Thrift Savings Plan

TSP RETIREMENT BENEFITS COURT ORDER FORM

TSP-92A

IN RE THE MARRIAGE OF:	Petitioner's Name	FOR COURT USE
	and	
	Respondent's Name	
COURT NAME:		
STATE/JURISDICTION:	CASE NO.:	
JUDGE'S NAME AND COURT:		

This is a retirement benefits court order (RBCO) under 5 U.S.C. § 8435(c), and 5 C.F.R. part 1653, subpart A. The terminology used in this order is governed by the definitions generally applicable to the Thrift Savings Plan (TSP) as set forth at 5 CFR §1690.1.

This order pertains to the following parties:

I. PARTICIPANT/ 1 st PARTY			\Box Check here for foreign address	
	First Name	Middle Name	Last Name	
	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
	Phone Number	— 🗆 Civilian	Account Number:	
		Uniformed Services		
		Beneficiary Participant	Account Number:	
II. PAYEE/ 2 nd PARTY			□ Check here for foreign address	
	First Name	Middle Name	Last Name	
	Address Line 1			
	Address Line 2			
	City	State	Zip Code	
	Phone Number	— 🗆 Civilian	Account Number:	
		Uniformed Services	Account Number:	
		Beneficiary Participant	Account Number:	
	Social Security number (S participant)	SSN) (If the payee is not a TSP Rela	tionship to the Participant/ 1st Party FORM TSP-92A. Page 1 (7/2018	

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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 orde	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	Specify the adjustment calculation for the fixed dollar award: (select one)				
AWARD OPTIONS	 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 <u>no earnings</u>)				
	 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:				

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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	Payee's/ 2nd Party's Signature Date	
Notary: Please complete the following. No other acknowledgement is acceptable.	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	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	
My commission expires: Date (mm/dd/yyyy)	My commission expires: Date (mm/dd/yyyy)	
Notary Public's Signature	Notary Public's Signature	
Name (print) Phone Number	Name (print) Phone Number	
Jurisdiction	Jurisdiction	
[seal]	[seal]	
Participant's/ 1st Party's Attorney's Signature (if applicable) Date	Payee's/ 2nd Party's Attorney's Signature (if applicable) Date	
Attorney's Name	Attorney's Name	
Law Firm's Name	Law Firm's Name	
Address	Address	
City State Zip Code	City State Zip Code	
Phone Number Fax Number	Phone Number Fax Number	

Jurisdiction and Bar/License Number