



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, 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 the amount in Item 22 to a traditional IRA or eligible employer plan. (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 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 Service Office. (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, you may print the partially completed withdrawal request form at the end of your online 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:

**TSP Service Office
P.O. Box 61500
New Orleans, LA 70161-1500**

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. 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 Social Security number and name in Items 10 and 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 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 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 an eligible employer plan or a traditional IRA. Payments that are not transferred directly to an eligible employer plan or a traditional IRA are subject to **mandatory 20% Federal income tax withholding**. Read the tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules affecting payments from your TSP account.

Name:

Social Security Number:

V. INFORMATION FOR YOUR TRANSFER

If you want to transfer all or a portion of your partial withdrawal directly to your eligible employer plan or traditional 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 and return this page to you.

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. State/Country
30. 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" or "eligible employer plan" 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
32. 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 IRA or eligible employer plan 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. 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 also 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. 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 an eligible employer plan or a traditional IRA, **your financial institution or plan administrator must complete this section before you submit this form to the TSP.** (An eligible employer plan and a traditional 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, the institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

Type of Account and Account Number. Indicate whether the transfer is to an eligible employer plan or a traditional 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 an eligible employer plan or a traditional 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 IX. 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.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your request for a partial withdrawal. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, 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 also disclose relevant portions of the information to appropriate parties engaged in litigation. 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 withdrawal request.