



THRIFT SAVINGS PLAN AGE-BASED IN-SERVICE WITHDRAWAL REQUEST

TSP-75

Participants who are age **59½ or older and are still employed** by the Federal Government can use this form to request a withdrawal of \$1,000 or more from their TSP accounts. You can make **only one** age-based in-service withdrawal. Also, if you make an age-based in-service withdrawal, you will not be able to make a partial withdrawal after you leave Federal service. **Read the information and instructions for completing this form.** They will help you understand the rules for making an age-based withdrawal.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. Social Security Number _____ - _____ - _____ 3. (_____) _____ - _____
Daytime Phone (Area Code and Number)
4. Address _____
Street address or box number
5. City _____ 6. _____ 7. _____
State/Country Zip Code
8. Are you married, even if separated from your spouse? Yes (Go on to Item 9.) No (Skip to Section IV.)
9. Spouse's Social Security Number _____ - _____ - _____
10. Spouse's Name _____
Last First Middle

II. FOR MARRIED CSRS PARTICIPANTS ONLY

11. Is your spouse's address the same as above? Yes (Skip to Section IV.) No (Complete Items 12 – 16.)
12. Spouse's Address _____
13. City _____ 14. _____ 15. _____
State/Country Zip Code
16. Check here if you do not know your spouse's address.

III. FOR MARRIED FERS PARTICIPANTS ONLY

Your spouse must consent to an in-service withdrawal from your TSP account by completing Items 17 and 18. Your spouse's signature must be notarized.

17. **Spouse:** By signing below, I give my consent to this in-service withdrawal from my spouse's Thrift Savings Plan account. I understand that any amounts disbursed from the account will not be available for the purchase of a joint and survivor annuity when any remaining balance is disbursed after my spouse separates from service.

Spouse's Signature

18. _____
Date Signed

19. **Notary:** On this _____ day of _____, _____, the person who signed Item 17, who is known to or was identified by me, personally appeared and acknowledged to me that he or she signed this form. In witness thereof, I have signed below on this date.

[seal]

My commission expires: _____
Notary Public's Signature

Jurisdiction

20. **Participant:** Check here if you cannot obtain your spouse's signature.

IV. WITHDRAWAL REQUEST

Enter in Item 21 a whole dollar amount of \$1,000 or more, **or** check the box to withdraw your entire vested balance. Complete Item 22 if you want to transfer all or any portion of your withdrawal to a traditional IRA or eligible employer plan. Use a **whole** number to indicate the percentage you want transferred. If you do not want to transfer any portion of your withdrawal, skip to Section VII, and sign and date Section VIII.

21. I wish to withdraw \$ _____ .00 **OR** Entire vested account balance
22. Transfer _____ .0% of the amount in Item 21 to a traditional IRA or eligible employer plan. (Go on to Section V.)



GENERAL INFORMATION AND INSTRUCTIONS

Use this form to request a one-time only age-based in-service withdrawal of all or a portion of your vested account balance. You must be a TSP participant age 59½ or older and currently employed by the Federal Government to request an age-based withdrawal.

Before completing this form, read the booklet *TSP In-Service Withdrawals* and the tax notice "Important Tax Information About Payments From Your TSP Account." If you do not have these materials, download them from the TSP Web site (www.tsp.gov), or obtain copies from your agency or the TSP Service Office.

Note: You should **not** complete this form if you have previously made an age-based in-service withdrawal. Only one age-based in-service withdrawal is allowed.

There are two ways to request an age-based in-service withdrawal:

1. Complete this form and mail it to the TSP Service Office.
Note: If the TSP receives information from your agency indicating that you separated from Federal service before your in-service withdrawal request is completed, your request for an in-service withdrawal will be cancelled; you will then be eligible for a post-employment withdrawal.
or
2. Use the TSP Web site to begin (and, in some cases, complete) your in-service withdrawal request. If your request cannot be completed on the Web because additional signatures, information, or documentation is needed, you may print out a partially completed form at the end of your online session. Review the form, complete any missing information, and provide any required signatures and documentation. **Do not change or cross out** any of the preprinted information resulting from your entries on the Web; the form may not be accepted for processing if you do.

After completing your age-based in-service withdrawal request form, make a copy for your records. Mail the original to:

**TSP Service Office
P.O. Box 385021
Birmingham, AL 35238**

Or fax the completed form to our toll-free fax number:
1-866-817-5023

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).

SECTION I. Complete Items 1 – 8. **The address you provide on this form will not be used to update the address in your TSP account record.** If the address in your TSP account record is not correct, contact your agency employing office immediately — only your agency can change your TSP address while you are still employed by the Federal Government. If you are not certain what address is shown for your TSP account record, you can check your address on the TSP Web site. You will need your Social Security number and your 4-digit TSP Personal Identification Number (PIN) to access your account information.

If you are married (even if separated from your spouse), provide your spouse's Social Security number and name in Items 9 and 10. By law, spouses' rights apply to all age-based in-service withdrawals from your TSP account, as follows:

Spouses' Rights for Age-Based In-Service Withdrawals

Classification	Requirement	Exceptions
FERS	Spouse must provide notarized consent to the age-based in-service withdrawal.	Whereabouts unknown or exceptional circumstances
CSRS	Spouse must be notified of the request for an age-based in-service withdrawal.	Whereabouts unknown

SECTION II. If you are a **married CSRS participant**, you must also complete the information about your spouse's address so that he or she can be notified of your withdrawal. If you do not know your spouse's whereabouts, check Item 16 and submit Form TSP-16, Exception to Spousal Requirements, and the required documentation with this form.

SECTION III. If you are a **married FERS participant**, complete this section. Your spouse must consent to an age-based in-service withdrawal from your TSP account by signing and dating Items 17 and 18. Your spouse's signature must be notarized (Item 19).

After you separate from Federal service and are ready to withdraw the remainder of your account, your spouse has the right to a joint and survivor annuity with a 50% survivor benefit, level payments, and no cash refund, unless your spouse waives his or her right to that annuity. In consenting to the in-service withdrawal, your spouse acknowledges that any amount disbursed now will not be available later for the purchase of such an annuity.

If you cannot obtain your spouse's signature because his or her whereabouts are unknown or you believe exceptional circumstances apply, check the box in Item 20 and submit Form TSP-16, Exception to Spousal Requirements, and the required documentation with this form.

SECTION IV. You may withdraw a specified amount of \$1,000 or more, or your entire vested account balance. Use a whole dollar amount only. If you request a specific dollar amount and it is more than your vested account balance, you will receive your entire vested account as long as it is at least \$1,000. If your vested account balance is less than \$1,000, you must request your entire vested account.

Transfer Option. You may elect to transfer all or a portion of your age-based in-service withdrawal payment to a traditional IRA or an eligible employer plan. Payments that are not transferred directly to an IRA or plan are subject to **mandatory 20% Federal income tax withholding**. Read the tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules affecting payments from your TSP account.

Name:

Social Security Number:

V. INFORMATION FOR YOUR TRANSFER

If you want to transfer all or a portion of your aged-based withdrawal directly to a traditional IRA or eligible employer plan, complete this section, then take or send this page to your IRA or plan. Your IRA trustee or plan administrator must complete Section VI and return this page to you.

23. Name Last First Middle
24. Social Security No.
25. Daytime Phone (Area Code and Number)
26. Address Street address or box number
27. City
28. State/Country
29. Zip Code

VI. INFORMATION FROM THE IRA OR ELIGIBLE EMPLOYER PLAN

To be completed by IRA trustee or plan administrator

Complete this section and return this form to the participant identified in Section V. The IRA trustee or plan administrator must ensure that the account described here is a "traditional IRA" or "eligible employer plan" as defined by the Internal Revenue Service.

Do not submit transfer forms of financial institutions or plans.

30. Type of Account Traditional IRA Eligible Employer Plan
31. Account Number
32. Plan Name Only if eligible employer plan
33. Make check payable to IRA Trustee or Plan Administrator (Limit response to 30 characters.)
34. Mail to Name of institution or person, if different from Item 33
35. Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Section V. 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 in the traditional IRA or eligible employer plan identified above.

36. Typed or Printed Name of Certifying Representative
37. Phone (Area Code and Number)
38. Signature of Certifying Representative
39. Date Signed

VII. REQUEST FOR DIRECT DEPOSIT

Complete this section if you want the portion of your in-service withdrawal that is not being transferred to be paid by direct deposit to a checking or savings account at a financial institution.

40. Name of Financial Institution
41. Routing Number (Must be 9 digits.)
42. Type of Account Checking Savings
43. Account Number

VIII. CERTIFICATION

I certify that the information I have provided in 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 of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

44. Participant's Signature
45. Date Signed



GENERAL INFORMATION AND INSTRUCTIONS

SECTION V. If you elected to transfer all or any portion of your age-based in-service withdrawal by completing Item 22, you must also complete this section. Your IRA or plan can use this information to identify you when completing Section VI.

SECTION VI. If you elected to transfer your in-service withdrawal to a traditional IRA or an eligible employer plan, **your IRA trustee or plan administrator must complete this section before you submit this form to the TSP.** (A traditional IRA and an eligible employer plan are described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account.")

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. **Note:** The TSP will report all payments and transfers to the IRS on Form 1099-R. If the transfer is to a traditional IRA, the institution accepting the transfer should submit Form 5498, IRA Contribution Information, to the IRS.

Type of Account and Account Number. Indicate whether the transfer is to a traditional IRA or an eligible employer plan in Item 30, and in Item 31 enter the account number, if available, of the IRA or plan to which the money is to be transferred. If the transfer is to an eligible employer plan, you must provide the plan name in Item 32.

Make check payable to. Provide the exact name of the IRA trustee or plan administrator (Item 33) as it should appear on the check. The check will be made payable to the party you provide on this line.

Mail to. If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 34 and 35) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 36 – 39. If the financial institution or plan needs to be contacted for more information, the individual named here will be used as the contact person.

SECTION VII. Complete this section only if you want the TSP to send any portion of your in-service withdrawal 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 Routing Number, contact your financial institution for this information.

Note: Only the portion of your withdrawal that is **not being transferred** to a traditional IRA or an eligible employer plan can be paid by EFT. EFTs will be made only to a financial institution in the United States (i.e., the 50 States and the District of Columbia). EFT is a safer method of payment than mailing a check to you.

SECTION VIII. Read the certification; then sign and date it. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your request for an age-based in-service withdrawal. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, 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 also disclose relevant portions of the information to appropriate parties engaged in litigation. 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 withdrawal request.