



# THRIFT SAVINGS PLAN

## REQUEST TO CALCULATE BREAKAGE

# TSP-U-5-B

As a result of the National Defense Authorization Act of 2016, Thrift Savings Plan (TSP) contributions from newly enrolled uniformed service members 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 service's submitting an incorrect date of birth. The TSP will charge the employing service 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 service 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. SERVICE IDENTIFYING DATA

3. \_\_\_\_\_  
Name of Service
4. \_\_\_\_\_  
Payroll Office Number
5. \_\_\_\_\_  
Service Contact Person
6. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone (Area Code and Number)
7. \_\_\_\_\_  
Service Contact Email Address
8. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Service 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 service.

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 \$ \_\_\_\_\_