

SPECIAL POWER OF ATTORNEY

The purpose of this document is to designate a person as your agent to transact business relating to your Thrift Savings Plan (TSP) account. The person you designate need not be an actual attorney, but will have what is known as a "power of attorney" to act on your behalf. You may revoke this power of attorney in writing later if you wish.

If there is anything about this power of attorney that you do not understand, you should ask a lawyer to explain it to you. To make this document official, you must sign it — or acknowledge having signed it — in the presence of a notary public.

Assignment of the Power of Attorney

A TSP participant, his or her spouse, or his or her beneficiary may complete this section. Please type or print.

I, _____ of _____ do hereby grant a
First name Middle initial Last name City State
special power of attorney to _____ of _____
First name Middle initial Last name City State
and hereby appoint this person as my true and lawful agent to act for me in any lawful way that I myself might act.

This power of attorney relates to the TSP account of _____
Participant's first name Middle initial Last name
whose Social Security number is _____ - _____ - _____, with respect to:

(To grant a power, you must initial the box in front of that power.)

- obtaining information about this TSP account.
- borrowing or withdrawing funds from this TSP account.
- taking any other action(s) relating to this TSP account.

This power of attorney will not be affected if I subsequently become disabled, incapacitated, or incompetent. It is effective immediately, and, unless revoked or terminated by me earlier in writing, will expire on

Month/day/year *(If no date applies, write "indefinite.")*

Your signature: _____ Date: _____
Month/day/year

Statement of Notary Public

A notary public must complete this section. Please type or print.

This document granting a power of attorney was signed, or acknowledged to have been signed, before me
on _____ by _____,
Month/day/year First name Middle initial Last name
who is personally known to me or has properly identified himself/herself to me.

Jurisdiction (County) (State)

Notary public's signature

SEAL

My commission expires: _____
Month/day/year