



# THRIFT SAVINGS PLAN

## INCOME WITHHOLDING ORDER FOR STATE AGENCIES

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 ABOUT THE TSP PARTICIPANT WHOSE ACCOUNT IS TO BE GARNISHED

Type of Order:  Freeze Only  Pay  Modify  Vacate  Dispute Pending

1. <<NCP BP Name>>  
Participant's Name
2. \_\_\_\_\_  
Last 4 digits of participant's Social Security number
3. <<AcctHolderAddr1>> <<AcctHolderAddr2>> <<City>> <<State>> <<Zipcode>>  
Participant's Street Address City State Zip Code

### II. INFORMATION ABOUT THE STATE CHILD SUPPORT ENFORCEMENT AGENCY (CSEA)

4. \_\_\_\_\_  
State Child Support Enforcement Agency
5. <<Central Intercept Address>> <<City>> <<State>> <<Zipcode>>  
CSEA Address for Decision Letter City State Zip Code
6. \_\_\_\_\_  
Make check payable to (if different from Item 4 above)
7. \_\_\_\_\_  
CSEA Address for Payment (if different from Item 5 above) City State Zip Code
8. (\_\_\_\_\_) - \_\_\_\_\_ <<Levy Phone Number>>  
CSEA Phone Number
9. <<CSECaseNumber>>  
CSEA Case Reference Number or Order Identifier
10.  Check if requesting current vested account balance

### III. ARREARAGE OWED FOR CHILD SUPPORT AND AMOUNT(S) TO BE PAID

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 \$ \_\_\_\_\_
12. Check all applicable TSP accounts and enter the appropriate amount for each. (The total cannot exceed the amount in Item 11.) 0.00
  - Civilian Account \$ \_\_\_\_\_
  - Uniformed Services Account \$ \_\_\_\_\_
  - Beneficiary Participant Account—Civilian \$ \_\_\_\_\_
  - Beneficiary Participant Account—Uniformed Services \$ \_\_\_\_\_

### IV. 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. <<Compliance Process Manager>>  
Printed Name of Authorized Representative
14. <<Compliance Process Manager>>  
Signature of Authorized Representative
15. <<Date>>  
Date Signed (mm/dd/yyyy)

Or Certification by CSEA (including date certified):

## TSP-CS-1, INFORMATION AND INSTRUCTIONS

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### GENERAL INFORMATION

The following instructions describe how to complete the Thrift Savings Plan (TSP) Income Withholding Order (IWO). A TSP IWO is considered a legal process that must meet the requirements of 5 U.S.C. § 8437(e)(3) and 5 C.F.R. part 1653, subpart B. The TSP will honor any legal process that meets these requirements. **Use of the TSP IWO form is not required, but it may help to expedite the process.**

A TSP IWO can only be used to

- place a freeze on an account,
- order payment or delivery of funds,
- modify a previously submitted IWO or order,
- vacate a previously submitted IWO or order, or
- notify the TSP of a pending dispute and request that the TSP hold a pending payment.

**Do not submit duplicate orders.**

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### SECTION I.

All items in Section I must be complete.

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### SECTION II.

Provide all of the requested information. The check will be made payable to the state Child Support Enforcement Agency named in Item 4 unless an alternate payee is provided in Item 6. The decision letter will be mailed to the address provided in Item 5. If you have a separate address for receipt of the check, provide it in Item 7. Provide a state case reference number or order identifier in Item 9. If account information is required, select Item 10.

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### SECTION III.

**Note:** Ensure that the amount entered on each account line in Item 12 reflects only the amount owed for that particular account. **Overpaid amounts cannot be returned to the TSP.**

Enter 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.

#### EXAMPLE

**Participant Has:** \$3,000 in assets in two TSP accounts:

- Civilian account: \$1,500
- Uniformed Services account: \$1,500

**State Wants To:** Garnish \$2,000 to satisfy participant's arrears

**State Should:** Submit one IWO: Enter \$2,000 arrearage owed for child support in Item 11.

- Check the box in Item 12 for the Civilian account. Enter \$1,500 on the related line.
- Check the box in Item 12 for the Uniformed Services account. Enter \$500 on the related line.

**Note:** A beneficiary participant account is an account established in the name of a spouse beneficiary of a deceased TSP participant. If garnishing from more than one beneficiary participant account of the same type, you must submit a separate form.

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### SECTION IV.

The authorized state official should

- provide his or her name and signature in Items 13 and 14 and date the form in Item 15
  - provide the state's alternate means of certification and date the form in Item 15.
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### MAILING INSTRUCTIONS

This form may be uploaded, faxed, mailed, or overnighted.

**Upload:** <https://qoc.rk.tsp.gov/qoc/b/CsHome010Home.htm>

**Fax Number:** 773-915-6006

**US Mail:** Court Order Center  
C/O Broadridge Processing  
PO Box 120  
Newark, NJ 07101-0120

**Overnight:** Court Order Center  
C/O Broadridge Processing  
2 Gateway Center  
283-299 Market Street 17th Fl  
Newark, NJ 07102