



# THRIFT SAVINGS PLAN CHANGE IN MONTHLY PAYMENTS

## TSP-73

### I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)
5. Address \_\_\_\_\_  
Street address or box number
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country Zip Code

### II. TYPE OF REQUEST

Choose either Item 9 or Item 10. Check **only one box** in this section. If you want to make changes under both items, complete a **separate Form TSP-73 for each type of change you are requesting. Changes in Item 10 can only be made annually**, and the TSP must receive this form by December 15. If you are requesting an annual change, **all** aspects of your request will apply when the change goes into effect.

#### 9. Effective immediately

- I want a final single payment of my entire account balance.
- I want to change the transfer or direct deposit information for my current payments.

OR

#### 10. Annual change (Due December 15)

- Change from TSP-computed payments to \$\_\_\_\_\_ per month (must be at least \$25).
- Change the dollar amount of my payments to \$\_\_\_\_\_ per month (must be at least \$25).

### III. AMOUNT TO BE TRANSFERRED TO IRA OR PLAN

11. Do you want to have all or a part of your payment(s) transferred to a traditional IRA, eligible employer plan, or Roth IRA? (See the information on the back for transfer rules and restrictions. Monthly payment amounts that result in payments over a period of 120 months or more **cannot be** transferred.)
- Yes (Complete Item 12 and go to Section IV.)  No (Skip to Section V.)
12. Transfer \_\_\_\_\_% of my payment(s) to a traditional IRA, eligible employer plan, or Roth IRA. (Use whole percentages.) Note: Any amount not transferred will be paid to you by check unless you choose direct deposit in Section V.

### IV. DIRECT WHERE YOUR TRANSFER IS GOING

Information from your IRA or plan

(See instructions.)

13. Do you want to name (or change information about) an IRA or plan that is to receive your payment(s)?
- Yes (Have your IRA trustee or plan administrator complete this section. Complete Item 15; then go to Section V.)
- No (Skip to Section V.)
14. Type of Account  Traditional IRA  Eligible Employer Plan  Roth IRA 15. \_\_\_\_\_  
IRA/Plan Account No. or Other Customer ID
16. Plan Name \_\_\_\_\_  
Only if eligible employer plan
17. Make check payable to \_\_\_\_\_  
IRA Trustee or Plan Administrator (Limit response to 30 characters.)
18. Mail to \_\_\_\_\_  
Name of institution or person, if different from Item 17
19. \_\_\_\_\_  
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Item 1. I certify that the financial institution or plan agrees to accept the funds directly from the TSP and deposit them in the above-named IRA or eligible employer plan (as defined in section 402(c)(8) of the Internal Revenue Code).

20. \_\_\_\_\_ 21. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Typed or printed name of Certifying Representative Phone Number
22. \_\_\_\_\_ 23. \_\_\_\_\_  
Signature of Certifying Representative Date Signed

## INFORMATION AND INSTRUCTIONS FOR PAGE 1

Use this form to make any of the following changes:

- Change to a final single payment.
- Change the amount of each monthly payment that is transferred to a traditional IRA, eligible employer plan, or Roth IRA.
- Change the address or other information about the traditional IRA, eligible employer plan, or Roth IRA that is receiving your monthly payments, **or** designate a new IRA or plan.
- Stop your current monthly payments from being transferred to an IRA or plan.
- Have the part of your monthly payments that is not transferred to an IRA or plan sent directly to your checking or savings account by direct deposit (electronic funds transfer (EFT)).
- Cancel a current EFT or change the account that is to receive your monthly payments.

Also, use this form to make one of the following changes, which will be effective January 1, if your request is received by December 15 of this year:

- Change from TSP-computed payments to a specific dollar amount; or
- Change the dollar amount you are receiving.

Type or print the information requested. Make a copy of the completed form for your records and mail the original to:

**Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238**

**Or fax to: 1-866-817-5023**

If you have questions, call the (toll-free) ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or the TDD at 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

**Note:** The TSP will report all payments and transfers to you and to the IRS on Form 1099-R, Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. For more information, see the TSP tax notice "Tax Information for TSP Participants Who Request Changes in Monthly Payments."

**SECTION I.** Provide all of the requested information.

**SECTION II.** Check **only one** of the boxes in Section II. If you check a box in Item 9, your change will ordinarily be made within 2 business days after the form is received by the TSP. If you check the box for a final single payment, the balance of your account will be distributed in a single payment. You can also provide new transfer and EFT information if you wish. If you check the box to change information regarding your monthly payments, you can change the transfer or direct deposit information for your current payments.

**If you check one of the boxes in Item 10, your change will be effective on January 1** of the year after the form is received, as long as your form is received by December 15. If you check the box to change your TSP-computed payments to a specific dollar amount, you should keep in mind that this is a one-time-only change. In other words, you cannot later request to change back to TSP-computed payments from a specific dollar amount. Each year, however, you can change the monthly dollar amount you are receiving. The amount you choose must be at least \$25.

**SECTION III.** Complete Item 11. Check "Yes" if you want your final single payment or any portion of your monthly payments transferred to a traditional IRA, eligible employer plan, or Roth IRA. Also check "Yes" if you are currently having your monthly payments sent to a plan or IRA and want this payment

method to continue. **Note:** All final single payments and monthly payments that are expected to last less than 10 years (i.e., fewer than 120 payments) are considered eligible rollover distributions and may be transferred to a traditional IRA, eligible employer plan, or Roth IRA. If you decide to transfer to a Roth IRA, be aware that you **must pay tax on the amount you transfer**; the tax liability is incurred for the year of the transfer. We strongly encourage you to consult with a tax advisor regarding the tax consequences of making the transfer.

Check "No" if you do not want any portion of your payment(s) transferred to an IRA or plan. Also check this box if you want to stop current transfers of all or part of your monthly payments.

If you checked "Yes" in Item 11, you must complete Item 12. Use whole percentages. Amounts not transferred to an IRA or plan will be paid to you by check unless you choose EFT (Section V).

**Note:** Some financial institutions and plans have minimum transfer amounts. Verify that your financial institution or plan will accept your new payment(s).

**SECTION IV.** If you chose to transfer your payment(s) to a traditional IRA, eligible employer plan, or Roth IRA (i.e., if you checked "Yes" in Item 11), you and the IRA trustee or plan administrator must complete this section before you submit this form to the TSP. The IRA trustee or plan administrator must ensure that the account described in this section is a "traditional IRA," "eligible employer plan," or "Roth IRA," as defined by the Internal Revenue Service (IRS). (The traditional IRA, eligible employer plan, and Roth IRA are also described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account," which is available from the TSP website or the TSP.)

**Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.**

The financial institution or plan should retain a copy of this page to identify the account to which the check should be deposited when it is received. If the transfer is to a traditional IRA or Roth IRA, the institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

If you want to change or provide new transfer information, check "Yes" and continue. If you want your payment(s) to go to the IRA or plan that is currently receiving your monthly payments, check "No" in Item 13.

**Type of Account and Account Number.** In Item 14, indicate whether the transfer is to a traditional IRA, eligible employer plan, or Roth IRA; in Item 15, enter the account number, if available, to which the money is to be transferred. If that number is unavailable, provide your Social Security number or some type of customer identification through which the IRA or plan can identify you. If the transfer is to an eligible employer plan, you must provide the plan name in Item 16.

**Make check payable to.** In Item 17, provide the name of the IRA trustee or plan administrator as it should appear on the check. The check will be made payable to the party you provide here.

**Mail to.** If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 18 and 19) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 20 – 23.

Name:

TSP Account Number:

**V.  
REQUEST FOR  
DIRECT DEPOSIT**

**24.** Do you want the portion of your payment(s) that is not being transferred to an IRA or plan deposited directly into your checking or savings account?

Yes (Complete this section to begin direct deposit or to change the bank account to which payment is made.)

No (Go to Section VI. The portion of your payment(s) that is not being transferred will be mailed to your TSP address of record.)

**25.** \_\_\_\_\_  
Name of Financial Institution

**26.** \_\_\_\_\_  
Routing Number (Must be 9 digits)

**27.** Type of Account  Checking  Savings

**28.** \_\_\_\_\_  
Checking or Savings Account Number

**VI.  
CERTIFICATION**

I certify that the information I have provided is true and complete to the best of my knowledge. Also, if I chose to transfer all or any part of my payment(s) to a Roth IRA, I certify that I understand that I must pay taxes on the transferred amount for the year in which it was transferred. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).

**29.** \_\_\_\_\_  
Participant's Signature

**30.** \_\_\_\_\_  
Date Signed

**PRIVACY ACT NOTICE.** We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process your transaction. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a

statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.



## INFORMATION AND INSTRUCTIONS

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**SECTION V.** Complete Item 24. Check “Yes” if you want any portion of your final single payment or monthly payments that is not being transferred to an IRA or plan deposited directly into your checking or savings account by EFT. Check “No” if you do not want to receive any of your payment(s) by EFT.

If you currently have monthly payments sent by EFT and there is no change to the financial institution or plan information, check “Yes,” but do **not** complete the rest of this section. Otherwise, provide all of the requested information in Items 25 – 28. If you do not know the 9-digit Routing Number, ask your financial institution for it.

EFTs will be made only to a financial institution in the United States (i.e., the 50 States and the District of Columbia). EFT is a safer method of payment than mailing a check to you.

**Note:** If you checked one of the boxes in Item 10 indicating that you are requesting an annual change, your EFT will be effective at the same time as any other annual changes to your monthly payments.

**SECTION VI.** Read the certification; then sign and date the form. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge. In addition, if you chose to transfer all or part of your payment(s) to a Roth IRA, you are certifying that you understand that you must pay tax on the amount transferred for the year of the transfer.