This Form TSP-9, Change in Address for Separated Participant, Replaces Form TSP-U-9 and Previous Editions of Form TSP-9

Form TSP-U-9 and previous editions of Form TSP-9, Change in Address for Separated Participant, are no longer available. They have been combined into a single Form TSP-9. This version of Form TSP-9 should be used both by members of the uniformed services and by civilians. (Scroll down to view form.)



Use this form to change your address for your TSP account if you are **no longer employed as a Federal civilian employee** or **are no longer a member of the uniformed services**. **Note:** You may also request a change of address through the Account Access section of the TSP Web site, www.tsp.gov. You will need to enter your TSP account number and your Web password to make this change.

You cannot use this form to change your TSP address on any account associated with your *current* employment/service. Addresses for TSP accounts of active employees/members can be changed only by a participant's agency or service.

This form is designed to be read by an optical scanner. To avoid processing problems, please type or print using black or dark blue ink. If you print by hand, please use **BLOCK** letters that fit within the boxes. (See examples on back.) Limit your responses to the number of available boxes.

I. NEW INFORMATION ABOUT YOU		
This change applies to my:	Civilian Account Uniformed Servic	es Account
1. Last Name	First Name	Middle Name
2. TSP Account Number	3. Date of Birth (<i>mm/dd/yyyy</i>)	4. Daytime Phone (Area Code and Number)
II. YOUR NEW ADDRESS		
5. Foreign address? 6.		ions on back l
	Street Address or Box Number (For a foreign address, see instruct	ions on back.)

III. YOUR SIGNATURE AND CERTIFICATION

I certify that the information I have provided is true to the best of my knowledge. **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, imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).

10. Participant's Signature	11. Date Signed (<i>mm/dd/yyyy</i>)
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Do Not Write Below This Line



GENERAL INFORMATION AND INSTRUCTIONS

To ensure that your request is not delayed, carefully type or print the requested information using black or dark blue ink. If printing, please use simple block letters and numbers. Keep all letters and numbers **inside** the boxes. (See examples below.)

EXAMPLES



PARTICIPANTS WITH TWO ACCOUNTS. If you have two TSP accounts (civilian and uniformed services), you can use this form to change the addresses for both accounts **only if** you are no longer employed as a Federal civilian employee **and** are retired or separated from the uniformed services. Addresses for TSP accounts of active employees/members can be changed only by an employee's agency or service. For example, if you have two TSP accounts, one as an active Federal civilian employee and another as a retired or separated member of the uniformed services, you can use this form to change your uniformed services TSP account address only. You must ask your employing agency to change your address on your civilian TSP account.

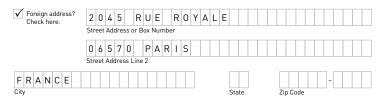
APO AND FPO ADDRESSES. If you use an Air/Army Post Office (APO) or Fleet Post Office (FPO) address, enter your address in the two available address lines (include the unit designation). Enter APO or FPO, as appropriate, in the City field. In the State field, enter AE as the state abbreviation for Zip Codes beginning with 090-098, AA for Zip Codes beginning with 340, and AP for Zip Codes beginning with 962-966. Then enter the appropriate Zip Code. **FOREIGN ADDRESSES.** If you have a foreign address, check the box to indicate that this is a foreign address and enter the address as follows:

First address line: Enter your street address or post office box number, and any apartment number.

Second address line: Enter the city or town name, other principal subdivision (e.g., province, state, county) and postal code, if known. (The postal code may precede the city or town.)

Third address line: Enter the entire country name in the City field; leave the State field blank.

EXAMPLE OF FOREIGN ADDRESS



MAILING INSTRUCTIONS. Make a copy of this completed form for your records. Mail or fax this form to:

Thrift Savings Plan P.O. Box 385021 Birmingham, AL 35238

Fax: 1-866-817-5023

If you have questions, call the ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or TDD: 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400.

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 your request. 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.