



THRIFT SAVINGS PLAN REQUEST FOR PARTIAL WITHDRAWAL WHEN SEPARATED

TSP-77

Participants who are **separated from Federal service** can use this form to request a **one-time** partial withdrawal of \$1,000 or more from their TSP accounts. You cannot make another partial withdrawal from this TSP account if you have previously made one, or if you have previously made an age-based in-service withdrawal. Read the information and instructions for completing this form. They will help you understand the rules for making a partial withdrawal.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. _____ 3. _____ / _____ / _____ 4. (_____) _____ - _____
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)
5. Address _____
Street address or box number
6. City _____ 7. _____ 8. _____
State/Country Zip Code
9. Are you married, even if separated from your spouse? Yes (Go on to Item 10.) No (Skip to Section IV.)
10. Spouse's Social Security Number _____ - _____ - _____ (Required only if Item 17 or 21 is checked)
11. Spouse's Name _____
Last First Middle

II. FOR MARRIED CSRS PARTICIPANTS ONLY

We must notify your spouse of your request for a partial withdrawal.

12. Is your spouse's address the same as above? Yes (Skip to Section IV.) No (Complete Items 13-17.)
13. Spouse's Address _____
14. City _____ 15. _____ 16. _____
State/Country Zip Code
17. Check here if you do not know your spouse's address.

III. FOR MARRIED FERS PARTICIPANTS ONLY

Your spouse must consent to a partial withdrawal from your TSP account by completing Items 18 and 19. Your spouse's signature must be notarized.

18. **Spouse:** By signing below, I give my consent to this partial 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 the remainder of the account is disbursed.

Spouse's Signature 19. _____
Date Signed

20. **Notary:** On this _____ day of _____, _____, the person who signed Item 18, 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

21. **Participant:** Check here if you cannot obtain your spouse's signature. (See back of form)

IV. PARTIAL WITHDRAWAL REQUEST

Enter a whole dollar amount in Item 22. It must be \$1,000 or more. Complete Item 23 if you want to transfer all or any portion of your withdrawal to a traditional IRA, eligible employer plan, or Roth IRA. (See back of form for rules and restrictions.) 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.

22. I would like to make a partial withdrawal of \$ _____ .00 from my TSP account.
23. Transfer _____ .0% of the amount in Item 22 to a traditional IRA, eligible employer plan, or Roth IRA. (Go on to Section V.)



GENERAL INFORMATION AND INSTRUCTIONS

If you have separated from Federal service, you can use this form to request a one-time-only withdrawal of part of your vested account balance. When you are ready to withdraw the rest of your account, but no later than the withdrawal deadline (April 1 of the year following the year in which you turn 70½ and are separated from service), submit Form TSP-70, Request for Full Withdrawal. If you would like to request a withdrawal of your entire vested account balance now, do not complete this form; instead, complete Form TSP-70. (Note: If you have both a uniformed services and a civilian TSP account, you can also combine your accounts into one by completing Form TSP-65, Request to Combine Uniformed Services and Civilian TSP Accounts. (For detailed rules about this feature, read Form TSP-65.)

Before completing a withdrawal request, you should read the booklet *Withdrawing Your TSP Account After Leaving Federal Service* and the TSP tax notice "Important Tax Information About Payments From Your TSP Account." Your former agency should have given you these materials when you separated from service. If you do not have these materials, download them from the TSP Web site (www.tsp.gov) or ask your former agency for a copy.

You are not eligible for a partial withdrawal if:

- Your vested account balance is less than \$1,000. The minimum amount for a partial withdrawal is \$1,000.
- You have previously made a partial withdrawal after separating from Federal service. Only one partial withdrawal is allowed.
- You have previously made an age-based in-service withdrawal.
- You expect to be rehired after a break in service of less than 31 calendar days. You must be separated from Federal service for 31 or more days in order to be eligible for a post-employment withdrawal. If you expect to be rehired after a break in service of **31 or more full calendar days**, see the withdrawal booklet for important information about rehired participants and withdrawal restrictions.

There are two ways to request a partial withdrawal:

1. Complete Form TSP-77 and mail it to the TSP. (Your request cannot be processed until your agency submits confirmation of your separation to the TSP.)
or
2. Use the TSP Web site (www.tsp.gov) to begin (and in some cases, complete) your withdrawal request. If your request cannot be completed on the Web because additional signatures, information, or documentation is needed or because you want to receive your money via direct deposit, you may print the partially completed withdrawal request form at the end of your on-line session. Review the form, complete any missing information, and provide any required signatures and documentation. **Do not change or cross out any of the prefilled information** resulting from your entries on the Web; the form may not be accepted for processing if you do. **Note:** Access to the Web site withdrawal request area is not available to a participant until his or her separation is reported to the TSP.

After completing your withdrawal request, make a copy for your records. Mail the original to: **Thrift Savings Plan, 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 1–9. Your TSP account number is the 13-digit number that was issued to you. For security purposes, the TSP account number is used instead of your Social Security number to identify your account. The address you provide on this form will be used to update the address in your TSP account record. If you are married, also provide your spouse's name in Item 11.

Spouses' rights apply to all partial withdrawals from your TSP account, as follows:

Spouses' Rights for Partial Withdrawals

| Classification | Requirement | Exceptions |
|----------------|--|--|
| FERS | Spouse must provide written consent to the partial withdrawal. | Whereabouts unknown or exceptional circumstances |
| CSRS | Spouse must be notified of the request for a partial withdrawal. | Whereabouts unknown |

SECTION II. If you are a **CSRS participant**, you must complete the information about your spouse's address so that he or she may be notified of your withdrawal. If you do not know your spouse's whereabouts, check Item 17, provide your spouse's Social Security number in Item 10, and submit Form TSP-16, Exception to Spousal Requirements, with your withdrawal request.

SECTION III. If you are a married **FERS participant**, complete this section. Your spouse must consent to a partial withdrawal from your TSP account by signing and dating Items 18 and 19. Your spouse's signature must be notarized (Item 20).

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. By consenting to the partial withdrawal on this form, your spouse indicates his or her understanding 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 21, provide your spouse's Social Security number in Item 10, and submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

SECTION IV. You may withdraw \$1,000 or more. Use a whole dollar amount only. If your vested account balance is less than \$1,000, submit a full withdrawal request using Form TSP-70.

Transfer Option. You may elect to transfer all or any portion of your partial withdrawal payment to a traditional IRA, eligible employer plan, or Roth IRA. If you decide to transfer to a Roth IRA, be aware that there are restrictions for transferring your money.

Not everyone is eligible to transfer funds to a Roth IRA. You are not eligible for a Roth transfer if either of the following conditions applies: (1) your modified adjusted gross income is over \$100,000 or (2) you are married and file a separate return. Additionally, you **must pay tax on the amount you transfer** from the TSP to a Roth IRA; the tax liability is incurred for the year of the transfer. We strongly encourage you to consult with a tax advisor regarding your eligibility for, and the tax consequences of, making the transfer.

Payments that are not transferred directly to a traditional IRA, eligible employer plan, or Roth IRA are subject to **mandatory 20% Federal income tax withholding**. Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.

Name:

TSP Account Number:

V. INFORMATION FOR YOUR TRANSFER

Must match Section I

To transfer all or a portion of your partial withdrawal directly to your traditional IRA, eligible employer plan, or Roth IRA, complete this section. Then take or send this page to your plan or IRA. Your financial institution or plan administrator must complete Section VI. You must submit the completed package in order for it to be processed.

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

VI. INFORMATION FROM THE IRA OR ELIGIBLE EMPLOYER PLAN

To be completed by financial institution/plan administrator

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

Do not submit transfer forms of financial institutions or plans.

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

37. _____
Typed or printed name of Certifying Representative
38. (_____) _____ - _____
Phone (Area Code and Number)
39. _____
Signature of Certifying Representative
40. _____
Date Signed

VII. REQUEST FOR DIRECT DEPOSIT

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

41. _____
Name of Financial Institution
42. _____
Routing Number (Must be 9 digits)
43. Type of Account Checking Savings
44. _____
Checking or Savings 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. I certify that I am separated from Federal service and I do not expect to be rehired by the Federal Government within 31 days after my separation. Also, if I chose to transfer my withdrawal to a Roth IRA, I certify that I am eligible to make this transfer and I understand that I must pay taxes on the transferred amount for the year in which it was transferred. **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).

45. _____
Participant's Signature
46. _____
Date Signed



GENERAL INFORMATION AND INSTRUCTIONS

SECTION V. If you chose to transfer part or all of your partial withdrawal by completing Item 23, you must also complete this section. Your plan or IRA can use this information to identify you when completing Section VI.

SECTION VI. If you chose to transfer your payment to a traditional IRA, eligible employer plan, or Roth IRA, **your financial institution or plan administrator must complete this section before you submit this form to the TSP.** (The traditional IRA, eligible employer plan, and Roth IRA 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. If the transfer is to a traditional IRA or Roth IRA, the institution accepting the transfer should submit Form 5498, IRA Contribution Information, to the IRS. The TSP will report all payments and transfers to you and to the IRS on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Type of Account and Account Number. Indicate whether the transfer is to a traditional IRA, eligible employer plan, or Roth IRA in Item 31, and in Item 32 enter the account number, if available, of the plan or IRA 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 33.

Make check payable to. Provide the name of the plan administrator or IRA trustee (Item 34) as it should appear on the check. The check will be made payable to the name 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 35 and 36) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 37–40. If we need to contact the financial institution or plan 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 your partial 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, eligible employer plan, or Roth IRA can be paid by EFT. EFTs will be made only to a financial institution in the United States. 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. You are also certifying that you are separated from Federal service and that your separation will last for 31 days or more. In addition, you are certifying that, if you chose to transfer your withdrawal to a Roth IRA, you are eligible to make the transfer and that you understand that you must pay tax on the amount transferred for the year of the transfer.

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 your transaction. 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.