INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

To start or change your contributions, submit this form within 60 days of your Federal appointment or during a TSP open season. **To stop your contributions,** submit this form at any time. (See Section III.) Your election will stay in effect until you submit another election during a subsequent TSP open season or until you leave Federal service.

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

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 record keeper to allocate your contributions differently There are five TSP funds; the Plan Summary describes the funds and discusses their risks and advantages

To allocate your contributions among the five investment funds, use the TSP Web site at www.tsp.gov, call the ThriftLine at (504) 255-8777, or submit Form TSP-50, Investment Allocation, to the TSP record keeper at the address on that form. If you use the Web site or the ThriftLine, you will need your Social Security number and your TSP Personal Identification Number (PIN). If you are a newly hired employee, you will receive your PIN in the mail when your new account has been established. If you prefer to submit Form TSP-50, do not do so until you receive a letter from the TSP record keeper confirming that your new account has been established. If your account has not been established, Form TSP-50 will not be accepted.

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 limits specified in the table below (but not exceeding the Internal Revenue Service annual elective deferral limit):

	FERS	CSRS
July 1, 2001 – December 31, 2001	11%	6%
January 1, 2002 – December 31, 2002	12%	7%
January 1, 2003 – December 31, 2003	13%	8%
January 1, 2004 – December 31, 2004	14%	9%
January 1, 2005 – December 31, 2005	15%	10%
Beginning January 1, 2006	TSP contribution limits eliminated	

Item 7, Dollar Amount per Pay Period. The dollar amount you contribute cannot exceed the percentages shown above. You can contribute as little as $1 per pay period. The dollar amount you choose to contribute will not change until you submit a new Form TSP-1.

SECTION III

Complete this section to stop your contributions. If you stop contributing during a TSP open season, you will not be able to start again until the next TSP open season. If you stop contributing outside an open season, you will not be able to start again until the second open season after this form is received by your agency employing office.

Note: If you are a FERS employee, you may change the way your Agency Automatic (1%) Contributions are allocated 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 employing office)

In Item 12, enter the effective date of the action. An election made within 60 days of the employee's Federal appointment must be made effective no later than the first full pay period after receipt of Form TSP-1 Elections made during an open season to begin or change contributions must not be made effective before the first full pay period of the last month of the open season.

If a participant chooses to stop contributing to the TSP (Section III), the termination should be made effective no later than the first full pay period after receipt of the form. In Item 13, enter the date on which the participant may resume contributing to the TSP if the participant completed Section III.

In Item 15, enter the receipt date. This is the date that a **properly completed** form is received by the agency employing office; if the form has not been properly completed, it should be returned to the employee.

THRIFT SAVINGS PLAN
ELECTION FORM

TSP-1

Use this form to:
- Start your contributions to the Thrift Savings Plan (TSP)
- Change the amount of your contributions to the TSP
- Stop your contributions to the TSP

Before completing this form, please read the *Summary of the Thrift Savings Plan for Federal Employees* and the instructions on the back of this form. Type or print all information using black or dark blue ink. **Return the completed form to your agency employing office.** Your agency will return a copy to you after completing Section V.

Note: To allocate your contributions among the five 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. ____/____/____
Effective Date *(mm/dd/yyyy)*

13. ____/____/____
New Eligibility Date *(mm/dd/yyyy)*
(If participant completed Section III)

14. _____
Signature of Employing Office Official

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

16. _____
Remarks

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 account. We will use the information you provide to process your TSP election. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, 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 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 request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the employee and to the payroll office.