



Thrift Savings Plan

Important message for notaries

If the state in which you reside has extended notary commissions as a result of the pandemic, you must include information about the extension with any TSP forms you notarize. You may include this information as an annotation or as supporting documentation from your state. We will not be able to process forms that have been notarized with an expired commission unless you include an annotation or provide supporting documentation.

Remote and electronic notarization

We accept electronic and remote notarization in addition to traditional, in-person notarization for TSP forms that require a notarized signature.



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]