

STATE OF _____

COURT: _____

In re the marriage of: <hr/> <div style="text-align: center;">and</div> <hr/> <div style="text-align: right;">Petitioner,</div> <hr/> <div style="text-align: right;">Respondent.</div>	SUPPLEMENT TO ORDER TO DIVIDE WISCONSIN DEFERRED COMPENSATION PROGRAM ACCOUNT Domestic Relations Order Pursuant to Wis. STAT. § 40.80 (2r) Case No. _____
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ATTACH THIS SUPPLEMENT TO THE DOMESTIC RELATIONS ORDER WHEN AN AWARD IS MADE TO MORE THAN ONE ALTERNATE PAYEE AS PART OF THE TERMINATION OF THE MARRIAGE. NOTE: DO NOT ALTER THE PRINTED TEXT. ALTERED FORMS MAY BE REJECTED.

THE COURT HEREBY ORDERS THAT: This Supplemental Order Is part of the Order To Divide Wisconsin Deferred Compensation Program Account signed on this same date and the terms and conditions of that Order are incorporated as if set forth in full herein. The court awards interest(s) in the participant's WDC account to the below listed Alternate Payee(s), in addition to the award to the 1st Alternate Payee, as follows:

2nd SUPPLEMENTARY ALTERNATE PAYEE DESCRIPTION & AWARD	
Name (Last, First, MI)	From the Participant WDC account, this Alternate Payee is assigned the following [Note: All assignments to all Alternate Payees must be exactly the same option]:
Last Known Mailing Address:	OPTION 1: Only option for marriages terminated before 12/01/2005. The fixed sum below <i>without regard</i> for post-marital gains and losses. This order is void if the amount exceeds the Participant account balance. OPTION 1: \$ [dollars and cents]
Birthdate (MM/DD/CCYY)	Relationship to Participant
	OPTION 2 or 3: The dollar amount or percentage below as of the effective date, plus subsequent gains and losses: OPTION 2: \$ [dollars and cents]
Social Security Number	OPTION 3: % [up to 2 decimal places, maximum]

3rd SUPPLEMENTARY ALTERNATE PAYEE DESCRIPTION & AWARD	
Name (Last, First, MI)	From the Participant WDC account, this Alternate Payee is assigned the following [Note: All assignments to all Alternate Payees must be exactly the same option]:
Last Known Mailing Address:	OPTION 1: Only option for marriages terminated before 12/01/2005. The fixed sum below <i>without regard</i> for post-marital gains and losses. This order is void if the amount exceeds the Participant account balance. OPTION 1: \$ [dollars and cents]
Birthdate (MM/DD/CCYY)	Relationship to Participant
	OPTION 2 or 3: The dollar amount or percentage below as of the effective date, plus subsequent gains and losses: OPTION 2: \$ [dollars and cents]
Social Security Number	OPTION 3: % [up to 2 decimal places, maximum]

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4th SUPPLEMENTARY ALTERNATE PAYEE DESCRIPTION & AWARD

Name (Last, First, MI)		From the Participant WDC account, this Alternate Payee is assigned the following [Note: All assignments to all Alternate Payees must be exactly the same option]:
Last Known Mailing Address:		OPTION 1: Only option for marriages terminated before 12/01/2005. The fixed sum below <i>without regard</i> for post-marital gains and losses. This order is void if the amount exceeds the Participant account balance. OPTION 1: \$ <i>[dollars and cents]</i>
Birthdate (MM/DD/CCYY)	Relationship to Participant	OPTION 2 or 3: The dollar amount or percentage below as of the effective date, plus subsequent gains and losses: OPTION 2: \$
Social Security Number		OPTION 3: % <i>[up to 2 decimal places, maximum]</i>

5th SUPPLEMENTARY ALTERNATE PAYEE DESCRIPTION & AWARD

Name (Last, First, MI)		From the Participant WDC account, this Alternate Payee is assigned the following [Note: All assignments to all Alternate Payees must be exactly the same option]:
Last Known Mailing Address:		OPTION 1: Only option for marriages terminated before 12/01/2005. The fixed sum below <i>without regard</i> for post-marital gains and losses. This order is void if the amount exceeds the Participant account balance. OPTION 1: \$ <i>[dollars and cents]</i>
Birthdate (MM/DD/CCYY)	Relationship to Participant	OPTION 2 or 3: The dollar amount or percentage below as of the effective date, plus subsequent gains and losses: OPTION 2: \$
Social Security Number		OPTION 3: % <i>[up to 2 decimal places, maximum]</i>

Attached to and part of the Order to Divide Wisconsin Deferred Compensation Program Account dated the _____ day of _____, 20_____

BY THE COURT

Judge's Signature

Print name of Judge

NOTE: This Supplement must be attached to and received with the "Order to Divide Wisconsin Deferred Compensation Program Account" form ET-2367, or it will be rejected and returned.

DETAILED INSTRUCTIONS for completing this form ET-2368, are part of the "Order to Divide Wisconsin Deferred Compensation Plan Account," Form ET-2367.