Print Form

THRIFT SAVINGS PLAN
ELECTION 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)*

2. _____
Street Address City State Zip Code

3. _____ – _____ – _____
Social Security Number

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

5. _____
Office Identification *(Agency and Organization)*

II. START OR CHANGE YOUR CONTRIBUTIONS

To start or change the amount of your contributions to your TSP account, enter **either** a whole percentage of your basic pay per pay period (Item 6) **or** a whole dollar amount per pay period (Item 7). Skip to Section IV.

6. _____.0% **OR** **7.** $ _____.00

III. STOP YOUR CONTRIBUTIONS

To stop your contributions to the TSP, check Item 8 and complete Section IV. (If you are a FERS employee and you are eligible to receive Agency Automatic (1%) Contributions, those 1% contributions will continue. Read the instructions on the back.)

8. ☐ I want to stop contributing to my TSP account. I understand that my payroll contributions will stop no later than the first full pay period after my agency employing office receives this form.

IV. SIGNATURE

9. _____
Participant's Signature

10. ____/____/____
Date Signed *(mm/dd/yyyy)*

V. FOR EMPLOYING OFFICE USE ONLY

11. _____
Payroll Office Number

12. ____/____/____
Receipt Date *(mm/dd/yyyy)*

13. ____/____/____
Effective Date *(mm/dd/yyyy)*

14. _____
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. 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 employee and to the payroll office.

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

You may start, stop, or change your contributions at any time. Your TSP election will stay in effect until you submit another election or until you leave Federal service. (This form only applies to regular contributions. If you are age 50 or older and want to make catch-up contributions, use Form TSP-1-C, Catch-Up Contribution Election.)

Important note for new TSP participants: All contributions to your account will be invested in the Government Securities Investment (G) Fund until you direct the TSP to allocate your contributions differently. The TSP publication *Summary of the Thrift Savings Plan* describes all of your investment choices and discusses their risks and advantages. For more information, you can also obtain a copy of the TSP Fund Information sheets. (The most current versions of TSP forms and publications are available on the TSP Web site at www.tsp.gov.)

To choose your investment fund(s), use the TSP Web site (www.tsp.gov), the ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778; outside the U.S. and Canada, call 404-233-4400), or Form TSP-50, Investment Allocation. If you use the ThriftLine, you will need your TSP account number and your 4-digit ThriftLine Personal Identification Number (PIN). If you use the TSP Web site, you will need your TSP account number and 8-character Web password. If you are a new participant, your TSP account number, ThriftLine PIN, and Web password will be mailed to you (separately) after your account has been established. If, as a new participant, you choose to submit Form TSP-50, do **not** do so until you receive a letter from the TSP confirming that your new account has been established. If your account has not been established, your request will not be processed.

If you change your address, notify your **agency** immediately so that your agency can correct your records for your TSP account.

SECTION I

Complete all items in this section.

SECTION II

Complete this section to start your TSP contributions or to change the amount you are contributing to the TSP. Complete **either** Item 6 **or** Item 7.

Item 6, Percentage of Basic Pay per Pay Period. You may contribute up to the Internal Revenue Code (IRC) annual elective deferral limit ($16,500 in 2009). Since the elective deferral limit may be adjusted annually for inflation, check the TSP Web site for the most current information. If you specify a percentage, your contribution amount will automatically increase when you receive a pay raise.

Item 7, Dollar Amount per Pay Period. The dollar amount you contribute cannot exceed the annual elective deferral limit for the year. You can contribute as little as $1 per pay period. If you specify a dollar amount, it will not change until you submit a new Form TSP-1.

SECTION III

Complete this section to stop your contributions. You may restart your contributions at any time.

Note: If you are a FERS employee, you may change the way your Agency Automatic (1%) Contributions are invested even if you are not contributing to your account. You can use the TSP Web site, the ThriftLine, or Form TSP-50, as described in "General Information" above.

SECTION IV

You must complete this section.

SECTION V

(To be completed by personnel or benefits office)

In Item 12, enter the receipt date. This is the date that a **properly completed** form is received by the agency personnel office. If the form has not been properly completed, it should be returned to the employee.

In Item 13, enter the effective date of the election. Elections should be made effective no later than the first full pay period after receipt of a properly completed form.

You should provide the participant with a copy of this completed election for his or her records.