



Name:

[Name input box]

(Last, First, Middle)

TSP Account Number:

[TSP Account Number input box]

**VII. MARRIED FERS AND UNIFORMED SERVICES PARTICIPANTS** — Your spouse must consent to your withdrawal. Your spouse's signature must be notarized.

**17. Spouse:** By signing below, I consent to this withdrawal from my spouse's Thrift Savings Plan account. I understand that the amount withdrawn will not be available later for the purchase of a joint and survivor annuity.

[Spouse's Name input box]

Spouse's Name (Last, First, Middle)

18.

[Spouse's Signature input box]

Spouse's Signature

19.

[Date Signed input box]

Date Signed (mm/dd/yyyy)

**20. Notary: Please complete the following. No other acknowledgement is acceptable (see instructions).**

The person who signed Item 18 is known to or was identified by me and, before me, signed or acknowledged to have signed this form. In witness thereof, I have signed below on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ Year.

My commission expires: \_\_\_\_\_  
Date (mm/dd/yyyy)

[seal]

\_\_\_\_\_  
Notary's Signature

\_\_\_\_\_  
Notary's Printed Name

( )

\_\_\_\_\_  
Notary's Phone Number

\_\_\_\_\_  
Jurisdiction

**21. Participant:** If you cannot obtain your spouse's signature, provide your spouse's name (Item 17) and Social Security number on the right, and submit Form TSP-16, Exception to Spousal Requirements (TSP-U-16 for uniformed services), with the required documentation.

[Spouse's Social Security Number input box]

Spouse's Social Security Number

**VIII. MARRIED CSRS PARTICIPANTS** — Your spouse must be notified of your withdrawal request.

22.

[Spouse's Name input box]

Spouse's Name (Last, First, Middle)

**23.** Is your spouse's address the same as your address in your TSP record?

Yes

No (Complete Items 24 – 28.)

Don't know spouse's address.  
(Provide spouse's SSN and submit  
Form TSP-16.)

[Spouse's Social Security Number input box]

Spouse's Social Security Number

24.

Spouse has  
foreign address?  
Check here.

25.

[Street Address or Box Number input box]

Street Address or Box Number (For a foreign address, see instructions.)

[Street Address Line 2 input box]

Street Address Line 2

26.

[City input box]

City

27.

[State input box]

State

28.

[Zip Code input box]

Zip Code

**Do Not Write Below This Line**



Name:

(Last, First, Middle)

TSP Account Number:

## TRANSFER — ROTH

You **and** the IRA trustee or plan administrator must complete this page if you checked the box in Item 7 and you want to transfer all or a part of the **Roth** portion of your withdrawal to a Roth IRA or to a Roth account maintained by an eligible employer plan. Your Roth TSP balance consists of any employee contributions that you designated as Roth when you made your contribution election and the earnings associated with these contributions. Withdrawals of Roth contributions are paid tax-free. The earnings associated with these contributions are paid tax-free only if 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution **and** you have reached age 59½ or have a permanent disability. (See instructions.)

**XI. YOUR TRANSFER ELECTION FOR ROTH BALANCE** — After you complete this section, take or send this page (including the instructions on the back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section XII. **You** must submit the completed package in order for your transfer to be processed.

37. Transfer .0% of the **Roth** portion of my withdrawal to the IRA or plan identified in Section XII. **Note:** You must also complete Section III on Page 1.

**XII. TRANSFER INFORMATION FOR ROTH BALANCE** — This section is to **be completed by the IRA trustee or plan administrator**. The account described here must be a Roth IRA or a Roth account maintained by an eligible employer plan. Please return this completed form to the participant. **Do not submit transfer forms of financial institutions or plans.**

38. Type of Account:  Roth IRA  Eligible Employer Plan — Roth Account

39.   
IRA/Plan Account Number or Other Customer ID

40. Provide the **name and mailing address information below exactly as it should appear** on the front of the check.

Make check payable to

  - 

City

State

Zip Code

The financial institution or plan will need to use this information to identify the account that will receive the transfer.

I confirm the accuracy of the information in this section and the identity of the individual named above. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above.

41.  (  )  
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

42.   
Signature of Certifying Representative

43.  /  /   
Date Signed (mm/dd/yyyy)

**Do Not Write Below This Line**

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PREVIOUS EDITIONS OBSOLETE