being made to the Participant by PERA. **Upon retirement, the Participant’s monthly benefit will be reduced actuarially to reflect these payments to the Alternate Payee.**
### OTHER PLANS

#### 8. PAYMENT TO THE ALTERNATE PAYEE UNDER THE PERA DC PLAN:

<table>
<thead>
<tr>
<th>Method of Division</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Dollar Amount:</td>
</tr>
<tr>
<td>$__________________</td>
</tr>
<tr>
<td>Percentage: %</td>
</tr>
</tbody>
</table>

#### 9. AGREEMENT AND UNDERTAKING OF THE PARTIES:

1. No payment shall be made to the Alternate Payee until Colorado PERA determines that the DRO is valid with respect to Colorado PERA and all applicable statutes, and Colorado PERA Rules and procedures have been followed, including completion of all required Colorado PERA forms by the parties.

2. Payment shall be made to the Participant or the Alternate Payee only as required by law and in accordance with Colorado PERA Rules and procedures.

3. The Alternate Payee’s rights to receive any payment under this Agreement terminate upon the involuntary termination by Colorado PERA of benefits payable to the Participant or upon the death of the Alternate Payee, whichever occurs first, unless the parties elect a Colorado PERA benefit option under the Colorado PERA Plan that provides for a cobeneficiary benefit to the Alternate Payee.

4. This Agreement shall remain in effect and apply to any successor plan to the Colorado PERA Plan.

5. Within thirty (30) days after applying for a lump-sum refund or a monthly benefit under a Colorado PERA Plan, the Participant shall notify the Alternate Payee in writing of such application at the Alternate Payee’s last-known address.

6. The parties hereby authorize Colorado PERA, its employees and agents to release financial information to the other party that may be deemed confidential according to C.R.S. § 24-51-213(1) where it is necessary or helpful in Colorado PERA’s sole discretion, in carrying out this Agreement. The parties further release and discharge Colorado PERA from any liability therefor.

7. Each party confirms that he or she has read and understands this Agreement, as well as the Instructions for Completion of a Valid Colorado PERA DRO and the *PERA Benefits and Divorce* brochure provided by Colorado PERA.
(8) Each party acknowledges that he or she is solely responsible for all of his or her legal, tax, and other consequences which occur as a result of this Agreement and has sought all the legal, tax, and other advice from such party’s own advisors, which have not included Colorado PERA or any of its trustees, employees, or agents.

(9) This Agreement constitutes the entire agreement of the parties concerning the PERA Plan(s) and supersedes any and all other prior and contemporaneous oral and written agreements concerning the division of the Participant’s interest in the Colorado PERA Plan(s).

IN WITNESS WHEREOF, the parties have voluntarily signed this Agreement on the date as set out below.

<table>
<thead>
<tr>
<th>PARTICIPANT</th>
<th>ALTERNATE PAYEE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (Last, First, MI)</td>
<td>Name (Last, First, MI)</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>City, State, ZIP Code</td>
<td>City, State, ZIP Code</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Date of Birth</td>
</tr>
<tr>
<td>Signature</td>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
</tbody>
</table>

**NOTARY PUBLIC CERTIFICATION**

State of _______________________________,
County of _______________________________,
Acknowledged before me this _________ day of _____________________________, 20______ by the Participant herein.

___________________________
Notary Public
My commission expires __________________.

State of _______________________________,
County of _______________________________,
Acknowledged before me this _________ day of _____________________________, 20______ by the Alternate Payee herein.

___________________________
Notary Public
My commission expires __________________.

**APPROVED AS TO FORM**

Attorney Signature
Date
Attorney Name (Last, First, MI)
Address
City, State, ZIP

Attorney Signature
Date
Attorney Name (Last, First, MI)
Address
City, State, ZIP