



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. (_____) _____ - _____
Social Security 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 _____ - _____ - _____
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,
Month Year
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.

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 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.

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