



THRIFT SAVINGS PLAN ELECTION FORM

TSP-U-1

Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the *Summary of the Thrift Savings Plan* and the instructions on the back of this form. Type or print all information. **Return the completed form to the office of your service that is responsible for enrolling members in the TSP.** That office should return a copy to you after completing Section V.

Note: To choose your investment funds, see the instructions in the General Information section on the back of this form.

I. INFORMATION ABOUT YOU

1. _____
Name (Last) (First) (Middle)

2. _____
Mailing Address (may be APO or FPO) City State Zip Code

3. _____ 4. (_____) _____
Social Security Number Daytime Phone (Area Code and Number)

5. ____/____/____ 6. _____
Date of Birth (mm/dd/yyyy) Office Identification (Service and Organization)

II. START OR CHANGE YOUR CONTRIBUTIONS

(Use whole percentages only.)

To start or change the amount of your contributions, enter in Item 7 the percentage of your basic pay per pay period that you want to contribute.

7. _____ .0% **Basic Pay** 8. _____ .0% **Incentive Pay**

If you contribute from basic pay, you may also elect to contribute from incentive pay and special pay, including bonus pay, by completing Items 8-10. If you elect to contribute from any of these types of pay, your election will take effect whenever you become entitled to this pay.

9. _____ .0% **Special Pay (except bonus pay)**

10. _____ .0% **Bonus Pay**

III. STOP YOUR CONTRIBUTIONS

To stop all contributions to the TSP, check Item 11 and complete Section IV. If you want to stop only your contributions from incentive pay, special pay (except bonus pay), or bonus pay, check Items 12, 13, or 14, as appropriate, and complete Section IV. Your contributions will stop no later than the first full pay period after your service receives this form.

11. Stop my contributions from **basic pay**. I understand that checking this box will also cause my contributions from all other types of pay to stop.
12. Stop my contributions from **incentive pay**.
13. Stop my contributions from **special pay (except bonus pay)**.
14. Stop my contributions from **bonus pay**.

IV. SIGNATURE

15. _____ 16. ____/____/____
Service Member's Signature Date Signed (mm/dd/yyyy)

V. FOR SERVICE USE ONLY

17. _____ 18. ____/____/____ 19. ____/____/____
Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)

20. _____
Signature of Service Official

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 this form. 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.



ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the member and to the Payroll/Finance Office.

Form TSP-U-1 (12/2010)
PREVIOUS EDITIONS OBSOLETE