





# 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 my withdrawal to a traditional IRA or eligible employer plan. (Go on to Section V.)

