



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: _____
- As of the payment date Date (mm/dd/yyyy)

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



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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 _____, _____.
Month 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 _____, _____.
Month 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