



# THRIFT SAVINGS PLAN ELECTIONS FORM

## TSP-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 your agency personnel or benefits office.** Your agency 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)
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2. 

Street Address	City	State	Zip Code
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3. 

Social Security Number	4. Daytime Phone (Area Code and Number)
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5. 

Office Identification (Agency and Organization)
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### II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

*Your choice will cancel all previous elections.*

To start or change the amount of traditional (pre-tax) or Roth (after-tax) contributions to your TSP account, enter **either** a whole percentage of your basic pay per pay period **or** a whole dollar amount per pay period for each type of contribution you elect. (You may choose a percentage for one type of contribution and a dollar amount for the other type of contribution.) **Remember:** A blank line next to a type of contribution equals 0% or \$0 contributed. To Stop your contributions, you must complete Section III. **For those turning 50 or older who want to make catch-up contributions:** If you meet the elective deferral limit, your contributions will automatically start counting toward the catch-up limit. Separate catch-up elections are no longer required. (See Instructions.)

- |  |           |                 |
|--|-----------|-----------------|
| 6. Traditional ( Pre-Tax ) Contributions _____ .0% | <b>OR</b> | 7. \$ _____ .00 |
| 8. Roth ( After-Tax ) Contributions _____ .0%      | <b>OR</b> | 9. \$ _____ .00 |

### III. STOP SOME OR ALL OF YOUR CONTRIBUTIONS

To stop all or just one type of your contributions to the TSP, check the box in Item 10 that applies and complete Section IV. Your payroll contributions will stop no later than the first full pay period after your agency employing office receives this form. (If you are a Federal Employees Retirement System [FERS] employee and you stop your contributions, your Agency Matching Contributions will stop, but Agency Automatic [1%] Contributions will continue. Read the instructions on the back.)

10. ☐ I choose not to save for my retirement. Please stop all my payroll contributions to my TSP account.
- ☐ Stop only my traditional (pre-tax) payroll contributions to my TSP account.
- ☐ Stop only my Roth (after-tax) payroll contributions to my TSP account.

If you are a newly hired (or rehired) employee, you can generally stop your automatic employee contributions before they start if you submit this form to your agency before the end of your first full pay period. (See note on back.)

### IV. SIGNATURE

- |  |                         |   |                          |
|--|-------------------------|---|--------------------------|
| 11. <table border="0" style="width: 100%;"><tr><td style="border-bottom: 1px solid black;">Participant's Signature</td></tr></table> | Participant's Signature | 12. <table border="0" style="width: 100%;"><tr><td style="border-bottom: 1px solid black;">Date Signed (mm/dd/yyyy)</td></tr></table> | Date Signed (mm/dd/yyyy) |
| Participant's Signature  |                         |   |                          |
| Date Signed (mm/dd/yyyy)   |                         |   |                          |

### V. FOR EMPLOYING OFFICE USE ONLY

- |   |                       |  |                              |  |                             |
|---|-----------------------|--|------------------------------|--|-----------------------------|
| 13. <table border="0" style="width: 100%;"><tr><td style="border-bottom: 1px solid black;">Payroll Office Number</td></tr></table>        | Payroll Office Number | 14. <table border="0" style="width: 100%;"><tr><td style="border-bottom: 1px solid black;">Receipt Date (mm/dd/yyyy)</td></tr></table> | Receipt Date (mm/dd/yyyy)    | 15. <table border="0" style="width: 100%;"><tr><td style="border-bottom: 1px solid black;">Effective Date (mm/dd/yyyy)</td></tr></table> | Effective Date (mm/dd/yyyy) |
| Payroll Office Number   |                       |  |                              |  |                             |
| Receipt Date (mm/dd/yyyy)   |                       |  |                              |  |                             |
| Effective Date (mm/dd/yyyy)   |                       |  |                              |  |                             |
| 16. <table border="0" style="width: 100%;"><tr><td style="border-bottom: 1px solid black;">Signature of Agency Official</td></tr></table> |                       |  | Signature of Agency Official |  |                             |
| Signature of Agency 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. Your agency or service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other federal agencies for statistical, auditing, or archiving purposes. The information may also be shared 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. Relevant portions of the information may also be disclosed 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, your agency or service will not be able to process your request.

**ORIGINAL TO PERSONNEL FOLDER**  
**Provide a copy to the employee and to the payroll office.**

Form TSP-1 (2/2021)  
PREVIOUS EDITIONS OBSOLETE