Use this form to start, stop, or change the amount of your contributions to the Thrift Savings Plan (TSP).

Before completing this form, please read the Summary of the Thrift Savings Plan and the instructions on the back of this form. Type or print all information. Return the completed form to your agency personnel or benefits office.

Note: To choose your 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) ________________________

V. FOR EMPLOYING OFFICE USE ONLY

11. Payroll Office Number ________________________ 12. Receipt Date (mm/dd/yyyy) ________________________ 13. Effective Date (mm/dd/yyyy) ________________________

14. Signature of Agency Official ________________________

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 on this form 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 laws, 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 request.

Provide a copy to the employee and to the payroll office.
You may start, stop, or change your contributions at any time. Your TSP election will stay in effect until you submit another election or until you leave Federal service.

**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 to allocate your contributions differently. The Plan Summary describes all of your investment choices and discusses their risks and advantages.

**To choose your investment fund(s),** use the TSP Web site (www.tsp.gov), the ThriftLine at 1-877-968-3778 (outside the U.S. and Canada, call 404-233-4400), or Form TSP-50, Investment Allocation. 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 new participant, you will receive your PIN by mail after your account has been established. If, as a new participant, you choose to submit Form TSP-50, do not do so until you receive a letter from the TSP confirming that your new account has been established. If your account has not been established, Form TSP-50 will not be accepted.

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

**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 Internal Revenue Code (IRC) annual elective deferral limit (e.g., $15,000 in 2006). If you specify a percentage, your contribution amount will automatically increase when you receive a pay raise.

**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. If you specify a dollar amount, it will not change until you submit a new Form TSP-1.

**SECTION III**
Complete this section to stop your contributions. You may restart your contributions at any time.

**Note:** If you are a FERS employee, you may change the way your Agency Automatic (1%) Contributions are invested 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 personnel or benefits office)
In Item 12, enter the receipt date. This is the date that a properly completed form is received by the agency personnel office. If the form has not been properly completed, it should be returned to the employee.

In Item 13, enter the effective date of the election. Elections should be made effective no later than the first full pay period after receipt of a properly completed form.