



# THRIFT SAVINGS PLAN REQUEST FOR PARTIAL WITHDRAWAL WHEN SEPARATED

TSP-U-77

Participants who are **separated from the uniformed services** can use this form to request a **one-time** partial withdrawal of \$1,000 or more from their uniformed services 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. \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Social Security Number Date of Birth (mm/dd/yyyy)
4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
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 III.)
10. Spouse's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
11. Spouse's Name \_\_\_\_\_  
Last First Middle

## II. FOR MARRIED UNIFORMED SERVICES PARTICIPANTS ONLY

Your spouse must consent to a partial withdrawal from your uniformed services TSP account by completing Items 12 and 13. Your spouse's signature must be notarized.

12. **Spouse:** By signing below, I give my consent to this partial withdrawal from my spouse's uniformed services 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 13. \_\_\_\_\_  
Date Signed

14. **Notary:** On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the person who signed Item 12, 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

15. **Participant:**  Check here if you cannot obtain your spouse's signature.

## III. PARTIAL WITHDRAWAL REQUEST

Enter a whole dollar amount in Item 16. It must be \$1,000 or more. Complete Item 17 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 VI, and sign and date Section VII.

16. I would like to make a partial withdrawal of \$ \_\_\_\_\_ .00 from my TSP account.

17. Transfer \_\_\_\_\_ .0% of my withdrawal to a traditional IRA or eligible employer plan. (Go on to Section IV.)

**Note:** If you have a tax-exempt balance in your account and your IRA or plan indicates that it will not accept tax-exempt balances (Item 28 on page 2), that portion of your withdrawal will be included in any amount paid directly to you.



## GENERAL INFORMATION AND INSTRUCTIONS

If you have separated from service, you can use this form to request a one-time-only withdrawal of part of your account balance, to be paid after your service confirms your separation from the uniformed services. 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-U-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-U-70. Also, if you have both a uniformed services and a civilian TSP account, you can 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.)

**Note:** If your uniformed services TSP account includes tax-exempt balances, the percentage of taxable and tax-exempt portions in your withdrawal will be based on the proportion of taxable and tax-exempt balances in your account at the time the distribution is made.

Before completing a withdrawal request, you should read the booklet *Withdrawing Your TSP Account After Leaving Federal Service* and the TSP notice "Important Tax Information About Payments From Your TSP Account." Your former service should have given you these materials when you separated. If you do not have these materials, download them from the TSP Web site ([www.tsp.gov](http://www.tsp.gov)) or ask your former service 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 from your uniformed services account. 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 the uniformed services for 31 or more days in order to be eligible for a post-employment withdrawal. If you expect to rejoin the uniformed services or join Federal civilian service 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-U-77 and mail it to the TSP Service Office. (Your request cannot be processed until your service submits confirmation of your separation to the TSP.)  
**or**
2. Use the TSP Web site ([www.tsp.gov](http://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 a 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 preprinted 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  
National Finance Center  
P.O. Box 61500  
New Orleans, LA 70161-1500**

If you have questions, call the 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 1-504-255-8777.

**SECTION I.** Complete Items 1 – 9. The address you provide on this form will be used to update the address in your uniformed services TSP account record. If you are married, provide your spouse's Social Security number and name.

**SECTION II.** Spouses' rights apply to all partial withdrawals from your uniformed services TSP account. Thus, if you are a married uniformed services participant, complete this section. Your spouse must consent to a partial withdrawal from your TSP account by signing and dating Items 12 and 13. Your spouse's signature must be notarized (Item 14).

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 15 and submit Form TSP-U-16, Exception to Spousal Requirements, with the required documentation.

**SECTION III.** 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-U-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. Any taxable portion of your payment which is eligible for transfer to an eligible employer plan or a traditional IRA but is paid directly to you (or to your checking or savings account by direct deposit) is subject to **mandatory 20% Federal income tax withholding**. In addition, if your uniformed services account includes tax-exempt balances, the withdrawal from your account will be based on the proportion of taxable and tax-exempt balances in your account. However, the taxable portion of your withdrawal will be transferred to your plan or IRA first. Tax-exempt money will be transferred **only if** the taxable portion of your withdrawal does not satisfy the percentage of your withdrawal that you elected to transfer to your plan or IRA **and** the plan or IRA certifies that it will accept tax-exempt money. Amounts that are not transferred will be paid directly to you (or to your checking or savings account, if you so elect). Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for more information.

Name:

Social Security Number:

**IV. 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 V and return this page to you.

- 18. Name \_\_\_\_\_  
Last First Middle
- 19. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
- 20. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone (Area Code and Number)
- 21. Address \_\_\_\_\_  
Street address or box number
- 22. City \_\_\_\_\_
- 23. \_\_\_\_\_  
State/Country
- 24. \_\_\_\_\_  
Zip Code

**V. 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 IV. 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.**

- 25. Type of Account  Traditional IRA  Eligible Employer Plan
- 26. \_\_\_\_\_  
Account Number
- 27. Plan Name \_\_\_\_\_  
Only if eligible employer plan
- 28. Tax-exempt balances, if any, will be accepted into the account identified above.  Yes  No
- 29. Make check payable to \_\_\_\_\_  
Plan Administrator or IRA Trustee (Limit response to 30 characters.)
- 30. Mail to \_\_\_\_\_  
Name of institution or person, if different from Item 29
- 31. \_\_\_\_\_  
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Section IV. 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.

- 32. \_\_\_\_\_  
Typed or Printed Name of Certifying Representative
- 33. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Phone (Area Code and Number)
- 34. \_\_\_\_\_  
Signature of Certifying Representative
- 35. \_\_\_\_\_  
Date Signed

**VI. 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.

- 36. \_\_\_\_\_  
Name of Financial Institution
- 37. \_\_\_\_\_  
Routing Number (Must be 9 digits.)
- 38. Type of Account  Checking  Savings
- 39. \_\_\_\_\_  
Account Number

**VII. 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 the uniformed services and I do not expect to rejoin the uniformed services, or join Federal civilian service, 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).

- 40. \_\_\_\_\_  
Participant's Signature
- 41. \_\_\_\_\_  
Date Signed



## GENERAL INFORMATION AND INSTRUCTIONS

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**SECTION IV.** If you chose to transfer your partial withdrawal by completing Item 17, you must also complete this section. Your IRA or plan can use this information to identify you when completing Section V.

**SECTION V.** 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 25, and in Item 26 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 27.

**Transfer of Tax-Exempt Balances.** Members of the uniformed services, in certain circumstances, are entitled to contribute tax-exempt money to their uniformed services TSP accounts; therefore, their accounts may contain tax-exempt balances.

Tax-exempt balances are never subject to taxation (unlike either tax-deferred balances, which are subject to taxation at a later date, or after-tax balances, on which taxes have already been paid). If the participant's account includes a tax-exempt balance, the taxable portion of the withdrawal will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of the withdrawal does not satisfy the participant's transfer election **and** the plan or IRA accepts tax-exempt balances. If the plan or IRA does not accept tax-exempt balances, that portion of the payment will be paid directly to the participant. The plan or IRA must check the appropriate box in this item to indicate whether it will accept tax-exempt balances.

**Make check payable to.** Provide the name of the plan administrator or IRA trustee (Item 29) 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 or IRA trustee (Items 29 and 31) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 32 – 35. 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 VI.** 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 VII.** 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 the uniformed services and that your separation from all Federal service will last for 31 days or more.

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**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 uniformed services TSP 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 and the uniformed services for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigat-

ing a violation of civil, criminal, or military 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.