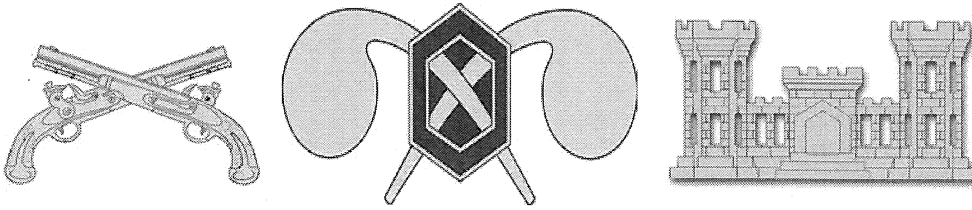


BOLC IN-PROCESSING WORKSHEET



The information requested below is required in order to furnish sufficient information to establish, correct, or change your military pay account as needed.

NAME _____ SSN _____ - _____ - _____ RANK _____
Last, First, MI

E-MAIL _____ PHONE _____

MARRIED _____ SINGLE _____ DEPENDENTS (circle one) YES / NO

SPOUSE ACTIVE DUTY? (circle one) YES / NO- IF YES, SSN _____ - _____ - _____

SPOUSE'S BRANCH OF SERVICE _____ PDS _____

Your last TRAINING LOCATION _____

DATE DEPARTED last location _____

DATE ARRIVED Ft Leonard Wood _____

SCHOOL: (circle one) ENG/ CHEM/ MP CLASS # _____

ORGANIZATION ASSIGNED TO: _____

DATE OF FINANCE IN-PROCESSING: _____

PROJECTED BOLC PHASE III GRADUATION DATE: _____

DIEMS DATE: _____ (Date of Initial Entry into Military Service)

Officer's Supporting Documents

All Officers (not accessed)

Orders

DA 31 Leave Form

DA Form 71 Oath of Office (Reserve and Active)

Prior Service Active

DD Form 4/1, 4/2, 4/3 (if applicable) Enlistment/Re-Enlistment Document Armed Forces of the United States

DA Form 597 Army Senior Reserve Officers' Training Corps (ROTC) Non-Scholarship Cadet Contract

DA Form 597-3 Army Senior Reserve Officers' Training Corps (ROTC) Scholarship Cadet Contract

DA Form 4824 Addendum to Certificate and Acknowledgement of Service Requirement.

DD 214 Certificate of Release or Discharge from Active Duty

Reserve/SMP/Prior

DD Form 4/1, 4/2, 4/3 (if applicable) Enlistment/Re-Enlistment Document Armed Forces of the United States

DA Form 597-3 Army Senior Reserve Officers' Training Corps (ROTC) Scholarship Cadet Contract

DA Form 597 Army Senior Reserve Officers' Training Corps (ROTC) Non-Scholarship Cadet Contract

DA Form 4824 Addendum to Certificate and Acknowledgement of Service Requirement.

ROTC Cadet

DD Form 4/1, 4/2, 4/3 (if applicable) Enlistment/Re-Enlistment Document Armed Forces of the United States

DA Form 597 Army Senior Reserve Officers' Training Corps (ROTC) Non-Scholarship Cadet Contract

DA Form 597-3 Army Senior Reserve Officers' Training Corps (ROTC) Scholarship Cadet Contract

National Guard

NG (simultaneous membership program) SMP prior service

DD Form 4/1, 4/2, 4/3 (if applicable) Enlistment/Re-Enlistment Document Armed Forces of the United States

DA Form 597-3 Army Senior Reserve Officers' Training Corps (ROTC) Scholarship Cadet Contract

DA Form 597 Army Senior Reserve Officers' Training Corps (ROTC) Non-Scholarship Cadet Contract

NGB Form 594-1 Annex to DD Form 4 ARNG Simultaneous Membership Program Agreement

NGB Form 22 Report of Separation and Record of Service

NGB Form 23A Army National Guard current Annual Statement

Already Accessed

Orders

DA 31 Leave Form

ORDER of Documents

info sheet (finance provides)

orders

DA 31 Leave Form

DA 71 active and reserve

JUMPS (finance provides)

Direct Deposit (finance provides)

W-4 (finance provides)

State of legal residents (finance provides)

DD 4/1 and DD 4/2

DA 597 or DA 597-3

DA 4824

NGB Form 22

NGB 23A

NGB rom 594-1

DD 214

DD 1351-2 Travel Voucher (finance provides if PCSed)

DA 5960 (finance provides) Soldier Provides: marriage license, children birth certificate, divorce decree and CDRs fills in block 15

TSP FORM

AUTHORIZATION TO START, STOP, OR CHANGE BASIC ALLOWANCE FOR QUARTERS (BAQ), AND/OR VARIABLE HOUSING ALLOWANCE (VHA) <small>For use of this form, see AR 37-104-4; the proponent agency is ASA(FM)</small>				PRIVACY ACT STATEMENT					
1. NAME (Last, First, MI)				AUTHORITY: 37 USC 403; Public Law 96-343; EO 9397. PRINCIPLE PURPOSE: To start, adjust or terminate military member's entitlement to basic allowance for quarters (BAQ) and/or variable housing allowance (VHA). ROUTINE USE: To adjust member's military pay record, information may be disclosed to Army components, such as USAFAC, major commands, and other Army installations; to other DOD components; other federal agencies such as IRS, Social Security Administration and VA, GAO, members of Congress; State and local government; US and State courts, and various law enforcement agencies. Social Security Number (SSN) is used for positive identification. DISCLOSURE IS VOLUNTARY: Nondisclosure may result in nonpayment of BAQ and/or VHA. Disclosure of your SSN is voluntary. However, this form will not be processed without your SSN because the Army identifies you for pay purposes by your SSN.					
2. SOCIAL SECURITY NUMBER		3. GRADE							
4. TYPE OF ACTION									
<input type="checkbox"/> START	<input type="checkbox"/> CANCEL	<input type="checkbox"/> CHANGE	<input type="checkbox"/> REPORT						
<input type="checkbox"/> CORRECT	<input type="checkbox"/> STOP	<input type="checkbox"/> RECERTIFICATION							
5. DUTY LOCATION (Include Station, Name, City, State, and Zip Code)				6. DATE/ACTION (YYYYMMDD)		7. BAQ TYPE			
FORT LEONARD WOOD, MO 65473				<input type="checkbox"/> WITH DEPENDENTS		<input type="checkbox"/> PARTIAL <input type="checkbox"/> WITHOUT DEPENDENTS			
8. MARITAL/DEPENDENCY STATUS				9. QUARTERS ASSIGNMENT/AVAILABILITY					
<input type="checkbox"/> a. SINGLE		<input type="checkbox"/> b. MARRIED (see blocks (1), (2) & (3))		<input type="checkbox"/> c. DIVORCED (see blocks (1), (2) & (3))		<input type="checkbox"/> a. ADEQUATE (see block (1))		<input type="checkbox"/> b. INADEQUATE (see blocks (1), (2) & (4))	
<input type="checkbox"/> d. LEGALLY SEPARATED (see blocks (1), (2) & (3))		<input type="checkbox"/> e. DEPENDENT CHILD (see blocks (4), (5) & (6))		<input type="checkbox"/> c. TRANSIENT (see block (3))		<input type="checkbox"/> d. NOT AVAILABLE			
(1) Spouse/Former Spouse SSN		(2) Spouse/Former Spouse Duty Station		(3) Date of Marriage, Divorce/Separation		(1) QUARTERS NO.		(2) FAIR RENTAL VALUE \$	
(4) Child in Custody of: <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Former Spouse <input type="checkbox"/> Other				(3) FROM:		TO:			
(5) If you check "OTHER" above, prepare DD Form 137 to establish dependency.				<input type="checkbox"/> MEMBER ELECTION (Member in grade E7 and above)		<input type="checkbox"/> COMMANDER DETERMINATION (Attached)			
(6) If child support received from another military member, complete (1), (2) & (3).									
10. DEPENDENTS/SHARERS (Continue on back if required)									
NAME OF DEPENDENT/SHARER			COMPLETE CURRENT ADDRESS (Include ZIP Code)			RELATIONSHIP		DOB OF CHILDREN	
11. CERTIFICATION OF DEPENDENT SUPPORT									
<input type="checkbox"/> I certify that I can provide, or willing to provide, adequate support for the above named dependents. I am aware that failure to support the above named dependents may result in stopping BAQ and recouping BAQ for any prior periods/nonsupport.									
<input type="checkbox"/> IAW service regulations, I certify that the dependency status of my primary dependents, on whose behalf I am receiving BAQ, has not changed so as to affect my entitlement thereto for the period.									
12. EXPENSES, IF AUTHORIZED, I AM REQUESTING VHA BASED ON									
My permanent duty station:			My dependent's location:			Both my permanent duty station and dependent's location.			
a. Monthly Expenses:		Member		Dependent		b. Sharer/Lease Information		c. Address Information	
(1) Mortgage (PITI) or Rent						(1) Rental/Residential Address:		(1) Landlord's Name and Address:	
(2) Insurance									
(3) Other						(2) Effective Date:		(3) Expiration Date:	
(2) Landlord's Phone No.									
TOTALS									
(4) Number of Sharers (show name(s) and address in block 10.)									
I certify ALL information regarding this authorization is correct. I will immediately notify the FAO/HRO of any changes in the information above, due to divorce, marriage, death, living in government quarters etc, which could affect by BAQ or VHA entitlement. IMPORTANT: Making a false statement or claim against the US Government is punishable by courts-martial. The penalty for willfully making a false claim or a false statement in connection with claims is a maximum fine of \$10,000 or imprisonment for 5 years, or both.									
13. MEMBER'S SIGNATURE				14. DATE		15. CERTIFYING OFFICER'S SIGNATURE		16. DATE	

JUMPS - JSS PAY ELECTIONS

For use of this form, see AR 37-104-3; the proponent agency is ASA(FM)

PRIVACY ACT STATEMENT

Authority: Title 37 USC, Section 101.

Principal Purpose: To provide the service member a means of electing the manner in which he or she desires to receive pay and allowances.

Routine Use: To establish the pay account of the MMPF.

Disclosure: Disclosure of your social security number (SSN) and other personal information is voluntary; however, without the requested information, the Finance Office cannot identify members, or take the requested action.

1. HOW DO YOU WANT TO BE PAID? (X one item.)

☐

a. Once a Month

☒

b. Twice a Month

2. METHOD OF PAYMENT (X one item.)

☒

a. Sure Pay/Direct Deposit (Complete Section 4.)

☐

b. Check to Address (Complete 5.)

3. HELD PAY (NOTE: All amounts may be withdrawn at any time upon application to your Finance Officer.)

b. SPECIFY AMOUNT

☐

a. If a held pay amount is also desired, check box and enter amount.

\$

4. SURE PAY/DIRECT DEPOSIT (X one box.)

☒

a. SF 1199A attached. (Complete items (1) through (5)).

☐

b. SF 1199A on file. (Use this box if you already have SURE PAY/DIRECT DEPOSIT to this financial institution) (Do not complete items (1) through (5)).

(1) NAME OF FINANCIAL ORGANIZATION

(2) SAVINGS OR CHECKING ACCOUNT NO

(3) NAME OF ACCOUNT HOLDER

(4) STREET NO., RR NO., P.O. BOX

(5) CITY, STATE, ZIP CODE (Or Country)

5. CHECK TO ADDRESS (Provide complete mailing address.)

a. STREET NO., RR NO., P.O. BOX

b. CITY

c. STATE

d. ZIP CODE

e. COUNTRY

6. REMARKS

7. I HEREBY AUTHORIZE PAYMENT AS SPECIFIED ABOVE.

a. TYPED OR PRINTED NAME

e. NAME AND ADDRESS OF ORGANIZATION

b. SSN

c. SIGNATURE

d. DATE

FAST START

DIRECT DEPOSIT

INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION (SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER <input style="width: 150px;" type="text"/> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> EMPLOYEE NAME (as on payroll records) </div> <div style="width: 60%;"> <input style="width: 100%;" type="text"/> (Last, First, Initials) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> TELEPHONE NUMBER (WORK) <input style="width: 100%;" type="text"/> </div> <div style="width: 45%;"> (HOME) <input style="width: 100%;" type="text"/> </div> </div>			
2. TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings TYPE OF PAYMENT <input type="checkbox"/> Net Pay <input type="checkbox"/> Travel <input type="checkbox"/> Other Federal employment related payments	3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments) A voided personal check/sharedraft may be attached in lieu of completing this section. See instructions on back of this form. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ROUTING TRANSIT NUMBER <input style="width: 100%;" type="text"/> </div> <div style="width: 5%;"> <input type="text"/> </div> <div style="width: 50%;"> Check Digit </div> </div> <div style="margin-top: 5px;"> ACCOUNT NUMBER <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 5px;"> ACCOUNT TITLE _____ (Account Holder's Name) </div> <div style="margin-top: 5px;"> FINANCIAL INSTITUTION NAME _____ </div>		
4. ALLOTMENT INFORMATION Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.			
TYPE OF ALLOTMENT (Check One) <input type="checkbox"/> Savings (whole dollar amounts only) <input type="checkbox"/> Discretionary or Third Party	TYPE OF ACCOUNT (Check One) <input type="checkbox"/> SAVINGS <input type="checkbox"/> CHECKING	ACTION (Check One) <input type="checkbox"/> START <input type="checkbox"/> CANCEL <input type="checkbox"/> CHANGE	AMOUNT (Check One) <input type="checkbox"/> INCREASE TO: <input type="checkbox"/> DECREASE TO: New Total \$ _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> ALLOTTEE NAME (person/company who will receive allotment) </div> <div style="width: 65%;"> <input style="width: 100%;" type="text"/> </div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> ALLOTTEE'S ROUTING NUMBER </div> <div style="width: 60%;"> <input style="width: 100%;" type="text"/> </div> <div style="width: 10%;"> <input type="text"/> </div> <div style="width: 10%;"> Check Digit </div> </div> </div> <div style="margin-top: 10px;"> ALLOTTEE'S ACCOUNT NUMBER <input style="width: 100%;" type="text"/> </div> <div style="margin-top: 10px;"> ALLOTTEE'S ACCOUNT TITLE _____ (Account Holder's Name) </div> <div style="margin-top: 10px;"> FINANCIAL INSTITUTION NAME _____ </div>			
5. AUTHORIZATION <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 60%;"> * _____ EMPLOYEE'S SIGNATURE </div> <div style="width: 35%;"> _____ DATE </div> </div>			
6. AGENCY USE:			

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2019
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)
		Date ▶		

STATE OF LEGAL RESIDENCE CERTIFICATE

PRIVACY ACT STATEMENT

AUTHORITY: 50 U.S.C 571, Residence for tax purposes and 37 U.S.C., Pay and Allowances of the Uniformed Services.

PURPOSE: Information is required for determining the correct State of legal residence for purposes of withholding State income taxes from military pay.

ROUTINE USES: Additional routine uses are listed in the applicable system of records notices, T7340, Defense Joint Military Pay System-Active Component, and T7344, Defense Joint Military Pay System-Reserve Component are located at: <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-Component-Notices/DFAS-Article-List/>. M01040-3, Marine Corps Manpower Management Information System Records, located at <http://dpcl.d.defense.gov/Privacy/SORNSIndex/DOD-Component-Notices/>.

DISCLOSURE: Voluntary, however, if not provided, State income taxes will be withheld based on the tax laws of the applicable State, based on your home of record.

1. NAME (Last, First, Middle Initial)

2. DOD ID NUMBER

3. LEGAL RESIDENCE/DOMICILE (City or county and State)

INSTRUCTIONS FOR CERTIFICATION OF STATE OF LEGAL RESIDENCE

The purpose of this certificate is to obtain information with respect to your legal residence/domicile for the purpose of determining the State for which income taxes are to be withheld from your "wages" as defined by Section 3401(a) of the Internal Revenue Code of 1954. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE SIGNING.

The terms "legal residence" and "domicile" are essentially interchangeable. In brief, they are used to denote that place where you have your permanent home and to which, whenever you are absent, you have the intention of returning. The Soldiers' and Sailors' Civil Relief Act protects your military pay from the income taxes of the State in which you reside by reason of military orders unless that is also your legal residence/domicile. The Act further provides that no change in your State of legal residence/domicile will occur solely as a result of your being ordered to a new duty station.

You should not confuse the State which is your "home of record" with your State of legal residence/domicile. Your "home of record" is used for fixing travel and transportation allowances. A "home of record" must be changed if it was erroneously or fraudulently recorded initially.

Enlisted members may change their "home of record" at the time they sign a new enlistment contract. Officers may not change their "home of record" except to correct an error, or after a break in service. The State which is your "home of record" may be your State of legal residence/domicile only if it meets certain criteria.

The formula for changing your State of legal residence/domicile is simply stated as follows: physical presence in the new State with the simultaneous intent of making it your permanent home and abandonment of the old State of legal residence/domicile. In most cases, you must actually reside in the new State at the time you form the intent to make it your permanent home. Such intent must be clearly indicated. Your intent to make the new State your permanent home may be indicated by certain actions such as: (1) registering to vote; (2) purchasing residential property or an unimproved residential lot; (3) titling and registering your automobile(s); (4) notifying the State of your previous legal residence/domicile of the change in your State of legal residence/domicile; and (5) preparing a new last will and testament which indicates your new State of legal residence/domicile. Finally, you must comply with the applicable tax laws of the State which is your new legal residence/domicile.

Generally, unless these steps have been taken, it is doubtful that your State of legal residence/domicile has changed. Failure to resolve any doubts as to your State of legal residence/domicile may adversely impact on certain legal privileges which depend on legal residence/domicile including among others, eligibility for resident tuition rates at State universities, eligibility to vote or be a candidate for public office, and eligibility for various welfare benefits. If you have any doubt with regard to your State of legal residence/domicile, you are advised to see your Legal Assistance Officer (JAG Representative) for advice prior to completing this form.

I certify that to the best of my knowledge and belief, I have met all the requirements for legal residence/domicile in the State claimed above and that the information provided is correct.

I understand that the tax authorities of my former State of legal residence/domicile will be notified of this certificate.

4. SIGNATURE OF APPLICANT

5. CURRENT MAILING ADDRESS (Include Zip Code)

6. DATE (YYMMDD)



THRIFT SAVINGS PLAN ELECTION FORM

TSP-U-1

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 the office of your service that is responsible for enrolling members in the TSP.** That office should return a copy to you after completing Section V. **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. Mailing Address (may be APO or FPO) _____ City _____ State _____ Zip Code _____

3. Social Security Number _____ 4. () _____
Daytime Phone (Area Code and Number)

5. / / _____ 6. Office Identification (Service and Organization) _____
Date of Birth (mm/dd/yyyy)

II. CHOOSE THE AMOUNT OF YOUR CONTRIBUTIONS

Your choice will cancel
all previous elections.

To start or change the amount of your contributions, enter in Items 7–10 the percentage of your pay each pay period that you want as traditional (pre-tax) contributions. Enter in Items 11–14 the percentage of your pay each pay period that you want as Roth (after-tax) contributions. **Note:** You **must** elect to contribute at least 1% of basic pay (or its equivalent) to be eligible to contribute from your other types of pay (see instructions). **Remember:** A blank line next to a type of contribution equals 0% contributed.

Traditional (Pre-Tax) Contributions All Services

Basic Pay 7. _____ .0%

Incentive Pay 8. _____ .0%

Special Pay 9. _____ .0%

Bonus Pay 10. _____ .0%

Roth (After-Tax) Contributions All Services

11. _____ .0%

12. _____ .0%

13. _____ .0%

14. _____ .0%

III. STOP YOUR CONTRIBUTIONS

When you stop your
contributions from
basic pay, contributions
from incentive, special,
and bonus pay will
also stop.

To stop all contributions to the TSP, check Item 15 or 19 (or both, as applicable). If you want to stop only your contributions from incentive pay, special pay, or bonus pay, check the appropriate box(es). Your contributions will stop no later than the first full pay period after your service receives this form. See the instructions for this section for information about stopping automatic contributions.

Stop My Traditional Contributions

15. ☐ From basic pay

16. ☐ From incentive pay

17. ☐ From special pay

18. ☐ From bonus pay

Stop My Roth Contributions

19. ☐ From basic pay

20. ☐ From incentive pay

21. ☐ From special pay

22. ☐ From bonus pay

IV. SIGNATURE

23. _____ 24. / / _____
Participant's Signature Date Signed (mm/dd/yyyy)

V. FOR SERVICE USE ONLY

25. _____ 26. / / _____ 27. / / _____
Payroll Office Number Receipt Date (mm/dd/yyyy) Effective Date (mm/dd/yyyy)

28. _____
Signature of Service Official

PRIVACY ACT NOTICE. We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. Your service will use this information to identify your TSP account and to start, change, or stop your TSP contributions. In addition, this information may be shared with other federal agencies for statistical, auditing, or archiving purposes. The information may also be shared 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, and their attorneys. Relevant portions of the information may also be disclosed to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, your agency or service will not be able to process your request.

ORIGINAL TO PERSONNEL FOLDER
Provide a copy to the member and to the Payroll/Finance Office.

Form TSP-U-1 (1/2019)
PREVIOUS EDITIONS OBSOLETE