



# 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](http://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](http://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.**

## 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](http://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](http://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](http://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.



### 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.