

Thrift Savings Plan

RETIREMENT BENEFITS SPECIALIST AUTHORIZATION FORM

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 4390Or overnight to:TSP Legal Processing Unit
12210 Fairfax Town Center

Fairfax, VA 22038-4390 Unit 906 Fax number: (703) 592-0151 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	nt Number		
II. RETIREMENT BENEFITS SPECIALIST INFORMATION				
INFORMATION	First Name	First Name Last Name		
	Address			
	City	State	Zip Code	
	5.	6.		
	Phone Number	6. Fax Numb	er	
	7. Is the RBS a licensed attorney? (mark one) \square Yes \square No			
	7a. If Yes, please provide the RBS's jurisdiction and bar or license number:			
	Jurisdiction	Ва	nr/License Number	





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

III. GRANT OF AUTHORIZATION PARTICIPANT/ 1ST PARTY

[seal]

Please type or print. 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 My commission expires: Date (mm/dd/yyyy) Notary Public's Signature Name (print) Phone Number Jurisdiction





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Complete this section only if you are the TSP payee or 2nd party and are granting authorization.

IV. GRANT OF AUTHORIZATION PAYEE/ 2ND PARTY

Please type or print.		
9. I, First Name	Middle Name	Last Name
do hereby authorize the R (Initial next to the authoriz	BS identified in Section II to: zation you are granting.)	
submit my per	rsonally identifiable information to t	the TSP
receive case-s	status information	
receive copies	of TSP notices related to the retire	ment benefits court order submissio
Payee's/ 2 nd Party's Signature	e	Date Signed (mm/dd/yyyy)
Notary: Please complete	the following. No other acknowled	gement is acceptable.
The person who signed abov	e is known to or was identified by me, a vitness thereof, I have signed below on	and, before me, signed or acknowledged
Year Year	mane signed below on	Month
My commission expires:	(mm/dd/yyyy)	
Notary Public's Signature		
Name (print)	Phone Number	
Jurisdiction		
[accil		