



THRIFT SAVINGS PLAN

INTERFUND TRANSFER REQUEST

TSP-30

Use this form *only* if you want to change the way the balance currently in your Thrift Savings Plan (TSP) account is invested in the three TSP funds. (*To change the way future contributions to your account are invested, you must submit a new Election Form (TSP-1) to your agency employing office.*) You may make four interfund transfers in a calendar year. Before completing this form, please read the information on the back. **Type or print** all information. Mail the completed form to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 60012
New Orleans, LA 70160-0012

Forms received by the TSP Service Office by the 15th of the month will be effective as of the last day of that month. Forms received after the 15th will be effective as of the last day of the following month. **DO NOT submit this form to your agency. Your agency cannot process it.**

**I.
INFORMATION**

1. Name _____

Last

First

Middle

2. Social Security No. _____

3. Date of Birth _____

Month Day Year

**II.
YOUR
TRANSFER
DECISION**

Show how you want your current account balance to be divided among the G, F, and C Funds as a result of the interfund transfer. Enter the percentage (in multiples of 5%) of your account balance that you want to be invested in each of the funds. Do not use dollar amounts. The total of Items 4, 5, and 6 must equal 100%. The percentages that you choose will be applied to the total balance in your account (including, if you are a FERS employee, your Agency Automatic (1%) and Matching

4. G Fund Government Securities Investment Fund .0%

5. F Fund Fixed Income Index Investment Fund .0%

6. C Fund Common Stock Index Investment Fund .0%

Total .0%

**III.
ACKNOWLEDGE-
MENT OF RISK**

Also sign Section IV.

If you invest in either the F or C fund, sign Item 7.

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

7. _____
Participant's Signature

**IV.
SIGNATURE**

You must sign Item 8 and date Item 9; otherwise, your interfund transfer will not be processed. Mail the completed form, with your original signature, to the TSP Service Office at the address at the top of

8. _____
Participant's Signature

9. _____
Date Signed

10. _____
Daytime Phone (Area Code and Number)

Check one: Office Residence

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 interfund transfer request. 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.