



Thrift Savings Plan

RETIREMENT BENEFITS SPECIALIST AUTHORIZATION FORM

TSP-92B

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
- _____ COLUMBUS, OH 43215
City State Zip Code
5. _____ 614-962-6900
Phone Number
6. _____ 614-852-4601
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:
_____ OHIO 0086778
Jurisdiction Bar/License Number



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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

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