

Thrift Savings Plan

REQUEST FOR PARTICIPANT ACCOUNT INFORMATION

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:	r:			
	☐ Uniformed Services Account	Account Number:				
	☐ Beneficiary Participant Account	Account Number:				
II. INFORMATION REQUESTED (Check all that apply)	☐ Account balance as ofmm/dd/yyyy					
	\Box Account balances from ${mm/dd/yyyy}$	to				
	□ Outstanding loan balances as of mm/dd/yyyy					
	☐ Loan history frommm/dd/yyyy	to				
	☐ Annual statement(s) as of					
	\square Quarterly statements from ${mm/dd/yyyy}$ to ${mm/dd/yyyy}$					
	\square Withdrawal history from ${mm/dd/yyyy}$ to ${mm/dd/yyyy}$					
	□ Other					





Thrift Savings Plan REQUEST FOR PARTICIPANT ACCOUNT INFORMATION

II. INFORMATION ABOUT YOU	3.	What is your relationship to th	ne participant?		Current Spouse Former Spouse Divorce or Separation Date RBS (must submit a TSP-92B, Retirement Benefits Specialist Authorization Form)
	4.	First Name	Middle Nam	ne	Last Name
	5.	Address Line 1			
		Address Line 2			
		City	Stat	e	Zip Code
	6.	Phone Number			
V. SIGNATURE	The requested TSP account information is provided in accordance with the Privacy Act of 19 amended, 5 U.S.C. §552a. By signing and submitting this request, I acknowledge that I am rethis information for the purpose of drafting a retirement benefits court order pursuant to a separation, or annulment proceeding.				
	7.	Signature			8. Date Signed (mm/dd/yyyy)