



THRIFT SAVINGS PLAN AUTOMATIC ENROLLMENT REFUND REQUEST

TSP-25

Complete this form to request a refund of the contributions to your TSP account (plus earnings or minus losses) that were deducted from your pay due to automatic enrollment. The TSP must receive this form no later than 90 days from the date of your first contribution. (Submit Form TSP-1 to your agency to **stop** your automatic contributions.)

I. INFORMATION ABOUT YOU

1.
Last Name First Name Middle Name

2. 3. / / 4. _____
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)

5. Foreign address? Check here. 6.
Street Address or Box Number (For a foreign address, see instructions on back.)

Street Address Line 2

7. 8. 9. -
City State Zip Code

II. TAX WITHHOLDING — This section is optional.

The IRS requires the TSP to withhold 10% of your refund for Federal income tax. You can waive withholding by checking the box at the end of the first statement below **or** request additional withholding by providing the additional amount after the second statement.

10. • Do not withhold Federal income tax on my refund. **OR**
• Withhold this **additional** amount for Federal income tax: \$, .00

III. DIRECT DEPOSIT INFORMATION — Complete this section **only** if you want direct deposit to your checking or savings account.

11. Type of Account: Checking Savings
12.
Name of Financial Institution

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

IV. CERTIFICATION AND NOTARIZATION — I certify that the information I have provided in this refund request 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).

15.
Participant's Signature

16. / /
Date Signed (mm/dd/yyyy)

17. **Notary: Please complete the following. No other acknowledgement is acceptable (see instructions).**
The person who signed Item 15 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-25 (9/2015)
PREVIOUS EDITIONS OBSOLETE

TSP-25, GENERAL INFORMATION AND INSTRUCTIONS

Federal employees who have been automatically enrolled in the TSP contribute 3% of basic pay each pay period on a tax-deferred basis. You may use this form to request a refund of automatic enrollment contributions. Your request must be made within 90 days of your first automatic enrollment contribution. To determine your refund deadline date, you may contact the TSP at 1-877-968-3778 and choose option 3 to speak to a Participant Service Representative.

The TSP will only refund your **employee** contributions (plus earnings or minus losses) associated with the automatic enrollment period. If you make a contribution election to change your automatic contributions in any way, you are no longer in the "automatic enrollment period," and you can therefore not request a refund of contributions you made after the change. For example, if you make an election to designate any portion of your contributions as Roth (after-tax) contributions, you would only be able to request a refund of automatic contributions made up to the day before that change.

Important Note: If you are a FERS employee, when the refund is paid, Agency Matching Contributions (including any earnings) associated with the refunded contributions will be forfeited to the TSP. Agency Automatic (1%) Contributions will remain in your TSP account.

Rehired Participants. Under the Internal Revenue Service (IRS) rules for rehires, the refund deadline established during your first automatic enrollment period remains in effect unless one full calendar year (January through December) has passed since your last automatic enrollment contribution. To determine your refund deadline date, you may contact the TSP at 1-877-968-3778 and choose option 3 to speak to a Participant Service Representative. If you have passed the 90-day refund period, you are no longer eligible for a refund. If you are within the 90-day refund period, you can use this form to request a refund, but only of the automatic employee contributions from your latest period of employment.

Separated Participants. If you separate from service within the first 90 days of becoming automatically enrolled, and your balance is \$200 or more, you can request a refund of your automatic enrollment contributions or a withdrawal from your account:

CSRS Participants. Use this form to request your refund. You'll receive your own contributions (plus earnings or minus losses), there will be 10% withholding for Federal income tax, and you'll pay no tax penalty.

FERS Participants. You can use Form TSP-70, Request for Full Withdrawal, instead of this form to obtain your refund. You'll receive your own contributions (plus earnings or minus losses) and all Agency Matching Contributions (plus earnings or minus losses). There will be 20% tax withholding, and you may be subject to the 10% IRS early withdrawal tax penalty. You will forfeit your Agency Automatic (1%) Contributions, unless you were "vested" (entitled to keep them).

Before completing your refund request, you should read the booklet *Summary of the Thrift Savings Plan* and the TSP tax notice "Important Tax Information About Payments From Your TSP Account." You can download these materials from the TSP website (tsp.gov) or ask your agency for a copy.

Section I. Complete Items 1-9. If you are currently employed, the TSP will mail your refund to the address on file in your TSP account (unless you request direct deposit). To update your mailing address, contact your employing agency. If you are separated from Federal service, the address provided on this form will be used to update your TSP account and pay the refund to you.

If you have a foreign address, check the box in Item 5 and enter the foreign address as follows in Items 6 - 7:

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 should 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. This section is optional. You have two options. You may:

1. request a waiver of the automatic 10% withholding for Federal income tax by checking the box after the first statement in Item 10; **or**
2. request additional withholding for Federal income tax by filling in the amount you want withheld in the boxes provided after the second statement in Item 10.

The refund paid is considered ordinary income earned in the year it is paid to you. It is not subject to the IRS 10% early withdrawal penalty tax. Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.

Section III. Complete this section only if you want the TSP to send your refund 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. Direct deposits will be made only to financial institutions in the United States.

Section IV. Read the certification carefully and sign and date the form. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge. Your signature (Item 15) must also be notarized (Item 17); 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 17. 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).