

REQUEST TO CORRECT THRIFT SAVINGS PLAN (TSP) AGENCY ERROR*(Read Privacy Act Statement, Penalty Statement, and Instructions on back before completing form.)***PRIVACY ACT STATEMENT**

AUTHORITY: P.L. 101-335, Section 2, 5 CFR, Part 1606. This provides statutory authority for employing agencies to pay the TSP amounts representing breakage (lost earnings) resulting from agency errors. E.O. 9397 allows for the collection of Social Security Numbers.

PRINCIPAL PURPOSE(S): The information on this form will be used to correct errors in member's TSP withholdings and for computer matching programs with Federal, state, and local agencies as authorized by law. It will also be used for maintaining a record of member's claim for lost earnings.

ROUTINE USE(S): The information may be used by Treasury Department, Federal, state, and local authorities for authorized computer matching programs, Social Security Administration to report earned wages, Federal Reserve bank to distribute payments made through the direct deposit system to financial organizations. Other Blanket Routine Uses may also apply as published in the beginning of the DFAS compilation of Privacy Act system notices.

DISCLOSURE: Voluntary; however, failure to provide the requested information, as well as the SSN, may result in the member not being able to claim TSP lost earnings.

PENALTY STATEMENT

Any person knowingly making false, fictitious, or fraudulent claims upon or against the United States Government may be imprisoned for up to five years (18 USC 287 and 1001, and 31 USC 3729).

1. NAME <i>(Last, First, Middle Initial)</i>		2. GRADE	3. DATE OF BIRTH <i>(YYYYMMDD)</i>	4. SSN					
5. DUTY TELEPHONE NUMBER <i>(Include area code)</i>		6. MEMBER'S UNIT NAME AND ADDRESS							
a. DSN b. COMMERCIAL									
7. BRANCH OF SERVICE <i>(X one)</i>		8. INPUT SOURCE <i>(Unit, Address, and Telephone Number)</i>							
<table border="0"><tr><td><input type="checkbox"/> AIR FORCE</td><td><input type="checkbox"/> COAST GUARD</td></tr><tr><td><input type="checkbox"/> ARMY</td><td><input type="checkbox"/> PUBLIC HEALTH</td></tr><tr><td><input type="checkbox"/> NAVY</td><td><input type="checkbox"/> NOAA</td></tr><tr><td><input type="checkbox"/> MARINE CORPS</td><td></td></tr></table>					<input type="checkbox"/> AIR FORCE	<input type="checkbox"/> COAST GUARD	<input type="checkbox"/> ARMY	<input type="checkbox"/> PUBLIC HEALTH	<input type="checkbox"/> NAVY
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<input type="checkbox"/> NAVY	<input type="checkbox"/> NOAA								
<input type="checkbox"/> MARINE CORPS									
9. STATUS <i>(X one)</i>		10. PAYROLL DATE <i>(YYYYMMDD)</i>	11. DATE PAYMENT MADE TO NFC <i>(YYYYMMDD)</i>						
<table border="0"><tr><td><input type="checkbox"/> ACTIVE DUTY</td><td><input type="checkbox"/> RESERVES</td></tr><tr><td><input type="checkbox"/> GUARD</td><td></td></tr></table>					<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> RESERVES	<input type="checkbox"/> GUARD		
<input type="checkbox"/> ACTIVE DUTY	<input type="checkbox"/> RESERVES								
<input type="checkbox"/> GUARD									
12. CLAIMANT'S BRIEF EXPLANATION OF ERROR									
13. INPUT SOURCE'S EXPLANATION OF EXTENUATING CIRCUMSTANCES									
14. DOCUMENTATION ATTACHED TO SUPPORT CLAIM <i>(X as appropriate)</i>									
<table border="0"><tr><td><input type="checkbox"/> LEAVE AND EARNINGS STATEMENTS</td><td><input type="checkbox"/> TSP PARTICIPANTS STATEMENTS</td><td><input type="checkbox"/> TSP FORM 1, TSP ELECTION FORM</td></tr></table>					<input type="checkbox"/> LEAVE AND EARNINGS STATEMENTS	<input type="checkbox"/> TSP PARTICIPANTS STATEMENTS	<input type="checkbox"/> TSP FORM 1, TSP ELECTION FORM		
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15. FOR OFFICIAL USE ONLY									
16. CLAIMANT		17. INPUT SOURCE/COMMANDER							
a. SIGNATURE		b. DATE SIGNED <i>(YYYYMMDD)</i>		<table border="0"><tr><td>a. SIGNATURE</td><td>b. DATE SIGNED <i>(YYYYMMDD)</i></td></tr></table>	a. SIGNATURE	b. DATE SIGNED <i>(YYYYMMDD)</i>			
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c. E-MAIL ADDRESS		c. E-MAIL ADDRESS							

INSTRUCTIONS

(Items not listed are self-explanatory.)

- 4. Social Security Number.
- 8. Organization that processed the request believed to be in error.
- 10. Date the payment was made to the member and should have had TSP contributions sent to NFC.
- 11. Date the contribution was actually sent to NFC.
- 15. Used by Central Site to describe actions taken.
- 17. For Army: Commander's signature and e-mail address. For all others: E-mail address of the source technician on this form.

18. ADDITIONAL REMARKS *(Use this space to continue any item if necessary.)*