



# Thrift Savings Plan BULLETIN for Service TSP Representatives

**Subject:** Consolidation of Forms TSP-9, Change of Address for Separated Participant (Civilian), and TSP-U-9, Change of Address for Separated Participant (Uniformed Services)

**Date:** March 2, 2009

The Federal Retirement Thrift Investment Board has combined Forms TSP-9, Change of Address for Separated Participant (Civilian), and TSP-U-9, Change of Address for Separated Participant (Uniformed Services), into a single form. This combined form, TSP-9, Change in Address for Separated Participant, will supersede all prior versions of the change of address forms. A copy of the consolidated form, which is available for download from the TSP Web site, is attached to this bulletin.

This bulletin explains why the forms were consolidated and provides instructions for completing and submitting the new form.

## I. Purpose of Form TSP-9

Once a participant has separated from Federal service or the uniformed services, he or she must contact the Thrift Savings Plan (TSP) directly to change his or her address. Forms TSP-9 and TSP-U-9 were used for this purpose. Because there were few content differences between the forms, the TSP has decided to combine the uniformed services and civilian versions. This consolidation will allow participants to more efficiently change their address information.

## II. Completing Form TSP-9

- A. Section I (New Information About You) should be completed by a separated participant to verify his or her name, account number, and date of birth. Participants must select whether or not the change applies to their civilian and/or uniformed services account(s) by using the check boxes provided.

*(Continued on next page)*

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**Inquiries:** Questions concerning this bulletin should be directed to the Federal Retirement Thrift Investment Board at **202-942-1460**.

**Chapter:** This bulletin may be filed in Chapter 9, Withdrawal Program.

**Supersedes:** The bulletin supersedes TSP Bulletin 02-31, Change of Address for Separated Participant, dated August 1, 2002, and TSP Bulletin 03-U-11, TSP Materials for the New Record Keeping System, dated June 18, 2003.

All fields must be completed to avoid a delay in processing or the rejection of the form.

B. Section II (Your New Address) must be completed with the participant's most current address.

1. Item 5

This box must be checked if the address provided is a foreign address. If a participant uses a foreign address, he or she should refer to specific instructions on the back of the form. An example of a correctly completed foreign address is provided on the back of the form.

2. Item 7

If a foreign address is provided, the country name should be unabbreviated and entered in this field.

C. Section III (Your Signature and Certification)

The participant must sign the form and certify that the information provided is true to the best of his or her knowledge. If the form is not signed, it will be rejected by the TSP record keeping system.

### **III. Submitting Form TSP-9 for Processing**

Once Form TSP-9 has been completed, it should either be mailed or faxed directly to the TSP address or fax number on the form.

Questions or concerns regarding the form should be directed to the ThriftLine at one of the following telephone numbers:

Phone: 1-877-968-3778

TDD: 1-877-847-4385

Outside of the U.S. and Canada: 404-233-4400

### **IV. Agency/Service Responsibilities**

A. Separated Participants

The TSP will process this form if the participant's account indicates that he or she is separated from service. If the agency or service payroll office has not submitted the participant's separation information on the Employee Data (06) Record, the TSP will not process the address change request submitted by the participant.

B. Active Participants

Active participants must submit their address change requests through their agency or service. Upon receipt of the address change, the agency or service payroll office must transmit the new address on the Employee Data (06) Record.

A handwritten signature in black ink that reads "Pamela-Jeanne Moran". The signature is written in a cursive style with a large initial 'P' and 'M'.

PAMELA-JEANNE MORAN  
Director  
Office of Participant Services

Attachment: Form TSP-9, Change in Address for Separated Participant



## GENERAL INFORMATION AND INSTRUCTIONS

To ensure that your request is not delayed, carefully type or print the requested information using black or dark blue ink. If printing, please use simple block letters and numbers. Keep all letters and numbers **inside** the boxes. (See examples below.)

### EXAMPLES

#### CORRECT

C O R R E C T

3 / 6 / 1 9 8 2

#### INCORRECT

*Incorrect*

3 / 6 / 1 9 <sup>82</sup>

**PARTICIPANTS WITH TWO ACCOUNTS.** If you have two TSP accounts (civilian and uniformed services), you can use this form to change the addresses for both accounts **only if** you are no longer employed as a Federal civilian employee **and** are retired or separated from the uniformed services. Addresses for TSP accounts of active employees/members can be changed only by an employee's agency or service. For example, if you have two TSP accounts, one as an active Federal civilian employee and another as a retired or separated member of the uniformed services, you can use this form to change your uniformed services TSP account address only. You must ask your employing agency to change your address on your civilian TSP account.

**APO AND FPO ADDRESSES.** If you use an Air/Army Post Office (APO) or Fleet Post Office (FPO) address, enter your 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.

**FOREIGN ADDRESSES.** If you have a foreign address, check the box to indicate that this is a foreign address and enter the address as follows:

**First address line:** Enter your 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.)

**Third address line:** Enter the entire country name in the City field; leave the State field blank.

### EXAMPLE OF FOREIGN ADDRESS

Foreign address? Check here.

2 0 4 5 R U E R O Y A L E  
Street Address or Box Number

0 6 5 7 0 P A R I S  
Street Address Line 2

F R A N C E  
City

State

Zip Code -

**MAILING INSTRUCTIONS.** Make a copy of this completed form for your records. Mail or fax this form to:

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

**Fax: 1-866-817-5023**

If you have questions, call the ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or TDD: 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400.

**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.

**FORM TSP-9 (6/2008)**  
PREVIOUS EDITIONS OBSOLETE