



THRIFT SAVINGS PLAN

REQUEST TO CALCULATE BREAKAGE

TSP-5-B

As a result of the Smart Savings Act of 2014, Thrift Savings Plan (TSP) contributions from newly enrolled civilian employees and new beneficiary participants are invested in the age-appropriate Lifecycle (L) Fund until the participant makes another investment election. The TSP must rely on the participant's date of birth in order to accurately determine the age-appropriate L Fund. (See TSP Bulletin 15-2.)

Use this form to request that the TSP calculate breakage for a participant whose contributions were invested in the wrong L Fund due to the employing agency's submitting an incorrect date of birth. The TSP will charge the employing agency for positive breakage caused by such errors.

Note: The participant is entitled to breakage if the date of birth error is identified within 30 days of the TSP's welcome letter to the participant. The employing agency may use its sound discretion in deciding whether to pay breakage after that time, but in any event must act promptly in doing so.

Fax the form to: **Thrift Savings Plan**
Agency Technical Support
 FAX: (703) 788-2936

I. PARTICIPANT INFORMATION

1. Name _____
Last First Middle
2. Social Security Number _____ - _____ - _____

II. AGENCY IDENTIFYING DATA

3. _____
Name of Agency
4. _____
Payroll Office Number
5. _____
Agency Contact Person
6. (_____) _____ - _____
Telephone (Area Code and Number)
7. _____
Agency Contact Email Address
8. (_____) _____ - _____
Agency Contact Fax Number

III. DATE OF BIRTH

Please provide the participant's date of birth information below. Correcting the date of birth **will not change** the original default investment fund. Participants should change their investment elections to the TSP fund(s) of their choice.

9. Correct Date of Birth _____
mm / dd / yyyy

IV. CERTIFICATION

I hereby request that the TSP calculate breakage and apply it to the TSP account of the participant identified on this form. I certify that the information provided in Section III is correct. **Note:** A copy of this form showing the amount of breakage will be returned to the employing agency.

10. _____
Typed or Printed Name of Authorized Certifying Official
11. (_____) _____ - _____
Telephone (Area Code and Number)
12. _____
Signature of Authorized Certifying Official
13. _____
Date Signed

V. BREAKAGE

(For TSP use only)

The amount of breakage calculated for the participant and charged to the employing agency is below.

14. Amount of Breakage \$ _____