



# Thrift Savings Plan

Form TSP-92

## TSP Retirement Benefits Court Order Division Package

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July 2018

This *TSP Retirement Benefits Court Order Division Package* contains all of the forms you will need to divide a Thrift Savings Plan (TSP) account pursuant to a divorce, annulment, or legal separation.

The TSP is a defined contribution retirement savings and investment plan for federal civilian employees and members of the uniformed services. A TSP account may be divided by means of (1) a court decree of divorce, annulment, or legal separation; or (2) a court order or court-approved property settlement agreement incident to such a decree. To be honored by the TSP as a qualifying retirement benefits court order, a court order must meet the requirements found in 5 United States Code (U.S.C.) § 8435(c) and 5 Code of Federal Regulations (C.F.R.) part 1653, subpart A.

**Do not use this package or the online court order wizard if you are drafting a court order related to Federal Employees Retirement System (FERS) or Civilian Service Retirement System (CSRS) annuity benefits.** Court orders related to the FERS and CSRS annuity programs, which are administered by the Office of Personnel Management (OPM), should be submitted to the Court Ordered Benefits Branch of OPM at the following address: U.S. Office of Personnel Management, Court Ordered Benefits Branch, P.O. Box 17, Washington, DC 20044.

You cannot use this package or online wizard to draft a court order awarding funds to a child or dependent.

### **COMPLETING THE TSP RETIREMENT BENEFITS COURT ORDER DIVISION PACKAGE**

The purpose of this package is to provide a court order form, *TSP Retirement Benefits Court Order Form*, which, when properly completed in accordance with the instructions below, will satisfy the TSP's requirements for a qualifying retirement benefits court order. This package also contains additional forms, described in the Table of Contents, that may be applicable. Using the *TSP Retirement Benefits Court Order Form* will help to expedite the TSP's processing of the court order; however, the TSP does not require the use of this form. The TSP will honor any court order or court-approved property settlement agreement that meets the requirements of 5 U.S.C. § 8435(c) and 5 C.F.R. part 1653, subpart A.

### **The rules for qualified domestic relations orders (QDROs) that apply to private sector plans do not apply to the TSP.**

The provisions of the Federal Employees' Retirement System Act (FERSA), not the Employee Retirement Income Security Act (ERISA), govern court orders that divide a TSP account. The TSP cannot represent or warrant that this order will meet the requirements of your local jurisdiction. The parties' attorneys should review local court rules to ensure this court order is sufficient.

For more information on retirement benefits court orders, please review the TSP booklet *Court Orders and Powers of Attorney*, which is available at [tsp.gov](http://tsp.gov). For general 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.



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## SUBMITTING THE COURT ORDER PACKAGE TO THE TSP

Once the court has approved and entered the *TSP Retirement Benefits Court Order Form*, make a copy of this package for your records. Submit the optional forms, if applicable, to the TSP as one package via mail or fax 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

**COMPLETION CHECKLIST**

Before submitting the package to the TSP, check to make sure:

- ✓ A judge or an authorized court official has completed and signed the *TSP Retirement Benefits Court Order Form*.
- ✓ You have provided the participant's account number(s) and current mailing address, and payee's account number(s) or Social Security number and current mailing address.
- ✓ The TSP participant has signed and dated the *TSP Retirement Benefits Court Order Form* and all other applicable forms.
- ✓ The payee has signed and dated the *TSP Retirement Benefits Court Order Form* and all other applicable forms.
- ✓ The attorneys for the TSP participant or the payee have signed the *TSP Retirement Benefits Court Order Form* if applicable.
- ✓ You have not altered or added any language or formatting to this package. Doing so may delay processing or result in the denial of the court order.

Once the court has approved and entered the *TSP Retirement Benefits Court Order Form*, make a copy of this package for your records. Submit the optional forms, if applicable, to the TSP as one package via mail or fax to:

**TSP Legal Processing Unit  
P.O. Box 4390  
Fairfax, VA 22038-4390  
Fax number: (703) 592-0151**

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<p><b><i>TSP Retirement Benefits Court Order Form</i></b></p>	<p><b>TSP-92A</b></p>	<p><b>Required*</b></p>	<p>Once you have filled out this form, you must submit the form in its entirety to a court for approval. A judge or authorized court official must complete and sign the actual court order. If you submit your court form without a judge's or authorized court official's signature, the TSP will treat it as a draft court order and will not review or process it.</p>
<p><b><i>Retirement Benefits Specialist (RBS) Authorization Form</i></b></p>	<p><b>TSP-92B</b></p>	<p><b>Optional</b></p>	<p>An RBS (sometimes called a "pension specialist" or a "QDRO specialist" in the private sector) is an individual who has been retained to assist you in preparing your court order for submission to the TSP.</p> <p>Under TSP rules, we require authorization from the individual TSP participant and/or payee to release information relating to TSP records to these individuals. If you or your attorney have retained an RBS and would like to authorize that individual to submit and receive information on your behalf, you should fill out this form and include it with your submission to the TSP.</p>
<p><b><i>TSP Personal Information Form (PIF)</i></b></p> <p>(one for each party)</p>	<p><b>TSP-92C</b></p>	<p><b>Optional</b></p>	<p>The public is allowed to view most court orders, but some jurisdictions require that certain personal information be protected from public disclosure.</p> <p>If your jurisdiction mandates that some or all of the personal information required in the <i>TSP Retirement Benefits Court Order Form</i> be protected, you must fill out a PIF for yourself and note on the order that this information will be provided in the PIF. You should include the completed PIF with your court order package submission to the TSP.</p> <p><b>Only use this form to update information already provided in the court order.</b></p>
<p><b><i>Request for TSP Account Information Form</i></b></p>	<p><b>TSP-92D</b></p>	<p><b>Optional</b></p>	<p>Certain TSP account information is available to current or former spouses to assist in developing a retirement benefits court order and protecting their rights. This information may include the participant's account balance, outstanding loan balance (if any), and/or annual or quarterly statements.</p> <p>If you need to obtain this information for the purpose of drafting a retirement benefits court order, please use this form for your request.</p>

\* Using the *TSP Retirement Benefits Court Order Form* will help to expedite the TSP's processing of the court order; however, the TSP does not require the use of this form. The TSP will honor any court order or court-approved property settlement agreement that meets the requirements of 5 U.S.C. § 8435(c) and 5 C.F.R. part 1653, subpart A.

# FORM TSP-92

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## FORMATTING OF FOREIGN ADDRESSES

If you have a foreign address, mark the Foreign Address checkbox, and enter the foreign address as follows:

- **First address line:** Enter the street address or post office box number and, if applicable, apartment number.
- **Second address line:** Enter the city or town name, other principal subdivision (e.g., province, state, county), and postal code, if known. (The postal code may precede the city or town.)
- **City/State/Zip Code fields:** Enter the entire country name in the City field; leave the State and Zip Code fields blank.

If you use an Air/Army Post Office (APO) or Fleet Post Office (FPO) address, enter that address in the two available address lines (include the unit designation). Enter APO or FPO, as appropriate, in the City field. In the State field, enter AE as the state abbreviation for zip codes beginning with 090 – 098, AA for zip codes beginning with 340, and AP for Zip Codes beginning with 962 – 966. Then enter the appropriate zip code.

## TAX CONSEQUENCES OF COURT ORDER PAYMENT TO CURRENT OR FORMER SPOUSE

The taxable portion of court-ordered payments made to a current or former spouse will be taxable to the current or former spouse for the year of the payment and is subject to 20% mandatory federal income tax withholding for civilian and uniform services accounts. Payments from beneficiary participant accounts are subject to 10% federal income tax withholding. This withholding cannot be waived or decreased but can be increased.

If the court order is determined to be qualifying for the TSP, the payee will be sent a letter that will include the forms the payee must use to elect payment options along with information about taxes.

## EARNINGS AND INTEREST

**For the purpose of a retirement benefits court order, the term “earnings” includes earnings and losses.**

**Neither interest nor earnings will be paid on the amount of the entitlement** unless the court order specifically provides for them. A court order can only require the payment of earnings at a stated annual percentage rate or the addition of a per diem dollar amount to the payee’s entitlement.

If the court order provides for earnings, but does not specify a rate or a per diem dollar amount, the TSP will calculate earnings based on the type of TSP funds the participant was invested in on the date used to calculate the payee’s entitlement, the number of shares the participant had in each fund on the date used to calculate the payee’s entitlement, and the share price of those TSP funds up to two days prior to disbursement. **Note:** Investment fund changes that were made after the date used to calculate the participant’s entitlement are not considered in this calculation.

## SUBMITTING THE FORM FOR ISSUANCE OF A COURT ORDER

Once you have completed the required Form TSP-92A, *TSP Retirement Benefits Court Order Form*, you must submit it in its entirety to a court for approval. A judge or authorized court official must complete and sign the court order.

**NOTE:** If you submit your court order form without a judge’s or authorized court official’s signature, the TSP will treat it as a draft court order and will not review or process it.



# Thrift Savings Plan

## TSP RETIREMENT BENEFITS COURT ORDER FORM

# TSP-92A

<b>IN RE THE MARRIAGE OF:</b>	Petitioner's Name _____	<b>FOR COURT USE</b>
	and	
	Respondent's Name _____	
<b>COURT NAME:</b>		
<b>STATE/JURISDICTION:</b>		<b>CASE NO.:</b>
<b>JUDGE'S NAME AND COURT:</b>		

This is a retirement benefits court order (RBCO) under 5 U.S.C. § 8435(c), and 5 C.F.R. part 1653, subpart A. The terminology used in this order is governed by the definitions generally applicable to the Thrift Savings Plan (TSP) as set forth at 5 CFR §1690.1.

This order pertains to the following parties:

### I. PARTICIPANT/ 1<sup>ST</sup> PARTY

Check here for foreign address

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Civilian } Account Number: \_\_\_\_\_  
 Uniformed Services }  
 Beneficiary Participant } Account Number: \_\_\_\_\_

### II. PAYEE/ 2<sup>ND</sup> PARTY

Check here for foreign address

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Civilian } Account Number: \_\_\_\_\_  
 Uniformed Services }  
 Beneficiary Participant } Account Number: \_\_\_\_\_

\_\_\_\_\_  
Social Security number (SSN) (If the payee is not a TSP participant)

\_\_\_\_\_  
Relationship to the Participant/ 1<sup>st</sup> Party



# Thrift Savings Plan

## TSP RETIREMENT BENEFITS COURT ORDER FORM

TSP-92A

This matter having come before the court on motion, and the court after reviewing the motion and being otherwise fully advised of the matter, it is hereby ordered as follows:

III. AWARD # \_\_\_\_\_ Participant's Name: \_\_\_\_\_

This award applies to the:  Civilian Account  Uniformed Services Account  Beneficiary Participant Account

Check here if ordering multiple award amounts. (Use photocopies of this blank page to specify additional award amounts.)

IV. AWARD TYPE Specify the award type: (select one)

- Fixed dollar amount: \$ \_\_\_\_\_ (also complete section V)
- Percentage of account balance: \_\_\_\_\_ % (skip to section VI)

V. FIXED DOLLAR AWARD OPTIONS

Specify the adjustment calculation for the fixed dollar award: (select one)

- No earnings
- Earnings at annual percentage rate of \_\_\_\_\_ % per annum
- Earnings at per diem dollar rate of \$ \_\_\_\_\_ per day
- Earnings and losses

Specify the entitlement date: (not applicable for no earnings)

- As of the effective date of the court order
- As of the following specified date: \_\_\_\_\_  
Date (mm/dd/yyyy)

VI. PERCENTAGE AWARD OPTIONS

Specify the entitlement date: (required)

- As of the effective date of the court order
- As of the following specified date: \_\_\_\_\_  
Date (mm/dd/yyyy)
- As of the payment date

Specify the adjustment calculation for the percentage award: (select one)

- No earnings
- Earnings at annual percentage rate of \_\_\_\_\_ % per annum
- Earnings at per diem dollar rate of \$ \_\_\_\_\_ per day
- Earnings and losses

When calculating the payee's award amount, outstanding loan balances should be:

- Included  Excluded



# Thrift Savings Plan

## TSP RETIREMENT BENEFITS COURT ORDER FORM

# TSP-92A

### AUTHORIZATIONS

It is so ordered:

\_\_\_\_\_  
Date Signed (mm/dd/yyyy)

\_\_\_\_\_  
Judge's or Authorized Court Official's Signature

Seen and agreed to by the following:

\_\_\_\_\_  
Participant's/ 1st Party's Signature

\_\_\_\_\_  
Date

**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

[seal]

\_\_\_\_\_  
Participant's/ 1st Party's Attorney's Signature (if applicable) Date

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Law Firm's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number

\_\_\_\_\_  
Jurisdiction and Bar/License Number

\_\_\_\_\_  
Payee's/ 2nd Party's Signature

\_\_\_\_\_  
Date

**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

[seal]

\_\_\_\_\_  
Payee's/ 2nd Party's Attorney's Signature (if applicable) Date

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Law Firm's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Phone Number Fax Number

\_\_\_\_\_  
Jurisdiction and Bar/License Number





# 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 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



# Thrift Savings Plan

## RETIREMENT BENEFITS SPECIALIST AUTHORIZATION FORM

**III. GRANT OF AUTHORIZATION PARTICIPANT/ 1<sup>ST</sup> PARTY**

Complete this section only if you are the TSP participant or 1<sup>st</sup> 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/ 1<sup>st</sup> 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

## RETIREMENT BENEFITS SPECIALIST AUTHORIZATION FORM

**IV. GRANT OF AUTHORIZATION PAYEE/ 2<sup>ND</sup> PARTY**

Complete this section only if you are the TSP payee or 2<sup>nd</sup> party and are granting authorization. Please type or print.

9. 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

\_\_\_\_\_  
Payee's/ 2<sup>nd</sup> 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

# TSP-92C

## PERSONAL INFORMATION FORM (PIF) PARTICIPANT/ 1<sup>ST</sup> PARTY

Most court files may be viewed by the public. However, some jurisdictions require that personal information be protected from public disclosure. If your jurisdiction requires protection of some or all of the personal information required in the *TSP Retirement Benefits Court Order Form*, you must fill out this *Personal Information Form (PIF)* for yourself and note on the court order that this information is provided on the PIF.

This form should be included in your submission to TSP. **This document is not accessible to the public or other parties.**

<b>IN RE THE MARRIAGE OF:</b>	Petitioner's Name _____		<b>FOR COURT USE</b>
	and		
	Respondent's Name _____		
<b>COURT NAME:</b>	_____		
<b>STATE/JURISDICTION:</b>	_____	<b>CASE NO.:</b>	_____
<b>ATTENTION COURT STAFF: This is a restricted access document.</b>			

The information is about:

1. \_\_\_\_\_  
First Name Middle Name Last Name

**NOTE:** The names of the parties are not confidential.

1a. Former legal names(s) (if applicable): \_\_\_\_\_

2. \_\_\_\_\_  
Address Line 1

\_\_\_\_\_ Address Line 2

\_\_\_\_\_ City State Zip Code

3. \_\_\_\_\_  
Phone Number

4. \_\_\_\_\_  
Social Security number (SSN) (Payee only)

5. Applicable TSP account  Civilian }  
 (If you are the participant, }  
 select all that apply):  Uniformed Services }  
 Beneficiary Participant }

Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I certify that the information I have provided is true and complete to the best of my knowledge. Warning: Any intentional false statement in this form or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years or both (18 U.S.C. 1001).

6. \_\_\_\_\_  
Signature

7. \_\_\_\_\_  
Date Signed (mm/dd/yyyy)

8. Completed and submitted by:

Participant/ 1<sup>st</sup> Party     Participant's/ 1<sup>st</sup> Party's Attorney     Payee/ 2<sup>nd</sup> Party     Payee's/ 2<sup>nd</sup> Party's Attorney

Other: \_\_\_\_\_



# Thrift Savings Plan

## PERSONAL INFORMATION FORM (PIF) PAYEE/ 2<sup>ND</sup> PARTY

# TSP-92C

Most court files may be viewed by the public. However, some jurisdictions require that personal information be protected from public disclosure. If your jurisdiction requires protection of some or all of the personal information required in the *TSP Retirement Benefits Court Order Form*, you must fill out this *Personal Information Form (PIF)* for yourself and note on the court order that this information is provided on the PIF.

This form should be included in your submission to TSP. **This document is not accessible to the public or other parties.**

<b>IN RE THE MARRIAGE OF:</b>	Petitioner's Name _____		<b>FOR COURT USE</b>
	and		
	Respondent's Name _____		
<b>COURT NAME:</b>	_____		
<b>STATE/JURISDICTION:</b>	_____	<b>CASE NO.:</b>	_____
<b>ATTENTION COURT STAFF: This is a restricted access document.</b>			

The information is about:

1. \_\_\_\_\_  
First Name Middle Name Last Name

**NOTE:** The names of the parties are not confidential.

1a. Former legal names(s) (if applicable): \_\_\_\_\_

2. \_\_\_\_\_  
Address Line 1

\_\_\_\_\_ Address Line 2

\_\_\_\_\_ City State Zip Code

3. \_\_\_\_\_  
Phone Number

4. \_\_\_\_\_  
Social Security number (SSN) (Payee only)

5. Applicable TSP account }  
(If you are the participant, }  
select all that apply): }  
 Civilian }  
 Uniformed Services }  
 Beneficiary Participant }

Account Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

I certify that the information I have provided is true and complete to the best of my knowledge. Warning: Any intentional false statement in this form or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years or both (18 U.S.C. 1001).

6. \_\_\_\_\_  
Signature

7. \_\_\_\_\_  
Date Signed (mm/dd/yyyy)

8. Completed and submitted by:

Participant's/ 1<sup>st</sup> Party's Attorney  Payee/ 2<sup>nd</sup> Party  Payee's/ 2<sup>nd</sup> Party's Attorney  Other: \_\_\_\_\_



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



# Thrift Savings Plan

# TSP-92D

## REQUEST FOR PARTICIPANT ACCOUNT INFORMATION

### 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)

