

MODEL REVOCATION OF  
QUALIFIED DOMESTIC RELATIONS ORDER

[Insert Court Name]

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In Re Marriage of:

\_\_\_\_\_

Petitioner,

and

\_\_\_\_\_

Respondent.

REVOCATION OF  
QUALIFIED DOMESTIC  
RELATIONS  
ORDER

Case No. \_\_\_\_\_

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**Mid-America Carpenters Regional Council Pension Fund**

This Court previously entered a Qualified Domestic Relations Order ("QDRO") with respect to this matter. This Order is intended to revoke and nullify the terms and provisions of the QDRO that was previously entered by this Court, in its entirety, *ab initio*. As a result, the Participant shall be entitled to retain any and all of his benefit entitlements accrued under the Plan, free and clear from any claim of the Alternate Payee or the heirs or estate of the Alternate Payee.

**FACTS**

1. The "Participant" means the party who is the participant or former participant in the retirement plan which is the subject of this Order. The Participant is the [Petitioner, Respondent]. The Participant's identifying information is as follows:

[Participant's Name  
Address  
City, State, Zip  
Date of Birth  
Social Security Number]

2. The "Alternate Payee" is the Participant's [spouse, former spouse or other dependent]. The Alternate Payee is the [Petitioner, Respondent]. The Alternate Payee's identifying information is as follows:

[Alternate Payee's Name  
Address  
City, State, Zip  
Date of Birth  
Social Security Number]

3. This Revocation Order applies to the QDRO that was filed with the Court on [date] pertaining to the *Mid-America Carpenters Regional Council Pension Fund* (the "Plan").

4. The QDRO specified above shall be considered null and void effective as of the date this Revocation Order is entered by the Court.

5. In the event that the plan administrator has already segregated/withheld all or a portion of the QDRO award for the benefit of the Alternate Payee, and has not yet distributed the awarded benefits to the Alternate Payee, such benefits are to be restored to the Participant as soon as administratively feasible.

6. This Revocation Order shall apply to all of the terms and provisions of the QDRO specified above.

7. The parties shall provide a certified copy of this Order to the Plan Administrator.

Dated this \_\_\_\_ day of \_\_\_\_\_, 201 \_\_\_\_.

BY THE COURT

Drafted by:

Approved as to form by:

\_\_\_\_\_  
Attorney for [Participant] [Alternate Payee]  
Address  
City, State, Zip Code  
Telephone Number

\_\_\_\_\_  
Attorney for [Participant] [Alternate Payee]  
Address  
City, State, Zip Code  
Telephone Number

**The Plan Administrator provides this model QDRO Revocation form as a guideline only. Its use is not required.**