



Thrift Savings Plan

TSP-79

**Change From Monthly
Payments to Final Payment**

October 2012



THRIFT SAVINGS PLAN

CHANGE FROM MONTHLY PAYMENTS TO FINAL PAYMENT

TSP-79

I. INFORMATION ABOUT YOU

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

2.

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 Last Name First Name Middle Name

3.

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

6. Foreign address? Check here. **7.**

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

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 Street Address Line 2

8.

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9.

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 State **10.**

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 Zip Code
 City

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.**

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 Name of Financial Institution
 Checking
 Savings

13.

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 ACH Routing Number (Must be 9 digits) **14.**

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 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: \$

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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.

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 Participant's Signature **17.**

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 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



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.

MAILING INSTRUCTIONS. Make a copy of this completed form for your records.

Mail 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).

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 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

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

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.

24.

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

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Daytime Phone (Area Code and Number)

25.

Signature of Certifying Representative

26. / /

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.