

<b>In re the marriage or domestic partnership of:</b>  Petitioner                      and  Respondent	<b>SUPPLEMENT TO ORDER TO DIVIDE                  WISCONSIN DEFERRED COMPENSATION                  PROGRAM ACCOUNT</b>  <b>Domestic Relations Order                  Pursuant to Wis. STAT. § 40.80 (2r)</b>  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 MARRIAGE OR DOMESTIC PARTNERSHIP TERMINATION. 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 1<sup>st</sup> Alternate Payee, as follows:

<b>2<sup>nd</sup> SUPPLEMENTARY ALTERNATE PAYEE DESCRIPTION &amp; AWARD</b>	
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	<b>OPTION 1: Only option for marriages terminated before 12/01/2005.</b> The fixed sum below <i>without regard</i> for post-marital or post-domestic partnership gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>OPTION 1: \$</b> _____ [dollars and cents]
Birthdate (MM/DD/CCYY)                      Relationship to Participant	<b>OPTION 2 or 3:</b> The dollar amount or percentage below as of the effective date, plus subsequent gains and losses:  <b>OPTION 2: \$</b> _____ [dollars and cents]
Social Security Number	<b>OPTION 3:</b> _____ % [up to 2 decimal places, maximum]

<b>3<sup>rd</sup> SUPPLEMENTARY ALTERNATE PAYEE DESCRIPTION &amp; AWARD</b>	
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	<b>OPTION 1: Only option for marriages terminated before 12/01/2005.</b> The fixed sum below <i>without regard</i> for post-marital or post-domestic partnership gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>OPTION 1: \$</b> _____ [dollars and cents]
Birthdate (MM/DD/CCYY)                      Relationship to Participant	<b>OPTION 2 or 3:</b> The dollar amount or percentage below as of the effective date, plus subsequent gains and losses:  <b>OPTION 2: \$</b> _____ [dollars and cents]
Social Security Number	<b>OPTION 3:</b> _____ % [up to 2 decimal places, maximum]

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**4<sup>th</sup> 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		<b>OPTION 1: Only option for marriages terminated before 12/01/2005.</b> The fixed sum below <i>without regard</i> for post-marital or post-domestic partnership gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>OPTION 1: \$</b> [dollars and cents]
Birthdate (MM/DD/CCYY)	Relationship to Participant	<b>OPTION 2 or 3:</b> The dollar amount or percentage below as of the effective date, plus subsequent gains and losses:  <b>OPTION 2: \$</b> [dollars and cents]
Social Security Number		<b>OPTION 3:</b> % [up to 2 decimal places, maximum]

**5<sup>th</sup> 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		<b>OPTION 1: Only option for marriages terminated before 12/01/2005.</b> The fixed sum below <i>without regard</i> for post-marital or post-domestic partnership gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>OPTION 1: \$</b> [dollars and cents]
Birthdate (MM/DD/CCYY)	Relationship to Participant	<b>OPTION 2 or 3:</b> The dollar amount or percentage below as of the effective date, plus subsequent gains and losses:  <b>OPTION 2: \$</b> [dollars and cents]
Social Security Number		<b>OPTION 3:</b> % [up to 2 decimal places, maximum]

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.**