THRIFT SAVINGS PLAN

CHANGE IN MONTHLY PAYMENTS FOR BENEFICIARY PARTICIPANTS

TSP-73-B

I. INFORMATION ABOUT YOU

1. Name ______________________________
Last First Middle

2. ______________________ TSP Account Number

3. ____/____/________ Date of Birth *(mm/dd/yyyy)*

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

5. Address ______________________________
Street Address or Box Number

6. City ______________________

7. ____________ State/Country

8. ____________ Zip Code

II. TYPE OF REQUEST

Choose **either** Item 9 **or** Item 10. Check **only one box** in this section. If you want to make changes under both items, complete a **separate Form TSP-73-B for each type of change you are requesting**. Changes in Item 10 can only be made **annually**, and the TSP must receive this form by **December 15**. If you are requesting an annual change, the **entire** form will be effective after January 1 of the following year.

9. Effective immediately

☐ I want a final single payment of my entire account balance.

☐ I want to change the transfer or direct deposit information for my current payments.

OR

10. Annual change (Due December 15)

☐ Change from TSP-computed payments to $______________ per month (must be at least $25).

☐ Change the dollar amount of my payments to $______________ per month (must be at least $25).

III. AMOUNT TO BE TRANSFERRED TO IRA OR PLAN

11. Do you want to have all or a part of your payment(s) transferred to a traditional IRA, eligible employer plan, or Roth IRA? (See the back of the form for transfer rules and restrictions. Monthly payment amounts that result in payments over a period of 120 months or more **cannot be** transferred.)

☐ Yes (Complete Item 12 and go to Section IV.) ☐ No (Skip to Section V.)

12. Transfer ______.0% of each payment to a traditional IRA, eligible employer plan, or Roth IRA. *(Use whole percentages.)* **Note:** Any amount not transferred will be paid to you by check unless you choose direct deposit in Section V.

IV. DIRECT WHERE YOUR TRANSFER IS GOING

Information from your IRA or plan

(See instructions.)

13. Do you want to name (or change information about) an IRA or plan that is to receive your payment(s)?

☐ Yes (Have your IRA trustee or plan administrator complete this section. Complete Item 15; then go to Section V.)

☐ No (Skip to Section V.)

14. Type of Account ☐ Traditional IRA ☐ Eligible Employer Plan ☐ Roth IRA

15. ______________________ IRA/Plan Account No. or Other Customer ID

16. Plan Name ______________________________

17. Tax-exempt balances, if any, will be accepted into the account identified above. ☐ Yes ☐ No

18. Make check payable to ______________________________
IRA Trustee or Plan Administrator **(Limit response to 30 characters.)**

19. Mail to ______________________________
Name of institution or person, if different from Item 18

20. ______________________________
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Item 1. I certify that the financial institution or plan agrees to accept the funds directly from the TSP and deposit them in the above-named IRA or eligible retirement plan (as defined by section 402(c)(8) of the Internal Revenue Code).

21. ______________________________
Typed or printed name of Certifying Representative

22. (______) ______ – ________ Phone Number

23. ______________________________
Signature of Certifying Representative

24. ______________________ Date Signed

INFORMATION AND INSTRUCTIONS FOR PAGE 1

Use this form if you are a beneficiary participant and you want to make any of the changes below. **Note:** If you are a civilian participant, use Form TSP-73. Uniformed services participants should use Form TSP-U-73.

- Change to a final single payment.
- Change the amount of each monthly payment that is transferred to a traditional IRA, eligible employer plan, or Roth IRA.
- Change the address or other information about the traditional IRA, eligible employer plan, or Roth IRA that is receiving your monthly payments, **or** designate a new IRA or plan.
- Stop your current monthly payments from being transferred to an IRA or plan.
- Have the part of your monthly payments that is not transferred to an IRA or plan sent directly to your checking or savings account by direct deposit (electronic funds transfer (EFT)).
- Cancel a current EFT or change the account that is to receive your monthly payments.

Also, use this form to make the following changes, which will be effective January 1, if received by December 15 of this year. If you choose any of these changes, all of the information on this form will be processed at the same time.

- Change from TSP-computed payments to a specific dollar amount; or
- Change the dollar amount you are receiving.

Type or print the information requested. Make a copy of the completed form for your records and mail the original to:

Thrift Savings Plan
P.O. Box 385021
Birmingham, AL 35238
Or fax to: 1-866-817-5023

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.

Note: The TSP will report all payments and transfers to you as a death benefit and to the IRS on Form 1099-R, Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

SECTION I. Provide all of the requested information.

SECTION II. Check **only one** of the boxes in Section II. If you check a box in Item 9, your change will ordinarily be made within 5 business days after the form is received by the TSP. If you check the box for a final single payment, the balance of your account will be distributed in a single payment. You can also provide new transfer and EFT information if you wish. If you check the box to change information regarding your monthly payments, you can change the transfer or direct deposit information for your current payments.

If you check one of the boxes in Item 10, your change will be effective on January 1 of the year after the form is received, as long as your form is received by December 15. If you check the box to change your TSP-computed payments to a specific dollar amount, you should keep in mind that this is a one-time-only change. In other words, you cannot later request to change back to TSP-computed payments from a specific dollar amount. You can, however, change the dollar amount you are receiving each year. The amount you choose must be at least $25.

SECTION III. Complete Item 11. Check "Yes" if you want your final single payment or any portion of your monthly payments transferred to a traditional IRA, eligible employer plan, or Roth IRA. Also check "Yes" if you are currently having your monthly payments sent to an IRA or plan and want this payment method to continue.
Note: All final single payments and monthly payments that are expected to last less than 10 years (i.e., fewer than 120 payments) are considered eligible rollover distributions and may be transferred to a traditional IRA, eligible employer plan, or Roth IRA. **Note:** If, at the time of disbursement, your monthly payments are calculated to last for 120 or more payments, your transfer information will be ignored and payment will be made directly to you. If you decide to transfer to a Roth IRA, you **must pay tax on the amount you transfer** (except the tax-exempt balance your financial institution is willing to accept); the tax liability is incurred for the year of the transfer. We strongly encourage you to consult with a tax advisor regarding the tax consequences of making the transfer.

Check "No" if you do not want any portion of your payment(s) transferred to an IRA or plan. Also check this box if you want to **stop** current transfers of all or part of your monthly payments.

If you checked "Yes" in Item 11, you must complete Item 12. Use whole percentages. Amounts not transferred to an IRA or plan will be paid to you by check unless you choose EFT (Section V). Some financial institutions and plans have minimum transfer amounts. Verify that your financial institution or plan will accept your new payment(s).

Note: If your 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 IRA or plan 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 IRA or plan **and** the IRA or plan certifies that it will accept tax-exempt money.

SECTION IV. If you chose to transfer your payment(s) to a traditional IRA, eligible employer plan, or Roth IRA (i.e., if you checked "Yes" in Item 11), you **and** the IRA trustee or plan administrator must complete this section before you submit this form to the TSP. The IRA trustee or plan administrator must ensure that the account described in this section is an "eligible retirement plan" as defined by section 402(c)(8) of the Internal Revenue Code. (The traditional IRA, eligible employer plan, and Roth IRA are also described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account," which is available from the TSP website or the TSP.)

Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.

The financial institution or plan should retain a copy of this page to identify the account to which the check should be deposited when it is received. If the transfer is to a traditional IRA or Roth IRA, the institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

If you want to change or provide new transfer information, check "Yes" and continue. If you want your payment(s) to go to the IRA or plan that is currently receiving your monthly payments, check "No" in Item 13.

Type of Account and Account Number. In Item 14, indicate whether the transfer is to a traditional IRA, eligible employer plan, or Roth IRA. In Item 15, enter the account number, if available, to which the money is to be transferred. If that number is unavailable, provide your Social Security number or some type of customer identification through which the IRA or plan can identify you. If the transfer is to an eligible employer plan, you must provide the plan name in Item 16.

Transfer of Tax-Exempt Balances. Members of the uniformed services, in certain circumstances, were entitled to contribute tax-exempt money to their uniformed services TSP accounts; therefore, a beneficiary participant account may contain tax-exempt balances. (Tax-exempt balances are never subject to taxation.) If the 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 transfer election **and** the IRA or plan accepts tax-exempt balances. If the IRA or plan does not accept tax-exempt balances, that portion will be paid directly to the beneficiary participant. Check the appropriate box in Item 17 to indicate whether the IRA or plan will accept tax-exempt balances.

Make check payable to. In Item 18, provide the name of the IRA trustee or plan administrator as it should appear on the check. The check will be made payable to the party you provide here.

Mail to. If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 19 and 20) of the institution or person to whom the check should be sent. The certifying representative must provide the requested information in Items 21 – 24.

Name: TSP Account Number:

V. REQUEST FOR DIRECT DEPOSIT

25. Do you want the portion of your payment(s) that is not being transferred to an IRA or plan deposited directly into your checking or savings account?

☐ Yes (Complete this section to begin direct deposit or to change the bank account to which payment is made.)

☐ No (Go to Section VI. A check for the portion of your payment(s) that is not being transferred will be mailed to your TSP address of record.)

26. ______________________________
Name of Financial Institution

27. ______________________________
Routing Number *(Must be 9 digits)*

28. Type of Account ☐ Checking ☐ Savings

29. ______________________________
Checking or Savings Account Number

VI. CERTIFICATION

I certify that the information I have provided is true and complete to the best of my knowledge. Also, if I chose to transfer all or any part of my payment(s) to a Roth IRA, I certify that I understand that I must pay taxes on the transferred amount (excluding any tax-exempt funds) for the year in which it was transferred. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).

30. ______________________________
Participant's Signature

31. ______________________________
Date Signed

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 transaction. 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.

INFORMATION AND INSTRUCTIONS FOR PAGE 2

SECTION V. Complete Item 25. Check "Yes" if you want any portion of your final single payment or monthly payments that is not being transferred to an IRA or plan deposited directly into your checking or savings account by EFT. Check "No" if you do not want to receive any of your payment(s) by EFT. Also check "No" if you previously had any portion of your payments sent by direct deposit and you would like the direct deposits to stop.

If you currently have monthly payments sent by EFT and there is no change to the financial institution or plan information, check "Yes," but do **not** complete the rest of this section. Otherwise, provide all of the requested information in Items 26 – 29. If you do not know the 9-digit Routing Number, ask your financial institution for it.

EFTs will be made only to a financial institution in the United States (i.e., the 50 States and the District of Columbia). EFT is a safer method of payment than mailing a check to you.

Note: If you checked one of the boxes in Item 10 indicating that you are requesting an annual change, your EFT will be effective at the same time as any other annual changes to your monthly payments.

SECTION VI. Read the certification; then sign and date the form. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge. In addition, if you chose to transfer all or part of your payment(s) to a Roth IRA, you are certifying that you understand that you must pay tax on the tax-dererred amount transferred for the year of the transfer.