

**To:**  
 Wisconsin Deferred  
 Compensation Program  
 P.O. Box 173764  
 Denver CO 80217-3764

**State:** \_\_\_\_\_  
**Court:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_

*For Official Use*

**Note:** Altered, incomplete or inaccurate forms may be rejected. Attach this supplement to the domestic relations order when an award is made to more than one alternate payee as part of the marriage termination.

**This court hereby makes the following findings and orders:** This Supplemental Order is part of the *Order To Divide Wisconsin Deferred Compensation Program Account* (form ET-2367) 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 First Alternate Payee, as follows:

Second Supplementary Alternate Payee Description and Award		
Name (first, middle, last)		From the Participant WDC account, this Alternate Payee is assigned the following ( <b>Note:</b> 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 gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>Option 1: \$</b> _____ (dollars and cents)
Birth date (MM/DD/YYYY)	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)

Third Supplementary Alternate Payee Description and Award		
Name (first, middle, last)		From the Participant WDC account, this Alternate Payee is assigned the following ( <b>Note:</b> 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 gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>Option 1: \$</b> _____ (dollars and cents)
Birth date (MM/DD/YYYY)	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)

Fourth Supplementary Alternate Payee Description and Award		
Name <i>(first, middle, last)</i>		From the Participant WDC account, this Alternate Payee is assigned the following ( <b>Note:</b> 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 gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>Option 1: \$</b> _____ <i>(dollars and cents)</i>
Birth date <i>(MM/DD/YYYY)</i>	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> _____ <i>(dollars and cents)</i>
Social Security number		<b>Option 3:</b> % _____ <i>(up to 2 decimal places maximum)</i>

Fifth Supplementary Alternate Payee Description and Award		
Name <i>(first, middle, last)</i>		From the Participant WDC account, this Alternate Payee is assigned the following ( <b>Note:</b> 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 gains and losses. This order is void if the amount exceeds the Participant account balance.  <b>Option 1: \$</b> _____ <i>(dollars and cents)</i>
Birth date <i>(MM/DD/YYYY)</i>	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> _____ <i>(dollars and cents)</i>
Social Security number		<b>Option 3:</b> % _____ <i>(up to 2 decimal places maximum)</i>

**Note:** This Supplement must be attached to 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).

**Judge's Signature Required**

\_\_\_\_\_  
Signature of the Circuit Court Judge or Circuit Court Commissioner

\_\_\_\_\_  
Title (Also print or type name if not eSigned)

\_\_\_\_\_  
Date