



Thrift Savings Plan

RETIREMENT BENEFITS SPECIALIST AUTHORIZATION FORM

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

RETIREMENT BENEFITS SPECIALIST AUTHORIZATION FORM

IV. GRANT OF AUTHORIZATION PAYEE/ 2ND PARTY

Complete this section only if you are the TSP payee or 2nd 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/ 2nd 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]