



THRIFT SAVINGS PLAN

CHANGE IN MONTHLY PAYMENTS

TSP-73

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle
2. _____ - _____ - _____ 3. _____/_____/_____
Social Security Number Date of Birth (mm/dd/yyyy)
4. (_____) _____ - _____
Daytime Phone (Area Code and Number)
5. Address _____
Street address or box number
6. City _____ 7. _____ 8. _____
State/Country Zip Code

II. TYPE OF REQUEST

Choose either Item 9 **or** Item 10. Check **only one box** in this section. If you want to make a change to be effective immediately and also an annual change, complete a **separate Form TSP-73 for each type of change**. If one of the boxes in Item 9 is checked, this entire request will be effective immediately. **Changes in Item 10 are only allowed to be made annually** and the form must be received by December 15. If you are requesting an annual change, **all** of the information in this request will apply at that time.

9. Effective immediately

- I want a final single payment of my entire account balance.
- I want to change transfer or direct deposit information for my current payments.

OR

10. Annual change (Due December 15)

- Change from TSP-computed payments to \$_____ per month (must be at least \$25).
- Change the dollar amount of my payments to \$_____ per month (must be at least \$25).

III. AMOUNT TO BE TRANSFERRED TO IRA OR PLAN

11. Do you want to have all or a part of your payment(s) transferred to a traditional IRA or eligible employer plan? (Monthly payment amounts that result in payments over a period of 120 months or more **cannot be** transferred.)
- Yes (Complete Item 12 and go to Section IV.) No (Skip to Section V.)
12. Transfer _____% of my payment(s) to a traditional IRA or eligible employer plan. (Use whole percentages.) Note: Any amount not transferred will be paid to you by check unless you choose direct deposit in Section V.

IV. DIRECT WHERE YOUR TRANSFER IS GOING

Information from your IRA or Plan
 (See instructions.)

13. Do you want to name (or change information about) an IRA or plan that is to receive your payment(s)?
- Yes (Have your IRA trustee or plan administrator complete this section. You should skip to Section V.)
- No (Skip to Section V.)
14. Type of Account Traditional IRA Eligible Employer Plan 15. _____
Account Number
16. Plan Name _____
Only if eligible employer plan
17. Make check payable to _____
IRA Trustee or Plan Administrator (Limit response to 30 characters.)
18. Mail to _____
Name of institution or person, if different from Item 17
19. _____
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Item 1. I certify that the financial institution or plan agrees to accept the funds directly from the TSP and deposit them in the above-named IRA or eligible employer plan (as defined in section 402(c)(8) of the Internal Revenue Code).

20. _____ 21. (_____) _____ - _____
Typed or Printed Name of Certifying Representative Phone Number
22. _____ 23. _____
Signature of Certifying Representative Date Signed

