



THRIFT SAVINGS PLAN ELECTION FORM

- Use this form to:
- Start or change your contributions to the Thrift Savings Plan (TSP)
 - Stop your contributions to the TSP
 - Indicate how you want your future contributions to be invested in the three TSP Funds

Before completing this form, please read the *Summary of the Thrift Savings Plan for Federal Employees* and the instructions on the back of this form. Type or print all information. **Return the completed form to your agency employing office.** Do not remove your copy. Your agency will return it to you after completing Section VII.

I. INFORMATION ABOUT YOU

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

2. _____
Street Address City State Zip Code

3. _____
Social Security Number

4. (_____) _____
Daytime Phone (Area Code and Number)

5. _____
Date of Birth (Month/Day/Year)

6. _____
Office Identification (Agency and Organization)

II. AMOUNT OF YOUR CONTRIBUTIONS

If you complete this section, you must also complete Section IV.

Complete either Part A or Part B of this section.

Part A. To contribute to your TSP account, enter **either** a whole percentage of your basic pay per pay period (Item 7) **or** a whole dollar amount per pay period (Item 8).

Part B. If you are a FERS employee who is not, and will not be, contributing to your TSP account at this time, but you are allocating your Agency Automatic (1%) Contributions, check Item 9.

7. _____ .0% **OR** 8. \$ _____ .00 9. (Noncontributing FERS)

III. STOPPING YOUR CONTRIBUTIONS

Do not complete Section II. FERS employees must also complete Section IV.

To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the three TSP Funds.

10. I want to stop contributing to my TSP account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.

IV. ALLOCATING CONTRIBUTIONS

You must also complete Section II or III.

Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of Items 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.

If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.

11. G Fund	Government Securities Investment Fund	_____	.0%
12. F Fund	Fixed Income Index Investment Fund	_____	.0%
13. C Fund	Common Stock Index Investment Fund	_____	.0%
Total			100.0%

V. ACKNOWLEDGEMENT OF RISK

Also sign Section VI.

I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by either the U.S. Government or the Federal Retirement Thrift Investment Board against investment loss in the F or C Fund, and that neither the U.S. Government nor the Federal Retirement Thrift Investment Board guarantees a return on my investment.

14. _____
Participant's Signature

VI. SIGNATURE

You must sign Item 15 and date Item 16; otherwise, your form will be returned to you unprocessed.

15. _____ 16. _____
Participant's Signature Date Signed

VII. FOR EMPLOYING OFFICE USE ONLY

17. 00 00 4831 18. LL030020 19. _____ 20. _____
Payroll Office Number Agency Code Effective Date TSP SCD (Optional)

21. _____ 22. _____
Signature of Employing Office Official Acceptance Date

23. _____ 24. **MEMBERS' SERVICES/FO**
New Eligibility Date if Item 10 Is Checked Remarks