



## TSP-73, INFORMATION AND INSTRUCTIONS

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This form has only one function — to change the amount of the monthly payments that you are currently receiving. You can either use the form to change the amount of your fixed dollar amount payment (the amount you chose yourself) or to change from payments based on your life expectancy to payments in a specific dollar amount.

You can **only request a change in your monthly payments once each year**. The TSP must receive your Form TSP-73 by December 15, and your change becomes effective with your first monthly payment the following January. If your form is received after the due date and can no longer be processed, it will be rejected.

If there are other changes that you would like to make to the way your monthly payments are handled, such as a change in direct deposit, tax withholding, or transfer information, submit Form TSP-78, Monthly Payments Maintenance (available at [www.tsp.gov](http://www.tsp.gov) or by request from the ThriftLine). Any changes you make on Form TSP-78 are effective immediately. Form TSP-78 has no deadline; you can submit it at any time during the year and as many times as you need.

**It is critical that you inform the TSP of any change in your address.** The TSP sends any correspondence related to your account (as well as checks if you receive your monthly payments directly) to your address of record. You can change your address at any time by logging into the My Account section of the TSP website ([www.tsp.gov](http://www.tsp.gov)). You can also use Form TSP-9, Change in Address for Separated Participant, available on the TSP website or from the TSP.

To ensure that your request is not delayed, carefully type or print the requested information **inside the boxes** using black or dark blue ink.

**SECTION I. Information About You.** Provide the requested information in Items 1–5. In Item 1, you must indicate the type of account for which you are requesting action. If you have more than one TSP account, and you do not check a box, your form will not be processed. **Check only one box.** If you want to change monthly payment information for more than one account, you must submit a separate form for each account.

**SECTION II. Change Your Monthly Payment Amount.** In Item 6, enter the monthly payment amount you want to receive in the future. Enter a whole dollar amount of \$25 or more.

If you are now receiving monthly payments calculated for you based on your life expectancy, be aware that filling out Item 6 **reverses** your election to receive payments based on life expectancy. This change is irrevocable. You will never be able to go back to receiving payments based on life expectancy; however, you will be able to change your payment amount once every year.

Also, if you have been receiving payments based on your life expectancy, you have not previously been able to transfer your monthly payments to an IRA or eligible employer plan. When you complete Item 6, your payments will become transferable if they are expected to last less than 10 years. (Payments expected to last 10 years or more are not transferable.)

**If you are currently transferring all or part of your monthly payments** to an IRA or eligible employer plan, **your transfers will stop** if you choose an amount that will make your payments last 10 years or more. (You can calculate the duration of your monthly payments using the TSP website's Monthly Payment Calculator.) If your transfers stop, your monthly amount will be paid to you.

**SECTION III. Certification and Notarization.** Read the certification carefully; then sign and date the form in Items 7 and 8. Your signature must be notarized; otherwise, your request cannot be processed. Because the form will be filed with a Federal agency in Washington, D.C., the notary must complete the notarization in Item 10. No other acknowledgement is acceptable.

Please note that the address you provide in Item 9 will not be used to change your address in your TSP account record. It will only be used to notify you if we cannot locate your account based on the information you provided on this form.

**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**

**Or fax to: 1-866-817-5023**

**Note:** Do **not** mail **and** fax your request. The TSP will automatically cancel the second request it receives. If you need to make a change or correction on your form, call the TSP immediately to cancel your first request.

If you have questions, call the toll-free 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 404-233-4400 (not toll free).

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**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.