



Thrift Savings Plan

TSP-77

**Request for Partial
Withdrawal When Separated**

April 2012

Check List for Completing Form TSP-77, Request for Partial Withdrawal When Separated

Be sure to read all instructions before completing this form. Only complete and submit the pages that are required as outlined below. You must submit all pages that are relevant to your request **as a single package**.

- ✓ **All** participants must complete and submit Page 1. Remember that your signature must be notarized.
- ✓ If you are **married**, you must also complete and submit Page 2 (either Section VI or VII depending on your retirement coverage). If you are a married **FERS or uniformed services** participant, your spouse must sign the form, and the signature must be notarized.
- ✓ If you have a **traditional (non-Roth)** balance and you would like to **transfer** all or a part of the **traditional (non-Roth)** portion of your withdrawal, you must complete and submit Page 3.
- ✓ If you have a **Roth** balance and you would like to **transfer** all or a part of the **Roth** portion of your withdrawal, you must complete and submit Page 4.

Note: If you would like to transfer all or a part of **both the traditional and the Roth** portions of your withdrawal, you must complete and submit Page 3 **and** Page 4, **even if the transfer is to the same financial institution.**



THRIFT SAVINGS PLAN

TSP-77

REQUEST FOR PARTIAL WITHDRAWAL WHEN SEPARATED

I. INFORMATION ABOUT YOU

1. This request applies to my: Civilian Account **OR** Uniformed Services Account
2. Last Name First Name Middle Name
3. TSP Account Number 4. / / Date of Birth (mm/dd/yyyy) 5. _____ Daytime Phone (Area Code and Number)
6. Foreign address? Check here. 7. Street Address or Box Number (For a foreign address, see instructions on back.)
 Street Address Line 2
8. City 9. State 10. - Zip Code

II. PARTIAL WITHDRAWAL REQUEST

11. Amount you want to withdraw: \$, , .00 (amount must be \$1,000 or more)

III. DIRECT DEPOSIT INFORMATION — This section is optional. Complete this section if you want the portion of your withdrawal that is **not being transferred** (Sections VIII–XI) directly deposited into your checking or savings account.

12. Type of Account: Checking Savings
13. Name of Financial Institution
14. ACH Routing Number (Must be 9 digits) 15. Checking or Savings Account Number

IV. ADDITIONAL TAX WITHHOLDING — This section is optional. The TSP must withhold 20% of the taxable portion of your withdrawal for Federal income tax. Withholding does not apply to amounts transferred to an IRA or eligible employer plan (Sections VIII–XI) or which are otherwise nontaxable (see instructions).

16. In **addition** to the mandatory 20%, withhold this amount for Federal income tax: \$, .00

V. CERTIFICATION AND NOTARIZATION — I certify that the information I have provided on all pages of this withdrawal request is true and complete to the best of my knowledge. I further certify that if I did not complete Section VI or VII on Page 2 (Spouse Information for Married TSP Participants), I am an unmarried TSP participant. Warning: Any intentional false statement in this application or willful misrepresentation concerning this request 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).

17. Participant's Signature 18. / / Date Signed (mm/dd/yyyy)

19. **Notary: Please complete the following. No other acknowledgement is acceptable (see instructions).** The person who signed Item 17 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 _____, _____.

My commission expires: _____
Date (mm/dd/yyyy)

Notary's Signature _____
Notary's Printed Name _____ Notary's Phone Number _____
Jurisdiction _____

Do Not Write Below This Line



* P I I S 0 0 2 3 0 1 0 0 2 0 0 0 0 0 0 0 0 0 P I I S *

FORM TSP-77, INFORMATION AND INSTRUCTIONS FOR PAGE 1

Use this form if you are separated from Federal service and you want to request a one-time-only withdrawal of part of your vested account balance and leave the remainder with the TSP. If you would like to request a withdrawal of your entire vested account balance now, do not complete this form; instead, complete Form TSP-70.

Before completing a withdrawal request, you should read the booklet *Withdrawing Your TSP Account After Leaving Federal Service* and the TSP tax notice "Important Tax Information About Payments From Your TSP Account." If you do not have these materials, you can download them from the TSP website (www.tsp.gov) or ask your former agency or service for a copy. You can also request them by calling the ThriftLine.

First, make sure you are eligible for a partial withdrawal:

- Your vested account balance must be at least \$1,000. Your vested account balance is the total amount of your traditional balance and your Roth balance (if any), less any Agency Automatic (1%) Contributions and earnings in your account that have not met the time-in-service requirement.
- The minimum amount for a partial withdrawal is \$1,000.
- You cannot have previously made a partial withdrawal after separating from Federal service. Only one partial withdrawal is allowed.
- You cannot have previously made an age-based in-service withdrawal.
- You must be separated from Federal service for 31 or more days in order to be eligible for a post-employment withdrawal.

There are two ways to request a partial withdrawal:

1. Complete Form TSP-77 and mail or fax it to the TSP. **Note:** Your request cannot be processed until your agency or service submits confirmation of your separation to the TSP.

or

2. Use the TSP website (www.tsp.gov) to begin your withdrawal request. For security reasons, you cannot complete your request online. You will be asked to print out your partially completed withdrawal request form at the end of your online session. Review the form, complete any missing information, and provide any required signatures and documentation before you mail or fax it to the TSP. **Do not change or cross out any of the prefilled information** resulting from your entries on the Web; the form may not be processed if you do so.

Note: This type of withdrawal cannot process until your agency or service reports your separation to the TSP.

If you are not married and you do not want to transfer any part of your partial withdrawal to a traditional IRA, an eligible employer plan, or a Roth IRA, you only have to complete Page 1 of this form. Sign the form, have it notarized, and submit it to the TSP at the address indicated on the last page of this form.

SECTION I. Complete Items 1 – 10. Check whether you are withdrawing money from a civilian or uniformed services account in Item 1. **Check only one box.** You cannot withdraw from both accounts using one form. Also, be sure to only check the box for the account representing the employment from which you are separated. If you have two TSP accounts, and you do not check a box, your form will not be processed.

Your TSP account number is the 13-digit number that was issued to you.

The address you provide on this form will be used to update the address in your TSP account record. If you have a foreign address, check the box in Item 6 and enter the foreign address in Items 7 – 10 as follows:

First address line: Enter the street address or post office box number, and any apartment number.

Second address line: Enter the city or town name, other principal subdivision (e.g., province, state, county), and postal code, if known. (The postal code may precede the city or town.)

City/State/Zip Code fields: Enter the entire country name in the City field; leave the State and Zip Code fields blank.

If you use an **Air/Army Post Office (APO) or Fleet Post Office (FPO)** address, enter that address in the two available address lines (include the unit designation). Enter APO or FPO, as appropriate, in the City field. In the State field, enter AE as the state abbreviation for Zip Codes beginning with 090-098, AA for Zip Codes beginning with 340, and AP for Zip Codes beginning with 962-966. Then enter the appropriate Zip Code.

SECTION II. You may withdraw \$1,000 or more. Use a whole dollar amount only. **Note:** Your withdrawal will be disbursed pro rata (i.e., proportionally) from any traditional (non-Roth) and Roth balances in your account. If your vested account balance is less than \$1,000, submit a full withdrawal request using Form TSP-70.

SECTION III. Complete this section only if you want the TSP to send your partial withdrawal directly to your checking or savings account by means of a direct deposit (electronic funds transfer [EFT]). Provide all of the requested information in this section. If you do not know the 9-digit ACH Routing number or your checking or savings account number, contact your financial institution for this information. Direct deposits will be made only to financial institutions in the United States. **Note:** Only the portion of your withdrawal that is not being transferred to a traditional IRA, eligible employer plan, or Roth IRA can be paid by EFT.

Note: If the TSP determines that the EFT information you provided is incomplete or invalid, your request will be processed, but you will receive your payment in the form of a check mailed to you.

SECTION IV. There is a **mandatory 20% Federal income tax withholding** on the **taxable** portion of payments that are not transferred directly to a traditional IRA, eligible employer plan, or Roth IRA. You cannot waive withholding for Federal income tax, but you can ask the TSP to withhold an additional amount by completing Item 16. If a uniformed services participant has a tax-exempt balance, the tax-exempt portion of the withdrawal will not be subject to withholding. Roth contributions and qualified Roth earnings are not also subject to mandatory tax withholding. **If you complete this section, you should not complete IRS Form W-4P.** Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.

SECTION V. Read the certification carefully and sign and date the form. Your signature must be notarized; otherwise, your request cannot be processed. Because the form will be filed with a Federal agency in Washington, D.C., the notary must complete the notarization in Item 19. No other acknowledgement is acceptable.

Name:

[Name input box]

(Last, First, Middle)

TSP Account Number:

[TSP Account Number input box]

SPOUSE INFORMATION FOR MARRIED TSP PARTICIPANTS

VI. FERS AND UNIFORMED SERVICES PARTICIPANTS — Your spouse must consent to your withdrawal. Your spouse's signature must be notarized.

20. Spouse: By signing below, I consent to this withdrawal from my spouse's Thrift Savings Plan account. I understand that the amount withdrawn will not be available later for the purchase of a joint and survivor annuity.

[Spouse's Name input box]

Spouse's Name (Last, First, Middle)

21.

[Spouse's Signature input box]

Spouse's Signature

22.

[Date Signed input box]

Date Signed (mm/dd/yyyy)

23. Notary: Please complete the following. No other acknowledgement is acceptable (see instructions).

The person who signed Item 21 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 _____ Month, _____ Year.

My commission expires: _____
Date (mm/dd/yyyy)

Notary's Signature

Notary's Printed Name

[Notary's Phone Number input box]

Notary's Phone Number

[seal]

Jurisdiction

24. Participant: If you cannot obtain your spouse's signature, provide your spouse's name (Item 20) and Social Security number on the right, and submit Form TSP-16, Exception to Spousal Requirements (TSP-U-16 for uniformed services), with the required documentation.

[Spouse's Social Security Number input box]

Spouse's Social Security Number

VII. CSRS PARTICIPANTS — Your spouse must be notified of your withdrawal request.

25.

[Spouse's Name input box]

Spouse's Name (Last, First, Middle)

26. Is your spouse's address the same as your address in your TSP record?

Yes

No (Complete Items 27-31.)

Don't know spouse's address.
(Provide spouse's SSN and submit Form TSP-16.)

[Spouse's Social Security Number input box]

Spouse's Social Security Number

27.

Spouse has foreign address? Check here.

28.

[Street Address or Box Number input box]

Street Address or Box Number (For a foreign address, see instructions.)

[Street Address Line 2 input box]

Street Address Line 2

29.

[City input box]

City

30.

[State input box]

State

31.

[Zip Code input box]

Zip Code

Do Not Write Below This Line

FORM TSP-77, INFORMATION AND INSTRUCTIONS FOR PAGE 2

Spouses' rights apply to all partial withdrawals from your TSP account. If you are married (even if separated from your spouse), you must comply with the spouses' rights requirements outlined below:

Spouses' Rights for Partial Withdrawals

Classification	Requirement	Exceptions
FERS/ Uniformed Services	Spouse must provide notarized consent to the partial withdrawal.	Whereabouts unknown or exceptional circumstances
CSRS	Spouse must be notified of the request for a partial withdrawal.	Whereabouts unknown

SECTION VI — Married FERS and uniformed services participants. By law, your spouse has the right to a joint and survivor annuity with a 50% survivor benefit, level payments, and no cash refund, unless your spouse waives the right to that annuity. By consenting to the partial withdrawal on this form, your spouse acknowledges that any amount disbursed now will not be available later for the purchase of such an annuity.

Your spouse gives consent to a partial withdrawal from your TSP account by completing, signing, and dating Items 20–22. Your spouse's signature must be notarized (Item 23). Because this form will be filed with a Federal agency in Washington, D.C., the notary must complete the information in Item 23. No other acknowledgement is acceptable.

If you cannot obtain your spouse's signature, please provide your spouse's Social Security number in Item 24. The TSP cannot process your withdrawal unless you have an exception on file or if you apply for — and receive — an exception to the spouses' rights requirements. Exceptions are granted in **rare** circumstances. If you wish to apply for an exception, you can do so by submitting Form TSP-16 (TSP-U-16 for uniformed services), Exception to Spousal Requirements, along with this form.

SECTION VII — Married CSRS participants. By law, the TSP must notify your spouse of your partial withdrawal. Provide your spouse's name in Item 25. If your spouse's address is the same as your address in your TSP record, check "Yes" in Item 26. Otherwise, check "No" in Item 26 and complete Items 27–31. If you do not know your spouse's whereabouts, check the third box in Item 26 and provide your spouse's Social Security number. The TSP cannot process your withdrawal unless you have an exception on file or if you apply for — and receive — an exception to the spouses' rights requirements. Exceptions are granted in **rare** circumstances. If you wish to apply for an exception, you can do so by submitting Form TSP-16, Exception to Spousal Requirements, along with this form.

If your spouse has a foreign address, check the box in Item 27 and enter the foreign address in Items 28–31 as follows:

First address line: Enter the street address or post office box number, and any apartment number.

Second address line: Enter the city or town name, other principal subdivision (e.g., province, state, county), and postal code, if known. (The postal code may precede the city or town.)

City/State/Zip Code fields: Enter the entire country name in the City field; leave the State and Zip Code fields blank.

If your spouse uses an **Air/Army Post Office (APO) or Fleet Post Office (FPO)** address, enter that address in the two available address lines (include the unit designation). Enter APO or FPO, as appropriate, in the City field. In the State field, enter AE as the state abbreviation for Zip Codes beginning with 090-098, AA for Zip Codes beginning with 340, and AP for Zip Codes beginning with 962-966. Then enter the appropriate Zip Code.

Name:

(Last, First, Middle)

TSP Account Number:

TRANSFER — TRADITIONAL

This page is optional. You and the IRA trustee or plan administrator must complete this page if you want to transfer all or a part of the **traditional (non-Roth)** portion of your withdrawal to a traditional IRA, eligible employer plan, or a Roth IRA. Your traditional TSP balance consists of traditional contributions, tax-exempt contributions, all agency contributions, and the earnings associated with these contributions. **Note:** If you choose to transfer to a Roth IRA, you will have to pay tax on that portion when you file your tax return for the year.

VIII. YOUR TRANSFER ELECTION FOR TRADITIONAL BALANCE — After you complete this section, take or send this page (including the instructions on the back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section IX. **You** must submit the completed package in order for your transfer to be processed.

32. Transfer .0% of the **traditional (non-Roth)** portion of my withdrawal to the IRA or plan identified in Section IX.

IX. TRANSFER INFORMATION FOR TRADITIONAL BALANCE — This section is **to be completed by the IRA trustee or plan administrator**. The account described here must be a traditional IRA, eligible employer plan, or a Roth IRA. Please return this completed form to the participant. **Do not submit transfer forms of financial institutions or plans.**

33. Type of Account: Traditional IRA Eligible Employer Plan Roth IRA

34.
IRA/Plan Account Number or Other Customer ID

35. Check this box if tax-exempt balances are accepted into the account identified above.

36. Provide the **name and mailing address information below exactly as it should appear** on the front of the check.

Make check payable to

City

State

Zip Code

The financial institution or plan will need to use this information to identify the account that will receive the transfer.

I confirm the accuracy of the information in this section and the identity of the individual named above. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above.

37. ()
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

38.
Signature of Certifying Representative

39. / /
Date Signed (mm/dd/yyyy)

Do Not Write Below This Line

FORM TSP-77, INFORMATION AND INSTRUCTIONS FOR PAGE 3

You may elect to transfer all or part of your partial withdrawal to a traditional IRA, an eligible employer plan, or a Roth IRA. The type of plan to which you can transfer your withdrawal depends on whether your withdrawal consists of a traditional (non-Roth) balance, a Roth balance, or both.

If you would like to transfer all or any part of the **traditional (non-Roth)** portion of your withdrawal to an IRA or eligible employer plan, complete Page 3.

If you would like to transfer all or any part of the **Roth** portion of your withdrawal to a Roth IRA or eligible employer plan, complete Page 4.

If you would like to transfer all or any part of **both** the traditional and Roth portions of your withdrawal to **separate plans** or to the **same plan**, you must complete Page 3 **and** Page 4.

SECTION VIII. You may transfer all or any part of the **traditional (non-Roth)** portion of your withdrawal to a traditional IRA, eligible employer plan, or Roth IRA. Enter a percentage between 1 and 100% in Item 32. Do not enter decimals or a percentage over 100%. If you decide to transfer to a Roth IRA, be aware that Roth IRAs accept only after-tax dollars. As a result, you must pay tax on the amount you transfer and the tax liability is incurred for the year of the transfer. We strongly encourage you to consult with a tax advisor regarding your eligibility for, and the tax consequences of, making the transfer.

Payments that are not transferred directly to a traditional IRA, eligible employer plan, or Roth IRA are subject to **mandatory 20% Federal income tax withholding**. (See Section IV.) Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.

SECTION IX. If you choose to transfer all or any part of the **traditional (non-Roth)** portion of your withdrawal to a traditional IRA, eligible employer plan, or Roth IRA, **your financial institution or plan administrator must complete this section before you submit this form to the TSP.**

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

The institution or plan to which the payment is to be transferred must be a trust established inside the United States (i.e., the 50 States and the District of Columbia).

The financial institution or plan should retain a **copy** of Page 3 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 Form 5498, IRA Contribution Information, to the IRS. 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.

Information for the IRA or Plan: Complete Section IX and return this form to the participant identified at the top of the page. The financial institution or plan administrator must ensure that the account described here is a traditional IRA, eligible employer plan, or Roth IRA.

Type of Account and Account Number. Indicate whether the transfer is to a traditional IRA, eligible employer plan, or Roth IRA in Item 33. In Item 34, enter the account number, if available, of the IRA or plan to which the money is to be transferred. If an account number is not available, provide information that will help you identify the check when it is sent to you.

Transfer of Tax-Exempt Balances. A uniformed services participant may have contributed tax-exempt money from pay earned in a combat zone to his or her traditional balance. Check the box in Item 35 if tax-exempt balances are accepted into the account identified in Item 33. If the participant's traditional balance includes tax-exempt contributions, the taxable portion of the withdrawal from the traditional balance will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of the withdrawal does not satisfy the participant's transfer election **and** the plan or IRA accepts tax-exempt balances. If the plan or IRA does not accept tax-exempt balances, that portion of the payment will be paid directly to the participant.

Name and Mailing Address. Provide the name and mailing address information in the boxes provided exactly as you want it to appear on the front of the transfer check. You will need to identify the account to which the transfer should be deposited from the information contained in these boxes.

The certifying representative must provide the requested information in Items 37–39. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.

Name:

(Last, First, Middle)

TSP Account Number:

TRANSFER — ROTH

This page is optional. You **and** the IRA trustee or plan administrator must complete this page if you want to transfer all or a part of the **Roth** portion of your withdrawal to a Roth IRA or to a Roth account maintained by an eligible employer plan. Your Roth TSP balance consists of any employee contributions that you designated as Roth when you made your contribution election and the earnings associated with these contributions. Withdrawals of Roth contributions are paid tax-free. The earnings associated with these contributions are paid tax-free only if 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution **and** you have reached age 59½ or have a permanent disability. (See instructions.)

X. YOUR TRANSFER ELECTION FOR ROTH BALANCE — After you complete this section, take or send this page (including the instructions on the back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section XI. **You** must submit the completed package in order for your transfer to be processed.

40. Transfer .0% of the **Roth** portion of my withdrawal to the IRA or plan identified in Section XI.

XI. TRANSFER INFORMATION FOR ROTH BALANCE — This section is to **be completed by the IRA trustee or plan administrator**. The account described here must be a Roth IRA or a Roth account maintained by an eligible employer plan. Please return this completed form to the participant. **Do not submit transfer forms of financial institutions or plans.**

41. Type of Account: Roth IRA Eligible Employer Plan — Roth Account

42.
IRA/Plan Account Number or Other Customer ID

43. Provide the **name and mailing address information below exactly as it should appear** on the front of the check.

Make check payable to

 -

City

State

Zip Code

The financial institution or plan will need to use this information to identify the account that will receive the transfer.

I confirm the accuracy of the information in this section and the identity of the individual named above. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above.

44. ()
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

45.
Signature of Certifying Representative

46. / /
Date Signed (mm/dd/yyyy)

Do Not Write Below This Line

FORM TSP-77, INFORMATION AND INSTRUCTIONS FOR PAGE 4

SECTION X. You may transfer all or any part of the **Roth** portion of your withdrawal to a Roth IRA or to a Roth account maintained by an eligible employer plan. Enter a percentage between 1 and 100% in Item 40. Do not enter decimals or a percentage over 100%.

Roth contributions are not subject to mandatory Federal income tax withholding because they are not taxable upon distribution. However, if you have not met the conditions necessary for your Roth earnings to be qualified (i.e., paid tax-free), any Roth earnings that are not transferred directly to a Roth IRA or to a Roth account maintained by an eligible employer plan are taxable and are subject to the mandatory 20% Federal income tax withholding. Roth earnings become qualified when the following **two** conditions are met: (1) 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution **and** (2) You have reached age 59½ or have a permanent disability. **Note:** The TSP cannot certify to the IRS that you meet the Internal Revenue Code's definition of a disability when your taxes are reported. Therefore, you must provide the justification to the IRS when you file your taxes.

Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.

SECTION XI. If you choose to transfer all or any part of the **Roth** portion of your withdrawal to a Roth IRA or to a Roth account maintained by an eligible employer plan, **your financial institution or plan administrator must complete this section before you submit this form to the TSP.**

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

The institution or plan to which the payment is to be transferred must be a trust established inside the United States (i.e., the 50 States and the District of Columbia).

The financial institution or plan should retain a **copy** of Page 4 to identify the account to which the check should be deposited when it is received. If the transfer is to a Roth IRA, the institution accepting the transfer should submit Form 5498, IRA Contribution Information, to the IRS. 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.

Information for the IRA or Plan: Complete Section XI and return this form to the participant identified at the top of the page. The financial institution or plan administrator must ensure that the account described here is a Roth IRA or a Roth account maintained by an eligible employer plan.

Type of Account and Account Number. Indicate whether the transfer is to a Roth IRA or to a Roth account maintained by an eligible employer plan in Item 41, and in Item 42 enter the account number, if available, of the IRA or plan to which the money is to be transferred. If an account number is not available, provide information that will help you identify the check when it is sent to you.

Name and Mailing Address. Provide the name and mailing address information in the boxes provided exactly as you want it to appear on the front of the transfer check. You will need to identify the account to which the transfer should be deposited from the information contained in these boxes.

The certifying representative must provide the requested information in Items 44–46. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.

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 request. 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.

After completing your withdrawal request, make a **copy** for your records.

Mail the original to:

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

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

Note: Do **not** mail **and** fax your request. The TSP will automatically cancel the second request it receives. If you need to make a change or correction on your form, call the TSP to cancel your first request.

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).

