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.
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.

<table>
<thead>
<tr>
<th>I. PARTICIPANT INFORMATION</th>
<th>The below authorization relates to the submission of the court order pertaining to the TSP account of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. First Name</td>
<td>Middle Name</td>
</tr>
<tr>
<td>2.</td>
<td>Participant’s TSP Account Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>II. RETIREMENT BENEFITS SPECIALIST INFORMATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>3. First Name</td>
<td>Last Name</td>
</tr>
<tr>
<td>4. Address</td>
<td></td>
</tr>
<tr>
<td></td>
<td>City</td>
</tr>
<tr>
<td>5. Phone Number</td>
<td>6. Fax Number</td>
</tr>
<tr>
<td>7. Is the RBS a licensed attorney? [mark one]</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>7a. If Yes, please provide the RBS’s jurisdiction and bar or license number:</td>
<td>Jurisdiction</td>
</tr>
</tbody>
</table>
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 ______________, ______________.

[Month] [Year]

My commission expires: __________________

Date (mm/dd/yyyy)

________________________________________

Notary Public’s Signature

________________________________________

Name (print) [print] Phone Number [print]

________________________________________

Jurisdiction

[seal]
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 ______________ ,
   ______________.
   Month
   Year

My commission expires: __________________
   Date [mm/dd/yyyy]

_____________________________________________
Notary Public’s Signature

_____________________________________________
Name [print]                             Phone Number

______________________________
Jurisdiction

[seal]