

THRIFT SAVINGS PLAN INCOME WITHHOLDING ORDER FOR STATE AGENCIES

TSP-CS-1 Rule 12E-1.028 Fiorida Administrative Code Effective 04/20

State agencies should use this form for garnishments related to participants' child support obligations. To be honored by the TSP, a legal process must meet the requirements of 5 U.S.C § 8437(e)(3) and 5 C.F.R. part 1653, subpart B. Use of this form is strongly encouraged but not mandatory. No other state agency documents are required.

I. INFORMATION	Type of Order:	Freeze Only	Pay Modify	☐ Vacate ☐ Disp	oute Pending	
ABOUT THE	1. Participant's Na	ame				
TSP PARTICIPANT WHOSE ACCOUNT	2.					
IS TO BE GARNISHED	Participant's TS	P Account Number or Social Secu	irity Number			
	3					
	Participant's Str	reet Address	City	State	ZIP Code	
II. INFORMATION ABOUT THE STATE CHILD SUPPORT ENFORCEMENT AGENCY (CSEA)	4. State Child Sup	port Enforcement Agency				
	5.					
	CSE Address fo	or Decision Letter	City	State	ZIP Code	
	6. Make check page	yable to (if different from Item 4 ab	ove)			
	7					
	CSE Address fo	or Payment (If different from Item 5	above) City	State	ZIP Code	
	8. CSEA Phone	Number	9. CSEA Case	Reference Number or Order Iden	fifler	
		if requesting current ve	eted account balance	a contract of order to the		
ARREARAGE	Enter the total arrearage owed for child support in Item 11. In Item 12, check the box next to each TSP account being garnished and enter the amount to be paid from each account. See form instructions for additional information.					
	11. Total Arrearage Owed for Child Support			\$	\$	
	 Check all the applicable TSP accounts and enter the appropriate amount for each. (The total cannot exceed the amount in Item 11.) 			Total amount from all accounts in Item 12.	0.00	
	Civilian	Account		\$		
	Uniform	ed Services Account		\$		
	☐ Beneficiary Participant Account - Civilian			\$		
	Benefici	ary Participant Account	- Uniformed Services	\$ _		
SIGNATURE	WHEREAS the participant identified in Section I of this document was required to pay child support;					
	AND WHEREAS the participant has failed to meet this obligation and is currently in arrears;					
	IT IS THEREFORE ORDERED by the Child Support Enforcement Agency (identified in Section II) that the Thrift Savings Plan (TSP) comply with the listed amount(s) from the TSP account(s) identified in Section III, Item 12 and described in Section I above.					
	13. Printed Name of	of Authorized Representative				
				15.		
	Signature of A	uthorized Representative		Date Signed (mr	n/dd/yyyy)	
	Or Certification	by CSEA (including da	ate certified):			