



Thrift Savings Plan

RETIREMENT BENEFITS SPECIALIST AUTHORIZATION FORM

TSP-92B

The purpose of this document is to authorize a Retirement Benefits Specialist (RBS) to act on your behalf regarding the submission of a retirement benefits court order (RBCO) related to a Thrift Savings Plan (TSP) account. The TSP participant or payee can use this form to provide specific authority(ies) identified in Section III and/or IV (Grant of Authorization) to the RBS (sometimes called a "pension specialist" or "QDRO specialist" in the private sector) identified in Section II (RBS Information). **You must sign and date this form, and your signature must be notarized.**

Do not use this form to grant a power of attorney (POA) for an individual to act on your behalf with the TSP.

Mail or fax the form to: TSP Legal Processing Unit
P.O. Box 4390
Fairfax, VA 22038-4390
Fax number: (703) 592-0151

Or overnight to: TSP Legal Processing Unit
12210 Fairfax Town Center
Unit 906
Fairfax, VA 22033

If you have questions, call the toll-free ThriftLine at 877-968-3778. Outside the U.S. and Canada, please call 404-233-4400 (not toll free). For specific questions related to your individual situation, please consult your personal or legal representative.

I. PARTICIPANT INFORMATION

The below authorization relates to the submission of the court order pertaining to the TSP account of:

1. _____
First Name Middle Name Last Name
2. _____
Participant's TSP Account Number

II. RETIREMENT BENEFITS SPECIALIST INFORMATION

3. _____
First Name Last Name
4. _____
Address

City State Zip Code
5. _____ 6. _____
Phone Number Fax Number
7. Is the RBS a licensed attorney? (mark one) Yes No
- 7a. If Yes, please provide the RBS's jurisdiction and bar or license number:

Jurisdiction Bar/License Number



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III. GRANT OF AUTHORIZATION PARTICIPANT/ 1ST PARTY

Complete this section only if you are the TSP participant or 1st party and are granting authorization. Please type or print.

8. I, _____
First Name Middle Name Last Name

do hereby authorize the RBS identified in Section II to:
(Initial next to the authorization you are granting.)

_____ submit my personally identifiable information to the TSP

_____ receive case-status information

_____ receive copies of TSP notices related to the retirement benefits court order submission

Participant's/ 1st Party's Signature

Date Signed (mm/dd/yyyy)

Notary: Please complete the following. No other acknowledgement is acceptable.

The person who signed above is known to or was identified by me, and, before me, signed or acknowledged to have signed this form. In witness thereof, I have signed below on this _____ day of _____, _____
Year Month

My commission expires: _____
Date (mm/dd/yyyy)

Notary Public's Signature

Name (print)

Phone Number

Jurisdiction

[seal]



Thrift Savings Plan

REQUEST FOR PARTICIPANT ACCOUNT INFORMATION

TSP-92D

Certain Thrift Savings Plan (TSP) account information is available to current or former spouses to assist in developing a valid retirement benefits court order and protecting his or her rights. The participant's (or beneficiary participant's) current or former spouse, either party's attorney, or an authorized Retirement Benefits Specialist (RBS), may obtain TSP account balances and transaction history by submitting this form. A subpoena is not required.

This form should only be submitted to the TSP for the purposes of drafting a valid retirement benefits court order.

Please note: If it is determined that the requesting party is entitled to a participant's TSP account information, in accordance with the Privacy Act of 1974, as amended, 5 U.S.C. §552a, the TSP will not release information beyond what is specifically indicated on this form.

Mail or fax this form to: TSP Service Bureau
P.O. Box 385021
Birmingham, AL 35238
Fax number: (866) 817-5023

If you have questions about this form, call the toll-free ThriftLine at 877-968-3778. Outside the U.S. and Canada, please call 404-233-4400 (not toll free). For specific questions related to your individual situation, please consult your personal or legal representative.

I. INFORMATION ABOUT THE TSP PARTICIPANT

Please type or print:

1. _____
First Name Middle Name Last Name

2. This request applies to the participant's:

- Civilian Account } Account Number: _____
- Uniformed Services Account } _____
- Beneficiary Participant Account Account Number: _____

II. INFORMATION REQUESTED (Check all that apply)

- Account balance as of _____
mm/dd/yyyy
- Account balances from _____ to _____
mm/dd/yyyy mm/dd/yyyy
- Outstanding loan balances as of _____
mm/dd/yyyy
- Loan history from _____ to _____
mm/dd/yyyy mm/dd/yyyy
- Annual statement(s) as of _____
year(s)
- Quarterly statements from _____ to _____
mm/dd/yyyy mm/dd/yyyy
- Withdrawal history from _____ to _____
mm/dd/yyyy mm/dd/yyyy
- Other _____



Thrift Savings Plan

REQUEST FOR PARTICIPANT ACCOUNT INFORMATION

TSP-92D

III. INFORMATION ABOUT YOU

3. What is your relationship to the participant?
- Current Spouse
 - Former Spouse _____
Divorce or Separation Date
 - Attorney
 - RBS (must submit a TSP-92B, *Retirement Benefits Specialist Authorization Form*)

4. _____
 First Name Middle Name Last Name

5. _____
 Address Line 1

City State Zip Code

6. _____
 Phone Number

IV. SIGNATURE

The requested TSP account information is provided in accordance with the Privacy Act of 1974, as amended, 5 U.S.C. §552a. By signing and submitting this request, I acknowledge that I am requesting this information for the purpose of drafting a retirement benefits court order pursuant to a divorce, separation, or annulment proceeding.

7. _____
 Signature

8. _____
 Date Signed (mm/dd/yyyy)