



THRIFT SAVINGS PLAN ELECTION FORM

TSP-U-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP.** That office should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. _____
Name (Last) (First) (Middle)

2. _____
Mailing Address (may be APO or FPO) City State Zip Code

3. _____ - _____ - _____
Social Security Number

4. (_____) _____ - _____
Daytime Phone (Area Code and Number)

5. ____/____/____
Date of Birth (mm/dd/yyyy)

6. _____
Office Identification (Service and Organization)

II. START OR CHANGE YOUR CONTRIBUTIONS

(Use whole percent-
ages only.)

To start or change the amount of your contributions, enter in Item 7 the percentage of your basic pay per pay period that you want to contribute.

7. _____ .0% **Basic Pay**

8. _____ .0% **Incentive Pay**

9. _____ .0% **Special Pay (except bonus pay)**

10. _____ .0% **Bonus Pay**

If you contribute from basic pay, you may also elect to contribute from incentive pay and special pay, including bonus pay, by completing Items 8–10. If you elect to contribute from any of these types of pay, your election will take effect whenever you become entitled to this pay.

III. STOP YOUR CONTRIBUTIONS

To stop all contributions to the TSP, check Item 11 and complete Section IV. If you want to stop only your contributions from incentive pay, special pay (except bonus pay), or bonus pay, check Items 12, 13, or 14, as appropriate, and complete Section IV. Your contributions will stop no later than the first full pay period after your service receives this form.

11. Stop my contributions from **basic pay**. I understand that checking this box will also cause my contributions from all other types of pay to stop.
12. Stop my contributions from **incentive pay**.
13. Stop my contributions from **special pay (except bonus pay)**.
14. Stop my contributions from **bonus pay**.

IV. SIGNATURE

15. _____
Service Member's Signature

16. ____/____/____
Date Signed (mm/dd/yyyy)

V. FOR SERVICE USE ONLY

17. _____
Payroll Office Number

18. ____/____/____
Receipt Date (mm/dd/yyyy)

19. ____/____/____
Effective Date (mm/dd/yyyy)

20. _____
Signature of Service Official

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 this form. 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.



ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the member and to the Payroll/Finance Office.

Form TSP-U-1 (4/2008)
PREVIOUS EDITIONS OBSOLETE

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

You may start, stop, or change your contributions at any time. Your TSP election will stay in effect until you submit another election or until you separate from the uniformed services. Consequently, if you elect to contribute from bonus pay, your election will cover future installments or any other bonus pay to which you become entitled until you specify otherwise. (This form only applies to regular contributions. If you are age 50 or older and want to make catch-up contributions, use Form TSP-U-1-C, Catch-Up Contribution Election.)

Basic pay for active duty is defined in 37 U.S.C. section 204; pay for the Ready Reserve (e.g., inactive duty for training (IDT) pay) is defined in 37 U.S.C. section 206. **Incentive pay** (e.g., flight pay, submarine pay, hazardous duty pay), **special pay** (e.g., medical and dental officer pay, hardship duty pay, career sea pay), and **bonus pay** (e.g., enlistment and reenlistment bonuses), are defined in 37 U.S.C. chapter 5. (Although bonus pay is a form of special pay, it is treated separately from special pay for TSP purposes.)

Important note for new TSP participants: All contributions to your account will be invested in the Government Securities Investment (G) Fund until you direct the TSP to allocate your contributions differently. The TSP publication *Summary of the Thrift Savings Plan* describes all of your investment choices and discusses their risks and advantages. For more information, you can also obtain a copy of the TSP Fund Information sheets. (The most current versions of TSP forms and publications are available on the TSP Web site at www.tsp.gov.)

To choose your investment fund(s), use the TSP Web site (www.tsp.gov), the ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778; outside the U.S. and Canada, call 404-233-4400), or Form TSP-U-50, Investment Allocation. If you use the ThriftLine, you will need your TSP account number and your 4-digit ThriftLine Personal Identification Number (PIN). If you use the TSP Web site, you will need your TSP account number and 8-character Web password. If you are a new participant, your TSP account number, ThriftLine PIN, and Web password will be mailed to you (separately) after your account has been established. If, as a new participant, you choose to submit Form TSP-U-50, do **not** do so until you receive a letter from the TSP confirming that your new account has been established. If your account has not been established, your request will not be processed.

If you change your address, notify your service's personnel or benefits office that is responsible for your TSP enrollment so that your service can correct your records for your TSP account.

SECTION I

Complete all items in this section. In Item 4, provide your daytime telephone number.

SECTION II

Complete this section to start or change the amount of your contributions.

Item 7. Percentage of Basic Pay per Pay Period. You may contribute up to the Internal Revenue Code (IRC) annual elective deferral limit (e.g., \$15,500 in 2008). Tax-exempt contributions (i.e., from pay earned in a combat zone) do not count against this IRS limit, but do count against the IRC 415(c) limit (\$46,000 in 2008). Since the deferral limits may be adjusted annually for inflation, check the TSP Web site for the most current information.

Items 8, 9, 10. Percentage of Incentive Pay, Special Pay, or Bonus Pay per Pay Period. If you elect to contribute from basic pay, you may also elect to contribute from 1% to 100% of any incentive pay and special pay, including bonus pay, that you receive (but your total contributions for the year cannot exceed the IRC limits). If you are not now receiving incentive pay or special pay, including bonus pay, your election will take effect whenever you become entitled to this pay.

SECTION III

Complete this section to stop your contributions. If you stop your contributions from basic pay (Item 11), your service will automatically stop your contributions from incentive pay and special pay, including bonus pay. However, you may stop contributing from incentive pay, special pay (except bonus pay), or bonus pay and still continue your contributions from basic pay. You may restart your contributions at any time.

SECTION IV

You must complete this section.

SECTION V

(To be completed by service official)

In Item 18, enter the date that a **properly completed** form is received by the office responsible for TSP enrollment.

In Item 19, enter the effective date of the election. Elections should be made effective no later than the first full pay period after receipt of a properly completed form.

You should provide the participant with a copy of this election for his or her records.