



# THRIFT SAVINGS PLAN

## TRANSFER OF IN-SERVICE WITHDRAWAL

TSP-75-T

Use this form to instruct the Thrift Savings Plan (TSP) to transfer all or a portion of your in-service withdrawal to an Individual Retirement Arrangement (IRA) or other eligible retirement plan. **Read the instructions on the back before completing this form.** Type or print the information requested. You must also submit Form TSP-75, Age-Based In-Service Withdrawal Request, or Form TSP-76, Financial Hardship In-Service Withdrawal Request, in order to complete your in-service withdrawal.

### I. INFORMATION ABOUT YOU AND YOUR TRANSFER

1. Name \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_  
Social Security Number Date of Birth (Month/Day/Year) Daytime Phone (Area Code and Number)
5. Address \_\_\_\_\_  
Street Address or Box Number
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country Zip Code
9. Transfer \_\_\_\_\_ % of my in-service withdrawal to the IRA or other eligible retirement plan designated below. (You must specify the portion to be transferred in multiples of 5%, for example, 15%, 70%, 100%.)
10. \_\_\_\_\_ 11. \_\_\_\_\_  
Participant's Signature Date Signed

### II. INFORMATION FROM THE IRA OR OTHER ELIGIBLE PLAN

*To be completed by financial institution/plan administrator*

The financial institution or the plan administrator must ensure that the plan described in this section is an eligible retirement plan as defined in section 402(c)(8) of the Internal Revenue Code. An eligible retirement plan is: an Individual Retirement Arrangement (IRA), which is either an Individual Retirement Account or an Individual Retirement Annuity other than an endowment contract; a tax-qualified employee benefit plan; or an annuity plan described in section 403(a) of the Internal Revenue Code.

**Do not submit transfer forms of financial institutions or plans.**

12. Type of Account:  IRA  Other Eligible Retirement Plan (Provide plan name if you check this box.)  
Plan Name \_\_\_\_\_
13. Account Number \_\_\_\_\_
14. Make check payable to (plan trustee) \_\_\_\_\_  
Limit response to 25 characters.
15. Mail to \_\_\_\_\_  
Name of Institution or Person, if Different from Item 14
16. Attention of \_\_\_\_\_
17. Address \_\_\_\_\_  
Street Address or Box Number
18. City \_\_\_\_\_ 19. \_\_\_\_\_ 20. \_\_\_\_\_  
State/Country Zip Code
21. Contact Person \_\_\_\_\_ 22. \_\_\_\_\_  
Phone (Area Code and Number)

I confirm the accuracy of the information in this section and the identity of the individual named in Section I. 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 TSP and deposit them in the IRA or other eligible retirement plan indicated above.

23. \_\_\_\_\_ 24. \_\_\_\_\_  
Typed or Printed Name of Certifying Representative Phone (Area Code and Number)
25. \_\_\_\_\_ 26. \_\_\_\_\_  
Signature of Certifying Representative Date Signed

## INFORMATION AND INSTRUCTIONS

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### GENERAL INFORMATION

To have the TSP transfer all or part of your in-service withdrawal to an IRA or other eligible retirement plan, you and your financial institution must provide the information requested on the front of this form. **Do not submit transfer forms of financial institutions or plans;** the TSP Service Office **cannot** accept them.

Please note that the IRA or plan that you designate must be a trust established inside the United States (i.e., the 50 States and the District of Columbia).

You must complete Section I. The financial institution or administrator of the plan to which you want the TSP to transfer your payment(s) must complete Section II. After both sections have been completed, make a copy of the form for your records. Mail the original form to:

**TSP Service Office**  
**National Finance Center**  
**P.O. Box 61500**  
**New Orleans, LA 70161-1500**  
Telephone number: (504) 255-6000  
TDD: (504) 255-5113

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### I. INFORMATION ABOUT YOU

**You must complete this section** before giving this form to your financial institution or plan administrator.

**1-8:** Provide the requested information.

**9:** Enter the percentage of your withdrawal that you want to have transferred. Some financial institutions and plans have minimum transfer amounts. You should verify that your transfer will be accepted before completing this form.

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### II. INFORMATION FROM THE IRA OR OTHER ELIGIBLE PLAN

**The financial institution or plan administrator must complete this section.** The institution or plan should retain a copy of this form in order to identify the account to which the check should be deposited when it is received.

**Note:** If the transfer is to an IRA, the institution accepting the transfer should submit Form 5498 to the IRS.

**12: Type of Account.** Indicate whether the transfer is to an IRA or other eligible retirement plan. If the transfer is to an other eligible retirement plan, provide the name of the plan.

**13: Account Number.** Enter the account number, if available, of the IRA or plan to which the money is to be transferred.

**14: Make check payable to (plan trustee).** Provide the exact name that should appear on the check. This should be the plan trustee. If the plan does not have a trustee, provide the name of the custodian of the plan. The check will be made payable to the name you provide on this line.

**15-16:** Provide the name of the institution and/or person to whom the check should be directed, if different from Item 14.

**17-20:** Provide the mailing address.

**21: Contact Person.** Provide the name of the person who will be able to give additional transfer information to the TSP if needed. If this person is the same as the person to whose attention the check should be mailed, you should again provide that person's name on this line.

**22: Phone.** Provide the contact person's telephone number.

**23-26: Certification.** The administrator of the financial institution or plan must complete these items.

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**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 to process the transfer of your in-service withdrawal. This information may also be shared with other Federal agencies to administer your account or for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating, prosecuting, or enforcing a violation of civil or criminal law or with other agencies for the purpose of implementing

a statute, rule, or order. It may also be shared with Congressional offices, the TSP annuity vendor, retirement plan sponsors, auditing firms, spouses, former spouses, beneficiaries, persons responsible for your care, and representatives of your estate. It may also be released in response to a court subpoena or to appropriate parties preparing for or engaged in litigation affecting your TSP account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to transfer your in-service withdrawal.