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PHOTOCOPY
PRESERVATION

EXECUTIVE OFFICE OF THE PRESIDENT
OFFICE OF ADMINISTRATION
Washington, D.C. 20503

As a member of the Federal Employees Retirement System (FERS), you can now participate in the Thrift Savings Plan (TSP)!

TSP allows you to:

- Invest up to 10 percent of your gross pay,
- Defer taxes on the amount invested, and
- Defer taxes on investment earnings.

During the TSP open season from May 15, 1995 to July 31, 1995, you can:

- Begin payroll deductions to invest up to 10 percent of your basic pay
- Divide your investment among a Government Securities Investment Fund (G Fund), a Common Stock Index Fund (C Fund), and a Fixed Income Index Investment Fund (F Fund).

Starting July 2, 1995, you will receive an agency contribution equal to one percent of your basic pay. In addition, your agency will match up to five percent of your contribution.

Use the attached TSP-1 form to designate your contributions and investment fund choice(s).

If you do not contribute to the TSP, your one percent automatic agency contribution will be invested in the G Fund, unless you designate another fund on the TSP-1.

The attached booklet, "Summary of the Thrift Savings Plan for Federal Employees", provides detailed information about the TSP.

If you have any questions, please contact Michele Joy on extension 51149.

THRIFT SAVINGS PLAN
ELECTION FORM

TSP-1

Use this form to:
- Start or change your contributions to the Thrift Savings Plan (TSP)
- Stop your contributions to the TSP
- Indicate how you want your future contributions to be invested in the three TSP Funds

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. **Return the completed form to your agency employing office.** Do not remove your copy. Your agency will return it to you after completing Section VII.

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. _____
Date of Birth *(Month/Day/Year)*

6. _____
Office Identification *(Agency and Organization)*

II. AMOUNT OF YOUR CONTRIBUTIONS

If you complete this section, you must also complete Section IV

Complete either Part A or Part B of this section.

Part A. To contribute to your TSP account, enter **either** a whole percentage of your basic pay per pay period (Item 7) **or** a whole dollar amount per pay period (Item 8).

Part B. If you are a FERS employee who is not, and will not be, contributing to your TSP account at this time, but you are allocating your Agency Automatic (1%) Contributions, check Item 9.

7. _____.0% **OR** 8. $ _____.00 9. ☐ (Noncontributing FERS)

III. STOPPING YOUR CONTRIBUTIONS

Do not complete Section II FERS employees must also complete Section IV.

To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the three TSP Funds.

10. ☐ I want to stop contributing to my TSP account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.

IV. ALLOCATING CONTRIBUTIONS

You must also complete Section II or III

Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of Items 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.

If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed

11.	**G Fund**	Government Securities Investment Fund	.0%
12.	**F Fund**	Fixed Income Index Investment Fund	.0%
13.	**C Fund**	Common Stock Index Investment Fund	.0%
		Total	100.0%

V. ACKNOWLEDGEMENT OF RISK

Also sign Section VI.

I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by either the U.S. Government or the Federal Retirement Thrift Investment Board against investment loss in the F or C Fund, and that neither the U.S. Government nor the Federal Retirement Thrift Investment Board guarantees a return on my investment.

14. _____
Participant's Signature

VI. SIGNATURE

You must sign Item 15 and date Item 16; otherwise, your form will be returned to you unprocessed.

15. _____ 16. _____
Participant's Signature Date Signed

VII. FOR EMPLOYING OFFICE USE ONLY

17. _____ 18. _____ 19. _____ 20. _____
Payroll Office Number Agency Code Effective Date TSP SCD (Optional)

21. _____ 22. _____
Signature of Employing Office Official Acceptance Date

23. _____ 24. _____
New Eligibility Date if Item 10 Is Checked Remarks

GENERAL INFORMATION

You can start, change, or allocate your contributions only during the TSP open seasons (May 15 - July 31 and November 15 - January 31). **However**, you may submit the form at any time to **stop** your contributions (see Section III). Your Form TSP-1 will stay in effect until you submit another one or leave Federal service. You may not withdraw your TSP account balance while you are still employed by the Federal Government.

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

INSTRUCTIONS FOR SECTION I

Complete all items in this section.

INSTRUCTIONS FOR SECTION II

Complete Part A to start, continue, or change your TSP contributions.

Item 7, Percentage of Basic Pay Per Pay Period. If you are covered by FERS or an equivalent retirement plan, you may contribute up to 10% of your basic pay each pay period. If you are covered by CSRS or an equivalent retirement plan, you may contribute up to 5% of your basic pay each pay period.

Item 8, 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.

Complete Part B only if you are covered by FERS **and** you choose not to contribute or are not eligible to contribute to your account at this time (that is, if you are submitting this form only to allocate your Agency Automatic (1%) Contributions in Section IV).

INSTRUCTIONS FOR SECTION III

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

If you are a FERS employee who is stopping your contributions, you must also complete Section IV to show how you want your Agency Automatic (1%) Contributions to be divided among the G, F, and C Funds. You may submit another Form TSP-1 to change your allocation in any subsequent open season, even if you are not contributing to your account.

INSTRUCTIONS FOR SECTION IV

Complete this section to indicate how you want future contributions to be invested in the three TSP Funds. All participants may invest all or any portion of the contributions to their accounts in any of the three Funds. If you do not complete this section, your form will be returned to you unprocessed (unless you are a CSRS employee and you are submitting this form to stop your contributions).

INSTRUCTIONS FOR SECTION V

Complete this section if you invest in the F or C Fund. There is a risk of investment loss in both the F and C Funds. Read the acknowledgement of risk carefully before you sign it.

INSTRUCTIONS FOR SECTION VI

You must complete this section (even if you completed Section V).

INSTRUCTIONS FOR SECTION VII

(to be completed by employing office)

Enter the effective date of the action in Item 19. If this form is accepted during the portion of the open season that precedes the election period, the form should be made effective as of the first pay period that begins on or after the first day of the election period. (The election period is the last month of the open season.) If the form is accepted during the election period, it should be made effective as soon as administratively feasible, but no later than the first day of the pay period following acceptance of the form.

If a participant chooses to stop contributing to the TSP (Section III), deductions should stop at the end of the pay period in which the form is accepted, and the allocations should begin at the start of the following period.

Enter the acceptance date in Item 22. This is the date that the form is accepted by the agency employing office and is certified for processing. Item 23 is the date on which a participant may resume contributing to the TSP after stopping his or her contributions.

PRIVACY ACT NOTICE

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. 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 give us to process your Thrift Savings Plan Election Form (TSP-1). This information will be placed in your Official Personnel Folder. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.

THRIFT SAVINGS PLAN
ELECTION FORM

TSP-1

Use this form to:
- Start or change your contributions to the Thrift Savings Plan (TSP)
- Stop your contributions to the TSP
- Indicate how you want your future contributions to be invested in the three TSP Funds

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. **Return the completed form to your agency employing office.** Do not remove your copy. Your agency will return it to you after completing Section VII.

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. _____
Date of Birth *(Month/Day/Year)*

6. _____
Office Identification *(Agency and Organization)*

II. AMOUNT OF YOUR CONTRIBUTIONS

If you complete this section, you must also complete Section IV

Complete either Part A or Part B of this section.

Part A. To contribute to your TSP account, enter **either** a whole percentage of your basic pay per pay period (Item 7) **or** a whole dollar amount per pay period (Item 8).

Part B. If you are a FERS employee who is not, and will not be, contributing to your TSP account at this time, but you are allocating your Agency Automatic (1%) Contributions, check Item 9.

7. _____ .0% **OR** 8. $ _____ .00 9. ☐ (Noncontributing FERS)

III. STOPPING YOUR CONTRIBUTIONS

Do not complete Section II. FERS employees must also complete Section IV.

To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the three TSP Funds.

10. ☐ I want to stop contributing to my TSP account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.

IV. ALLOCATING CONTRIBUTIONS

You must also complete Section II or III

Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of Items 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.

If you invest in either the F or C Fund, you must sign Item 14; otherwise, your form will be returned to you unprocessed.

11. **G Fund**	Government Securities Investment Fund	_____ .0%
12. **F Fund**	Fixed Income Index Investment Fund	_____ .0%
13. **C Fund**	Common Stock Index Investment Fund	_____ .0%
	Total	100.0%

V. ACKNOWLEDGEMENT OF RISK

Also sign Section VI

I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by either the U.S. Government or the Federal Retirement Thrift Investment Board against investment loss in the F or C Fund, and that neither the U.S. Government nor the Federal Retirement Thrift Investment Board guarantees a return on my investment.

14. _____
Participant's Signature

VI. SIGNATURE

You must sign Item 15 and date Item 16; otherwise, your form will be returned to you unprocessed.

15. _____ 16. _____
Participant's Signature Date Signed

VII. FOR EMPLOYING OFFICE USE ONLY

17. _____ 18. _____ 19. _____ 20. _____
Payroll Office Number Agency Code Effective Date TSP SCD (Optional)

21. _____ 22. _____
Signature of Employing Office Official Acceptance Date

23. _____ 24. _____
New Eligibility Date if Item 10 Is Checked Remarks

GENERAL INFORMATION

You can start, change, or allocate your contributions only during the TSP open seasons (May 15 - July 31 and November 15 - January 31). **However**, you may submit the form at any time to **stop** your contributions (see Section III). Your Form TSP-1 will stay in effect until you submit another one or leave Federal service. You may not withdraw your TSP account balance while you are still employed by the Federal Government.

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

INSTRUCTIONS FOR SECTION I

Complete all items in this section.

INSTRUCTIONS FOR SECTION II

Complete Part A to start, continue, or change your TSP contributions.

Item 7, Percentage of Basic Pay Per Pay Period. If you are covered by FERS or an equivalent retirement plan, you may contribute up to 10% of your basic pay each pay period. If you are covered by CSRS or an equivalent retirement plan, you may contribute up to 5% of your basic pay each pay period.

Item 8, 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.

Complete Part B only if you are covered by FERS **and** you choose not to contribute or are not eligible to contribute to your account at this time (that is, if you are submitting this form only to allocate your Agency Automatic (1%) Contributions in Section IV).

INSTRUCTIONS FOR SECTION III

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

If you are a FERS employee who is stopping your contributions, you must also complete Section IV to show how you want your Agency Automatic (1%) Contributions to be divided among the G, F, and C Funds. You may submit another Form TSP-1 to change your allocation in any subsequent open season, even if you are not contributing to your account.

INSTRUCTIONS FOR SECTION IV

Complete this section to indicate how you want future contributions to be invested in the three TSP Funds. All participants may invest all or any portion of the contributions to their accounts in any of the three Funds. If you do not complete this section, your form will be returned to you unprocessed (unless you are a CSRS employee and you are submitting this form to stop your contributions).

INSTRUCTIONS FOR SECTION V

Complete this section if you invest in the F or C Fund. There is a risk of investment loss in both the F and C Funds. Read the acknowledgement of risk carefully before you sign it.

INSTRUCTIONS FOR SECTION VI

You must complete this section (even if you completed Section V).

INSTRUCTIONS FOR SECTION VII

(to be completed by employing office)

Enter the effective date of the action in Item 19. If this form is accepted during the portion of the open season that precedes the election period, the form should be made effective as of the first pay period that begins on or after the first day of the election period. (The election period is the last month of the open season.) If the form is accepted during the election period, it should be made effective as soon as administratively feasible, but no later than the first day of the pay period following acceptance of the form.

If a participant chooses to stop contributing to the TSP (Section III), deductions should stop at the end of the pay period in which the form is accepted, and the allocations should begin at the start of the following period.

Enter the acceptance date in Item 22. This is the date that the form is accepted by the agency employing office and is certified for processing. Item 23 is the date on which a participant may resume contributing to the TSP after stopping his or her contributions.

PRIVACY ACT NOTICE

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. 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 give us to process your Thrift Savings Plan Election Form (TSP-1). This information will be placed in your Official Personnel Folder. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.

THRIFT SAVINGS PLAN
ELECTION FORM

TSP-1

Use this form to:
- Start or change your contributions to the Thrift Savings Plan (TSP)
- Stop your contributions to the TSP
- Indicate how you want your future contributions to be invested in the three TSP Funds

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. **Return the completed form to your agency employing office.** Do not remove your copy. Your agency will return it to you after completing Section VII.

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. _____
Date of Birth *(Month/Day/Year)*

6. _____
Office Identification *(Agency and Organization)*

II. AMOUNT OF YOUR CONTRIBUTIONS

If you complete this section you must also complete Section IV

Complete either Part A or Part B of this section.

Part A. To contribute to your TSP account, enter **either** a whole percentage of your basic pay per pay period (Item 7) **or** a whole dollar amount per pay period (Item 8).

7. _____ .0% **OR** **8.** $ _____ .00

Part B. If you are a FERS employee who is not, and will not be, contributing to your TSP account at this time, but you are allocating your Agency Automatic (1%) Contributions, check Item 9.

9. ☐ (Noncontributing FERS)

III. STOPPING YOUR CONTRIBUTIONS

Do not complete Section II FERS employees must also complete Section IV

To stop your contributions to the TSP, check Item 10 and sign and date Items 15 and 16. If you are a FERS employee, your Agency Automatic (1%) Contributions will continue. You must complete Section IV to show how you want these contributions to be divided among the three TSP Funds.

10. ☐ I want to stop contributing to my TSP account. I understand that my payroll deductions will stop at the end of the pay period in which my agency employing office accepts this form.

IV. ALLOCATING CONTRIBUTIONS

You must also complete Section II or III

Show how you want future contributions to your account to be divided among the G, F, and C Funds. Enter the percentage (in multiples of 5%) that you want invested in each Fund. Do not use dollar amounts. The total of Items 11, 12, and 13 must equal 100%. If you are a FERS employee, the percentages that you choose will be applied to all contributions to your account, including Agency Automatic (1%) Contributions and Agency Matching Contributions.

If you invest in either the F or C Fund, you must sign Item 14, otherwise, your form will be returned to you unprocessed.

11.	**G Fund**	Government Securities Investment Fund	.0%
12.	**F Fund**	Fixed Income Index Investment Fund	.0%
13.	**C Fund**	Common Stock Index Investment Fund	.0%
		Total	100.0%

V. ACKNOWLEDGEMENT OF RISK

Also sign Section VI.

I have chosen to invest in the F and/or C Fund. I understand that I am making this investment at my own risk. I also understand that I am not protected by either the U.S. Government or the Federal Retirement Thrift Investment Board against investment loss in the F or C Fund, and that neither the U.S. Government nor the Federal Retirement Thrift Investment Board guarantees a return on my investment.

14. _____
Participant's Signature

VI. SIGNATURE

You must sign Item 15 and date Item 16, otherwise, your form will be returned to you unprocessed.

15. _____ **16.** _____
Participant's Signature Date Signed

VII. FOR EMPLOYING OFFICE USE ONLY

17. _____ **18.** _____ **19.** _____ **20.** _____
Payroll Office Number Agency Code Effective Date TSP SCD (Optional)

21. _____ **22.** _____
Signature of Employing Office Official Acceptance Date

23. _____ **24.** _____
New Eligibility Date if Item 10 Is Checked Remarks

GENERAL INFORMATION

You can start, change, or allocate your contributions only during the TSP open seasons (May 15 - July 31 and November 15 - January 31). **However**, you may submit the form at any time to **stop** your contributions (see Section III). Your Form TSP-1 will stay in effect until you submit another one or leave Federal service. You may not withdraw your TSP account balance while you are still employed by the Federal Government.

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

INSTRUCTIONS FOR SECTION I

Complete all items in this section.

INSTRUCTIONS FOR SECTION II

Complete Part A to start, continue, or change your TSP contributions.

Item 7, Percentage of Basic Pay Per Pay Period. If you are covered by FERS or an equivalent retirement plan, you may contribute up to 10% of your basic pay each pay period. If you are covered by CSRS or an equivalent retirement plan, you may contribute up to 5% of your basic pay each pay period.

Item 8, 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.

Complete Part B only if you are covered by FERS **and** you choose not to contribute or are not eligible to contribute to your account at this time (that is, if you are submitting this form only to allocate your Agency Automatic (1%) Contributions in Section IV).

INSTRUCTIONS FOR SECTION III

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

If you are a FERS employee who is stopping your contributions, you must also complete Section IV to show how you want your Agency Automatic (1%) Contributions to be divided among the G, F, and C Funds. You may submit another Form TSP-1 to change your allocation in any subsequent open season, even if you are not contributing to your account.

INSTRUCTIONS FOR SECTION IV

Complete this section to indicate how you want future contributions to be invested in the three TSP Funds. All participants may invest all or any portion of the contributions to their accounts in any of the three Funds. If you do not complete this section, your form will be returned to you unprocessed (unless you are a CSRS employee and you are submitting this form to stop your contributions).

INSTRUCTIONS FOR SECTION V

Complete this section if you invest in the F or C Fund. There is a risk of investment loss in both the F and C Funds. Read the acknowledgement of risk carefully before you sign it.

INSTRUCTIONS FOR SECTION VI

You must complete this section (even if you completed Section V).

INSTRUCTIONS FOR SECTION VII

(to be completed by employing office)

Enter the effective date of the action in Item 19. If this form is accepted during the portion of the open season that precedes the election period, the form should be made effective as of the first pay period that begins on or after the first day of the election period. (The election period is the last month of the open season.) If the form is accepted during the election period, it should be made effective as soon as administratively feasible, but no later than the first day of the pay period following acceptance of the form.

If a participant chooses to stop contributing to the TSP (Section III), deductions should stop at the end of the pay period in which the form is accepted, and the allocations should begin at the start of the following period.

Enter the acceptance date in Item 22. This is the date that the form is accepted by the agency employing office and is certified for processing. Item 23 is the date on which a participant may resume contributing to the TSP after stopping his or her contributions.

PRIVACY ACT NOTICE

We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. 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 give us to process your Thrift Savings Plan Election Form (TSP-1). This information will be placed in your Official Personnel Folder. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.

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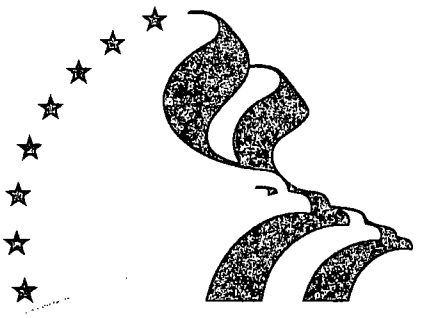
Contains Important Information About Changes in the TSP



SUMMARY OF THE

THRIFT SAVINGS PLAN

FOR FEDERAL EMPLOYEES

SEPTEMBER 1990