



Thrift Savings Plan BULLETIN for Agency TSP Representatives

Subject: Consolidation and Revision of Previous Forms TSP-73, Change In Monthly Payments (Civilian) and TSP-U-73, Change In Monthly Payments (Uniformed Services); Creation of Form TSP-78, Monthly Payments Maintenance and Form TSP-79, Change From Monthly Payments to Final Payment

Date: October 22, 2012

The Thrift Savings Plan Enhancement Act of 2009, Public Law 111-31, signed into law on June 22, 2009, authorized the Thrift Savings Plan (TSP) to add a Roth feature to the plan. This benefit allows participants to contribute on an after-tax basis to their TSP accounts and receive tax-free earnings when they withdraw the funds (assuming certain Internal Revenue Service criteria are met). To accommodate the new Roth feature and streamline the process of making various changes to monthly payments, the Federal Retirement Thrift Investment Board (Board) has revised or developed new forms for separated/beneficiary participants receiving monthly payments.

This bulletin is for informational purposes only, as the attached three TSP forms are only for the use of separated/beneficiary participants.

The Board has combined previous Forms TSP-73 and TSP-U-73, Change in Monthly Payments, for use by retired/separated civilian and uniformed services participants as well as beneficiary participants. The revised Form TSP-73, Change in Monthly Payment Amount, is to be used only for annual changes to separated/beneficiary participants' monthly payment amounts. The change may be either (1) the dollar amount of monthly payments, or (2) from payments based on life expectancy to payments in a specific dollar amount.

The new Form TSP-78, Monthly Payments Maintenance, is now used to make immediate changes in the way separated/beneficiary participants' monthly payments are deposited, the amount of Federal tax withholding, and transfers to IRAs or eligible employer plans. The new Form TSP-79, Change From Monthly Payments to Final Payment, is to be used by separated/beneficiary participants who are receiving monthly payments and want to request a final single payment from their TSP accounts.

(continued on next page)

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 2, General Information.

All TSP forms are available for downloading from the TSP website. Forms TSP-73 with dates prior to October 2012, and all Forms TSP-U-73, are obsolete and should be destroyed (recycled) immediately. The obsolete forms will no longer be processed by the TSP.



Lane Wood
Acting Deputy Director, Education and Agency Liaison
Office of Communications and Education

Attachments: [Form TSP-73, Change In Monthly Payments](#)
[Form TSP-78, Monthly Payments Maintenance](#)
[Form TSP-79, Change From Monthly Payments to Final Payment](#)



THRIFT SAVINGS PLAN CHANGE IN MONTHLY PAYMENT AMOUNT

TSP-73

The TSP must receive this form by December 15. All changes you make here will become effective January 1 of next year.

This form is intended **only for annual changes** to your monthly payment amount — either a change in the dollar amount of monthly payments, or a change from payments based on life expectancy to payments in a specific dollar amount. If you **only** want to make changes in direct deposit, tax withholding, or transfer information for your monthly payments, use Form TSP-78, Monthly Payments Maintenance, available at www.tsp.gov or by request from the ThriftLine.

I. INFORMATION ABOUT YOU

1. Check only 1 of the boxes below (see back of form).

This request applies to my: Civilian Account Uniformed Services Account Beneficiary Participant 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)]

II. CHANGE YOUR MONTHLY PAYMENT AMOUNT

6. Change the dollar amount of my monthly payments to \$ [] [] [] [] , [] [] [] [] .00 (must be at least \$25).

Keep in mind that:

- If you are now receiving monthly payments based on your life expectancy, and you fill out Item 6 above, you will never be able to go back to receiving payments based on life expectancy; however, you will be able to change your payment amount once every year.
- If you are currently transferring your payments to an IRA or eligible employer plan, or you'd like to begin, the payment amount that you choose may change the duration of your payments and affect your ability to transfer them. (See the instructions on the back.)

III. CERTIFICATION AND NOTARIZATION — I certify that all of the information I have provided on this form is true and complete to the best of my knowledge. **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).

7. [Participant's Signature] 8. [Date Signed (mm/dd/yyyy)]

9. [Participant's Address (We will use this address only to notify you if we cannot locate your account based on the information you provided on this form.)]

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

10. The person who signed Item 7 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)]
[seal] Notary's Signature []
Notary's Printed Name Notary's Phone Number
Jurisdiction

Do Not Write Below This Line



FORM TSP-73 (10/2012)
PREVIOUS EDITIONS OBSOLETE

TSP-73, INFORMATION AND INSTRUCTIONS

This form has only one function — to change the amount of the monthly payments that you are currently receiving. You can either use the form to change the amount of your fixed dollar amount payment (the amount you chose yourself) or to change from payments based on your life expectancy to payments in a specific dollar amount.

You can **only request a change in your monthly payments once each year**. The TSP must receive your Form TSP-73 by December 15, and your change becomes effective with your first monthly payment the following January. If your form is received after the due date and can no longer be processed, it will be rejected.

If there are other changes that you would like to make to the way your monthly payments are handled, such as a change in direct deposit, tax withholding, or transfer information, submit Form TSP-78, Monthly Payments Maintenance (available at www.tsp.gov or by request from the ThriftLine). Any changes you make on Form TSP-78 are effective immediately. Form TSP-78 has no deadline; you can submit it at any time during the year and as many times as you need.

It is critical that you inform the TSP of any change in your address. The TSP sends any correspondence related to your account (as well as checks if you receive your monthly payments directly) to your address of record. You can change your address at any time by logging into the My Account section of the TSP website (www.tsp.gov). You can also use Form TSP-9, Change in Address for Separated Participant, available on the TSP website or from the TSP.

To ensure that your request is not delayed, carefully type or print the requested information **inside the boxes** using black or dark blue ink.

SECTION I. Information About You. Provide the requested information in Items 1–5. In Item 1, you must indicate the type of account for which you are requesting action. If you have more than one TSP account, and you do not check a box, your form will not be processed. **Check only one box.** If you want to change monthly payment information for more than one account, you must submit a separate form for each account.

SECTION II. Change Your Monthly Payment Amount. In Item 6, enter the monthly payment amount you want to receive in the future. Enter a whole dollar amount of \$25 or more.

If you are now receiving monthly payments calculated for you based on your life expectancy, be aware that filling out Item 6 **reverses** your election to receive payments based on life expectancy. This change is irrevocable. You will never be able to go back to receiving payments based on life expectancy; however, you will be able to change your payment amount once every year.

Also, if you have been receiving payments based on your life expectancy, you have not previously been able to transfer your monthly payments to an IRA or eligible employer plan. When you complete Item 6, your payments will become transferable if they are expected to last less than 10 years. (Payments expected to last 10 years or more are not transferable.)

If you are currently transferring all or part of your monthly payments to an IRA or eligible employer plan, **your transfers will stop** if you choose an amount that will make your payments last 10 years or more. (You can calculate the duration of your monthly payments using the TSP website's Monthly Payment Calculator.) If your transfers stop, the full amount of your monthly payments will be sent electronically to your bank if you have direct deposit information on record. Otherwise, checks will be sent to your address of record. Federal income taxes will be withheld from the taxable portion of your checks.

SECTION III. Certification and Notarization. Read the certification carefully; then sign and date the form in Items 7 and 8. 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 10. No other acknowledgement is acceptable.

Please note that the address you provide in Item 9 will not be used to change your address in your TSP account record. It will only be used to notify you if we cannot locate your account based on the information you provided on this form.

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**

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 immediately 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).

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.



THRIFT SAVINGS PLAN MONTHLY PAYMENTS MAINTENANCE

TSP-78

Use this form only to make immediate changes in the way your monthly payments are handled — direct deposit, Federal tax withholding, and transfers to IRAs or eligible employer plans.

To make payment changes: The TSP will mail you Form TSP-73 in the late fall. Your change request is due December 15.

To close your account: Use Form TSP-79, Change From Monthly Payments to Final Payment, available on the TSP website (www.tsp.gov).

Be sure to complete Pages 1 and 2 because Sections I and VI are required, in addition to the other sections you need to complete your requests. Make copies for your records.

Mail to: Thrift Savings Plan
P.O. Box 385021
Birmingham, AL 35238

Or fax to: 1-866-817-5023 (toll free)

Questions?

Call: 1-877-968-3778 (1-TSP-YOU-FRST), toll free

TDD: 1-877-847-4385 (1-TSP-THRIFT5), toll free

Outside the U.S. and Canada: 404-233-4400 (not toll free)

I. INFORMATION ABOUT YOU

1. This request applies to my: Civilian Account Uniformed Services Account Beneficiary Participant Account

2.
Last Name First Name Middle Name

3. 4. / / 5.
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)

II. START OR CHANGE DIRECT DEPOSIT OF YOUR PAYMENTS — This section is optional.

6. Send my future monthly payments electronically to:

Type of Account:

Checking

OR

Savings

Name of Financial Institution

ACH Routing Number (must be 9 digits)

Checking or Savings Account Number

III. STOP DIRECT DEPOSIT OF YOUR PAYMENTS — This section is optional. (Do not complete this section if you have completed section II.)

7. Stop direct deposit of my monthly payments to my checking or savings account.

IV. STOP TRANSFER OF MONTHLY PAYMENTS TO A FINANCIAL INSTITUTION — This section is optional.

8. Stop the transfer of the following portions of my monthly payments (check all that apply):

Traditional

Roth

Go to Pages 3 and/or 4 if you want to begin transferring your payments or change your transfer information.

Do Not Write Below This Line



TSP-78, INFORMATION AND INSTRUCTIONS FOR PAGE 1

You must complete Sections I and VI on Pages 1 and 2. All other sections of this form are optional; complete only the sections that pertain to the changes you want to make in the handling of your TSP monthly payments.

Remember to keep the TSP informed of any change in your address, since the TSP will send any correspondence related to your account to your address of record. You can change your address at any time by logging into the My Account section of the TSP website (www.tsp.gov). You can also use Form TSP-9, Change in Address for Separated Participant, available on the TSP website or from the TSP.

To ensure that your request is not delayed, carefully type or print the requested information **inside the boxes** using black or dark blue ink.

SECTION I. Information About You. Provide the requested information in Items 1–5. In Item 1, you must indicate the type of account for which you are requesting action. **Check only one box.** If you want to change monthly payment information for more than one account, you must submit a separate form for each account.

Direct Deposit Information

If you have not previously established direct deposit (electronic funds transfer, EFT) of your monthly payments, you can **begin** by providing bank account information in Section II.

If your monthly payments are currently going into your bank account by direct deposit and you want to **change** your bank account information, complete Section II.

If you want to **stop** receiving payments by direct deposit and receive checks mailed to your home, complete Section III.

Note: If you want to continue to receive payments by direct deposit and your bank account information has not changed, do not complete either section.

SECTION II. Start or Change Direct Deposit. Check the box in Item 6 either to **begin** direct deposit of your payments, or to **change** your direct deposit information. Provide all of the requested information about your account. 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 are made only to financial institutions in the United States.

Be sure your intentions are clear: If you are providing financial institution information to start or change direct deposit of your monthly payments, remember to check the box in Item 6, but **do not also check the box in Item 7.** You would be providing conflicting information that could cause your form to be rejected.

SECTION III. Stop Direct Deposit. Check the box in Item 7 if you want the TSP to **stop** sending your monthly payments via direct deposit to your checking or savings account. Do **not** provide any information in Section II. Once your form is processed, you will begin receiving your payments by check at your address of record.

Note: Only the portion of your payment that is not being transferred to an IRA or eligible employer plan can be paid by direct deposit. If the TSP determines that the direct deposit 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. Stop Transfer of Monthly Payments. Complete this section only if you have already established transfer of your monthly payments to a traditional IRA, eligible employer plan, or Roth IRA, and you want to stop the transfers.

The transfer of the traditional and Roth portions of your account balance are set up in separate transactions. Therefore, you must elect to stop transfers individually by type. Check the boxes that apply.

If you want to begin transfers, change the financial institution to which your transfers are sent, or change the percentage of your payments that is transferred, complete Page 3 and/or Page 4.

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.

Name:

(Last, First, Middle)

TSP Account Number:

V. FEDERAL TAX WITHHOLDING — This section is optional. Complete this section (instead of IRS Form W-4P) if you want to change the standard Federal tax withholding for your monthly payments. The expected duration of your payments determines the withholding options available to you. You can use the Monthly Payment Calculator on the TSP website to calculate the duration of your payments. **Note:** If the withholding you choose below is not applicable to your current payment option, we will continue to process your payment using your withholding rate on file, or the required IRS withholding rates, if applicable.

9. If your current **monthly payment amount** results in payments expected to **last 10 years or more (120 payments or more)**, the TSP must withhold taxes on each payment as if you are a married person with 3 dependents, unless you indicate a different withholding choice below. **(Note:** Payments of this type are not eligible to be transferred to an IRA or eligible employer plan.)

I want:

a. No withholding

b. Withholding based on my marital status and withholding exemptions:

Single

Married

Married, but withhold at higher single rate

Allowances (Enter the total number. If zero, enter 0.)

c. Withhold this **additional** dollar amount: \$, **.00** **(Note:** You must also complete Item 9b.)

10. If your current **monthly payment amount** results in payments expected to **last less than 10 years (less than 120 payments)**, the TSP must withhold 20% of any taxable amount not transferred to a traditional IRA, eligible employer plan, or Roth IRA. Indicate any additional dollar amount you want the TSP to withhold from each monthly payment: \$, **.00**

VI. CERTIFICATION AND NOTARIZATION — I certify that all of the information I have provided on this form is true and complete to the best of my knowledge. **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).

11.
Participant's Signature

12. / /
Date Signed (mm/dd/yyyy)

13. _____
Participant's Address (We will use this address only to notify you if we cannot locate your account based on the information you provided on this form.)

If you are submitting direct deposit or transfer information on Pages 1, 3, or 4, you must also have your signature notarized.

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

The person who signed Item 11 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 _____, _____ Year.

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

Notary's Signature

[seal]

Notary's Printed Name

{ }

Notary's Phone Number

Jurisdiction

Go on to Pages 3 and/or 4 if you want to transfer your payments or change transfer information.

Do not write in this section.

TSP-78, INFORMATION AND INSTRUCTIONS FOR PAGE 2

SECTION V. Federal Tax Withholding. Complete this section if you want to change the standard Federal tax withholding for the **taxable** portion of your monthly payments. (There is no tax withholding on any tax-exempt portions of uniformed service and beneficiary participant accounts, on Roth contributions, or on qualified Roth earnings). In order to complete this section, you will need to know whether your payments are expected to last 10 years or more, or less than 10 years. You can use the Monthly Payment Calculator on the TSP website (www.tsp.gov) to calculate the duration of your payments. **Note:** Withholding does not apply to any amounts transferred to an IRA or eligible employer plan.

If you have chosen **monthly payments that will last 10 years or more**, the TSP will withhold taxes as if you are a married person with 3 dependents. However, you have other withholding options:

- You may choose to have no withholding by checking the box in Item 9a.

OR

- You may **change your withholding marital status and allowances** by completing Item 9b. You may use the IRS Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim.

OR

- You may ask the TSP to **withhold an additional amount** by completing Item 9c. **Note:** If you request additional withholding, you **must also** check the box indicating your withholding marital status **and** the number of allowances you would like in Item 9b. You may use the IRS Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim. If you do not complete Item 9b, your withdrawal will be processed as if you are a married person with 3 dependents.

Be aware that if you elect not to have Federal income tax withheld from your payments or if you do not have a sufficient amount withheld, you may be responsible for the payment of quarterly estimated taxes. Additionally, if any withholding amount and/or payments of quarterly estimated taxes are not sufficient, you may be subject to penalties under the IRS' estimated tax rules.

For more information about estimated tax requirements and income tax penalties, refer to IRS Publication 505, *Tax Withholding and Estimated Tax*. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your TSP payments using this form. You may use IRS Publication 919, *How Do I Adjust My Tax Withholding?*, to see how the dollar amount you are having withheld compares to your projected Federal income tax for the current year.

If you have chosen **monthly payments that will last less than 10 years**, the **taxable** portion of your payments that you do not transfer directly to an IRA or plan is subject to 20% mandatory Federal income tax withholding. For those amounts, you may request additional tax withholding by providing a whole dollar amount in the boxes provided in Item 10.

For more information about the tax implications of your withdrawal, read the TSP tax notices "Important Tax Information About Payments From Your TSP Account" and "Tax Information for TSP Participants Receiving Monthly Payments."

This section is a substitute for IRS Form W-4P, Withholding Certificate for Pension and Annuity Payments. If you complete this section, you should not complete IRS Form W-4P.

If you include an IRS Form W-4P with the completed withholding section of this form, the withholding information you provide on this form will supersede the information on your submitted Form W-4P.

If you complete this section incorrectly or choose a withholding option that does not apply to your payments, and the rest of your form is completed correctly, your withdrawal will be processed using your withholding rate on file, or the required IRS withholding rates, if applicable.

SECTION VI: Certification and Notarization. Read the certification carefully; then sign and date the form in Items 11 and 12.

Please note that the address you provide in Item 13 will not be used to change your address in your TSP account record. It will only be used to notify you if we cannot locate your account based on the information you provided on this form. If you need to change your address, log into My Account on the TSP website or use Form TSP-9, Change in Address for Separated Participant, available on the TSP website or from the TSP.

Your signature must be notarized if you are providing direct deposit or transfer information on Pages 1, 3, or 4; otherwise, your request will not be processed.

If you are only using the form to change your tax withholding, you do not need to have your signature notarized.

Because the form will be filed with a Federal agency in Washington, D.C., the notary must complete the notarization in Item 14. No other acknowledgement is acceptable.

After you complete the form, 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].

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 part of the **traditional (non-Roth) portion of your payments** to a traditional IRA, an 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. Only monthly payments that will last less than 10 years are eligible to be transferred. **Note:** If you choose to transfer any part of the traditional portion of your payments to a Roth IRA, you will have to pay tax on that portion when you file your tax return for the year.

VII. YOUR TRANSFER ELECTION FOR TRADITIONAL BALANCE — After you complete Item 15, take or send this page (including the instructions on the back) to your financial institution if you are submitting new IRA or plan information. Your IRA trustee or plan administrator must complete Section VIII. **You** must submit the completed package in order for your transfer to be processed. If you are only changing your transfer percentage, but your IRA or plan information remains the same, leave Section VIII blank.

15. Transfer .0% of the **traditional (non-Roth)** portion of my payments to the IRA or plan identified in Section VIII, or to my current IRA or plan.

VIII. 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, an 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.**

16. **Type of Account:** Traditional IRA Eligible Employer Plan Roth IRA

17.

IRA/Plan Account Number or Other Customer ID

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

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

Make check payable to

If needed, use these boxes to supplement "check payable to" information above.

Street Address

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.

20.

Typed or Printed Name of Certifying Representative (Last, First, Middle)

()

Daytime Phone (Area Code and Number)

21.

Signature of Certifying Representative

22. / /

Date Signed (mm/dd/yyyy)

General Information for Pages 3 and 4

You may elect to transfer all or part of your monthly payments to a traditional IRA, an eligible employer plan, or a Roth IRA. The type of plan to which you can transfer your payments depends on whether your payments consist of traditional (non-Roth) portions, Roth portions, or both. **Note:** Only payments that are expected to last less than 10 years (less than 120 payments) are eligible to be transferred.

If you would like to transfer all or any part of the **traditional (non-Roth)** portion of your payments 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 payments to a Roth IRA or a Roth account maintained by an eligible employer plan, complete Page 4.

If your monthly payments consist of **both** traditional and Roth portions, and you would like to transfer all or any part of both portions of your payments, you must complete and submit Pages 3 **and** 4, even if both transfers are going to the same financial institution.

SECTION VII. You may transfer all or any part of the **traditional (non-Roth)** portion of your payments to a traditional IRA, eligible employer plan, or Roth IRA. Enter a percentage between 1 and 100% in Item 15. Do not enter decimals or a percentage over 100%. If you decide to transfer the traditional portion of your payments 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.

The taxable portion of 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 V.) Read the TSP tax notices "Important Tax Information About Payments From Your TSP Account" and "Tax Information for TSP Participants Receiving Monthly Payments."

SECTION VIII. If you choose to transfer all or any part of the traditional portion of your payments 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 (unless you are currently transferring traditional money and your financial institution information has not changed).**

Do not submit the 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 VIII 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 16. In Item 17, 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. Some accounts have tax-exempt balances from pay subject to the combat zone tax exclusion. Check the box in Item 18 if tax-exempt balances are accepted into the account identified in Item 17. If the participant's traditional (non-Roth) balance includes tax-exempt contributions, the taxable portion of the monthly payments from the traditional balance will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of the payments does not satisfy the participant's transfer election **and** the plan or IRA accepts tax-exempt money. If the plan or IRA does not accept tax-exempt money, 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 in Item 19 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 20–22. 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 part of the **Roth portion of your payments** 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. Withdrawals of Roth contributions are tax-free. The earnings associated with these contributions are also tax-free, but 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.]

IX. YOUR TRANSFER ELECTION FOR ROTH BALANCE — After you complete Item 23, take or send this page (including the instructions on the back) to your financial institution if you are submitting new IRA or plan information. Your IRA trustee or plan administrator must complete Section X. **You** must submit the completed package in order for your transfer to be processed. If you are only changing your transfer percentage, but your IRA or plan information remains the same, leave Section X blank.

23. Transfer .0% of the **Roth** portion of my payments to the IRA or plan identified in Section X, or to my current IRA or plan.

X. 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.**

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

25.
IRA/Plan Account Number or Other Customer ID

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

Make check payable to

If needed, use these boxes to supplement "check payable to" information above.

Street Address

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.

27. ()
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

28.
Signature of Certifying Representative

29. / /
Date Signed (mm/dd/yyyy)

General Information for Pages 3 and 4

You may elect to transfer all or part of your monthly payments to a traditional IRA, an eligible employer plan, or a Roth IRA. The type of plan to which you can transfer your payments depends on whether your payments consist of traditional (non-Roth) portions, Roth portions, or both. **Note:** Only payments that are expected to last less than 10 years (less than 120 payments) are eligible to be transferred.

If you would like to transfer all or any part of the **traditional (non-Roth)** portion of your payments 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 payments to a Roth IRA or a Roth account maintained by an eligible employer plan, complete Page 4.

If your monthly payments consist of **both** traditional and Roth portions, and you would like to transfer all or any part of both portions of your payments, you must complete and submit Pages 3 **and** 4, even if both transfers are going to the same financial institution.

SECTION IX. You may transfer all or any part of the **Roth** portion of your payments to a Roth IRA or a Roth account maintained by an eligible employer plan. Enter a percentage between 1 and 100% in Item 23. 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 have been 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 notices "Important Tax Information About Payments From Your TSP Account" and "Tax Information for TSP Participants Receiving Monthly Payments."

SECTION X. If you choose to transfer all or any part of the Roth portion of your payments to a Roth IRA or 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 (unless you are currently transferring Roth money and your financial institution information has not changed).**

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 X 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 24. In Item 25, 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 in Item 26 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 27–29. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.



Thrift Savings Plan

TSP-79

**Change From Monthly
Payments to Final Payment**

October 2012



THRIFT SAVINGS PLAN

TSP-79

CHANGE FROM MONTHLY PAYMENTS TO FINAL PAYMENT

I. INFORMATION ABOUT YOU

1. This request applies to my: Civilian Account Uniformed Services Account Beneficiary Participant 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. DIRECT DEPOSIT INFORMATION — If you want all or a portion of your payment sent electronically to your bank account, you **must** complete this section.

11. Send my payment to: 12. Name of Financial Institution:

Checking
 Savings

13. ACH Routing Number (Must be 9 digits): 14. Checking or Savings Account Number:

III. ADDITIONAL TAX WITHHOLDING — This section is optional. Please be aware that any previous withholding request for your monthly payments will **not** be applied to your final payment.

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

IV. CERTIFICATION AND NOTARIZATION — I certify that the information I have provided on all pages of this form is true and complete to the best of my knowledge. **Warning:** Any intentional false statement in this request 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).

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

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

The person who signed Item 16 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 _____, _____ Year.

My commission expires: _____ Date (mm/dd/yyyy) _____ Notary's Signature _____

[seal] _____ Notary's Printed Name _____ Notary's Phone Number _____

_____ Jurisdiction _____

Do Not Write Below This Line



FORM TSP-79, Page 1 (10/2012)

* P I I S O O 2 3 4 3 0 1 2 0 0 0 0 0 0 0 P I I S *

TSP-79, INFORMATION AND INSTRUCTIONS FOR PAGE 1

Use this form if you are receiving monthly payments and you want to request a final single payment from your TSP account. **This transaction will close your TSP account.** You may also request additional tax withholding on your final payment. If you want to transfer any portion of your final payment to an IRA or eligible employer plan, be sure to complete one or both of the transfer sections on pages 2 and 3. If you want your final single payment to be sent electronically to your bank, you **must** complete Section II.

To ensure that your request is not delayed, carefully type or print the requested information **inside the boxes** using black or dark blue ink.

SECTION I. Information About You. Provide the requested information in Items 1–10. In Item 1, you **must** indicate the type of account from which you are requesting a final single payment. **Check only one box.** If you have more than one account, you must submit separate forms for each account.

The address you provide on this form will be used to update the address in your TSP account record. The TSP will use the address you provide to send you important information regarding your transaction, including a check if you have not chosen direct deposit or a transfer of your final payment.

If you have a foreign address, check the box in Item 6 and enter the foreign address as follows in Items 7–10:

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 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.

SECTION II. Direct Deposit Information. Complete this section if you want the TSP to send all or any part of your final payment directly to your checking or savings account by means of an electronic funds transfer (EFT). The TSP will not retain your current bank information for this final payment request. If you do not fill out Section II, you will receive a check in the mail for any portion of your payment not being transferred to an IRA or eligible employer plan. The check will be mailed to your address on record, unless you provide a different address in Section I.

Provide all of the requested information. 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 are made only to financial institutions in the United States. If any of the information you provide in Section II is invalid, your form will be rejected.

SECTION III. Additional Tax Withholding. There is mandatory 20% Federal income tax withholding on the **taxable** portion of a payment that is 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 15. (There is no withholding, however, on any tax-exempt portions of uniformed service and beneficiary participant accounts, on Roth contributions, or on qualified Roth earnings.) **Note:** Any previous withholding election for your monthly payments will not apply to your final payment.

For more information, read the TSP tax notices “Tax Information for TSP Participants Receiving Monthly Payments” and “Important Tax Information About Payments From Your TSP Account.”

Note about IRS Form W-4P: Section III is a substitute for IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments. If you submit Form W-4P with this form, the information you provide in Section III will supersede the information on Form W-4P.

SECTION IV. Certification and Notarization. Read the certification carefully; then sign and date the form in Items 16 and 17. Your signature must be notarized; otherwise, your request will not be processed. Because the form will be filed with a Federal agency in Washington, D.C., the notary must complete the notarization in Item 18. No other acknowledgement is acceptable.

Name:

[Name input box]

(Last, First, Middle)

TSP Account Number:

[TSP Account Number input boxes]

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 part of the traditional (non-Roth) portion of your final payment to a traditional IRA, eligible employer plan, or a Roth IRA. Your traditional TSP balance consists of traditional (tax-deferred) 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.

V. YOUR TRANSFER ELECTION FOR TRADITIONAL BALANCE — After you complete Item 19, take or send this page (including the instructions on the back) to your financial institution. Your IRA trustee or plan administrator must complete Section VI. You must submit the completed package in order for your transfer to be processed.

19. Transfer [] [] [] [] .0% of the traditional (non-Roth) portion of my payments to the IRA or plan identified in Section VI.

VI. 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.

20. Type of Account: [] Traditional IRA [] Eligible Employer Plan [] Roth IRA

21. [IRA/Plan Account Number or Other Customer ID input boxes]

IRA/Plan Account Number or Other Customer ID

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

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

[Make check payable to input boxes]

Make check payable to

[If needed, use these boxes to supplement "check payable to" information above. input boxes]

If needed, use these boxes to supplement "check payable to" information above.

[Street Address input boxes]

Street Address

[City, State, Zip Code input boxes]

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.

24. [Typed or Printed Name of Certifying Representative] () Daytime Phone (Area Code and Number)

Typed or Printed Name of Certifying Representative (Last, First, Middle)

Daytime Phone (Area Code and Number)

25. [Signature of Certifying Representative]

Signature of Certifying Representative

26. [Date Signed (mm/dd/yyyy)]

Date Signed (mm/dd/yyyy)

General Information for Pages 2 and 3

You may elect to transfer all or part of your final payment to a traditional IRA, an eligible employer plan, or a Roth IRA. The type of plan to which you can transfer your payment depends on whether your payment 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 payment** to an IRA or eligible employer plan, complete Page 2.

If you would like to transfer all or any part of the **Roth portion of your payment** to a Roth IRA or Roth account maintained by an eligible employer plan, complete Page 3.

If you have **both** a traditional and a Roth balance and you would like to transfer all or any part of both portions of your final payment, you must complete and submit Pages 2 **and** 3, even if both transfers are going to the same financial institution.

SECTION V. You may transfer all or any part of the **traditional (non-Roth)** portion of your final payment to a traditional IRA, eligible employer plan, or Roth IRA. You **must** enter a percentage between 1 and 100% in Item 19. 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.

If your payment is not transferred directly to a traditional IRA, eligible employer plan, or Roth IRA, it will be subject to **mandatory 20% Federal income tax withholding**. (See Section III.) Read the TSP tax notices "Important Tax Information About Payments From Your TSP Account" and "Tax Information for TSP Participants Receiving Monthly Payments."

SECTION VI. If you choose to transfer all or any part of your final payment that contains your **traditional balance** 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 2 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 VI 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 20, and in Item 21 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 22 if tax-exempt balances are accepted into the account identified in Item 21. If the participant's traditional (non-Roth) balance includes tax-exempt contributions, the taxable portion of the final payment from the traditional balance will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of the payment 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 final payment will be paid directly to the participant.

Name and Mailing Address. Provide the name and mailing address information in the boxes provided in Item 23 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 24–26. 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 payment** 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 tax-free. The earnings associated with these contributions are also tax-free, but 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.)

VII. YOUR TRANSFER ELECTION FOR ROTH BALANCE — After you complete Item 27, take or send this page (including the instructions on the back) to your financial institution. Your IRA trustee or plan administrator must complete Section VIII. **You** must submit the completed package in order for your transfer to be processed.

27. Transfer .0% of the **Roth** portion of my payments to the IRA or plan identified in Section VIII.

VIII. 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.**

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

29.
IRA/Plan Account Number or Other Customer ID

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

Make check payable to

If needed, use these boxes to supplement "check payable to" information above.

Street Address

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.

31. ()
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

32.
Signature of Certifying Representative

33. / /
Date Signed (mm/dd/yyyy)

General Information for Pages 2 and 3

You may elect to transfer all or part of your final payment to a traditional IRA, an eligible employer plan, or a Roth IRA. The type of plan to which you can transfer your payment depends on whether your payment 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 payment** to an IRA or eligible employer plan, complete Page 2.

If you would like to transfer all or any part of the **Roth portion of your payment** to a Roth IRA or Roth account maintained by an eligible employer plan, complete Page 3.

If you have **both** a traditional and a Roth balance and you would like to transfer all or any part of both portions of your final payment, you must complete and submit Pages 2 **and** 3, even if both transfers are going to the same financial institution.

SECTION VII. You may transfer all or any part of the Roth portion of your final payment to a Roth IRA or to a Roth account maintained by an eligible employer plan. Enter a percentage between 1 and 100% in Item 27. 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 notices "Important Tax Information About Payments From Your TSP Account" and "Tax Information for TSP Participants Receiving Monthly Payments."

SECTION VIII. If you choose to transfer all or any part of your final payment that contains your **Roth balance** to a Roth IRA or 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 3 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 VIII 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 28, and in Item 29 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 in Item 30 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 31–33. 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.