

TSP-70-A
Late Request for Full Withdrawal
July 2012

Check List for Completing Form TSP-70-A, Late Request for Full Withdrawal:

Be sure to read all instructions before completing this form. Only complete and submit the pages that are required as outlined below. You must submit all pages that are relevant to your request **as one package**.

- ✓ Pages 1 and 2 (Sections I, IV, and VI) are required for all participants. You must **sign** and **date the form**, and your **signature must be notarized**.
- ✓ If you are married, you must complete Section II or III depending on your retirement coverage. If you are a married FERS or uniformed services participant, your spouse must also sign the form, and the signature must be notarized.
- ✓ If you have a traditional (non-Roth) balance and you would like to transfer all or a part of the traditional (non-Roth) portion of your withdrawal, you must complete and submit Page 4.
- ✓ If you have a Roth balance and you would like to transfer all or a part of the Roth portion of your withdrawal, you must complete and submit Page 5.

Note: If you would like to transfer all or a part of **both the traditional and the Roth** portions of your withdrawal, you must complete and submit Page 4 **and** Page 5, **even if the transfer is to the same financial institution.**



THRIFT SAVINGS PLAN LATE REQUEST FOR FULL WITHDRAWAL

TSP-70-A

I.	INF	ORMATION ABOUT YOU — This section is required.													
	1.	This request applies to my: Civilian Account OR Uniformed Services Account													
	2.														
	2	Last Name First Name Middle Name													
	3.	TSP Account Number 4.													
	6.	Check here. 7. Check here.													
		Street Address or Box Number (For a foreign address, see instructions on back.)													
		Street Address Line 2													
	8.	9. 10.													
		City State Zip Code													
II.		RRIED FERS AND UNIFORMED SERVICES PARTICIPANTS — If your total TSP account balance is more than \$3,500, spouse is entitled to a joint life annuity with a 50% survivor benefit, level payments, and no cash refund. Check Item 11 be-													
		to use your entire account balance to purchase that annuity. Otherwise, complete Items 12–15, then proceed to Section IV.													
	11.	I choose the default joint life annuity with my spouse. (Option 3b in Section XII). Skip to Section VI and complete Page 6.													
	12.														
		Spouse's Name (Last, First, Middle) Spouse's Social Security Number													
	If you are not able to obtain your spouse's signature below, provide your spouse's name and Social Security number and submit Form TSP-16, Exception to Spousal Requirements (TSP-U-16 for uniformed services), with this request.														
		Spouse's waiver: I waive my right to a joint life annuity with a 50% survivor benefit, level payments, and no cash refund.													
	13.	14.													
		Spouse's Signature Date Signed (mm/dd/yyyy)													
	15.	Notary: Please complete the following. No other acknowledgement is acceptable (see instructions). The person who signed Item 13 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,,													
		Month Year													
		My commission expires: Date (mm/dd/yyyy) Notary Public's Signature													
		[seal]													
	МАГ	RRIED CSRS PARTICIPANTS — We must notify your spouse of your withdrawal request.													
		RRIED CSRS PARTICIPANTS — we must notify your spouse of your withdrawat request.													
	16.	Spouse's Name (Last, First, Middle)													
	17.	Is your spouse's address the same as your address?													
		Yes No (Complete Items 18 – 22.) Don't know spouse's address. (Provide spouse's SSN and submit													
		Form TSP-16.] Spouse's Social Security Number Spouse has													
	18.	foreign address? Street Address or Box Number (For a foreign address, see instructions)													
		Check here.													
		Street Address Line 2													
	20.	21													
		Do Not Write Below This Line													

Use this form to reestablish your account and request a full withdrawal of your **entire** vested account balance after your account was declared abandoned. You may request your withdrawal in the form of a single payment, monthly payments, life annuity, or any combination of these options.

Before making a withdrawal request, read the booklet *Withdrawing Your TSP Account After Leaving Federal Service* and the TSP tax notice "Important Tax Information About Payments From Your TSP Account." If you do not have these materials, you can download them from the TSP website (www.tsp.gov).

SECTION I. INFORMATION ABOUT YOU. Complete Items 1–10. Check whether you are withdrawing money from a civilian or uniformed services account in Item 1. If you have more than one account and you do not check a box, your form will not be processed. **Check only one box.** You cannot withdraw from both accounts using one form. Also, be sure to only check the box for the account representing the employment from which you are separated.

The address you provide on this form will be used to update the address in your TSP account record. If you have a foreign address, check the box in Item 6 and enter the foreign address in Items 7-10 as follows:

First address line: Enter the street address or post office box number, and any apartment number.

Second address line: Enter the city or town name, other principal subdivision (e.g., province, state, county), and postal code, if known. (The postal code may precede the city or town.)

City/State/Zip Code fields: Enter the entire country name in the City field; leave the State and Zip Code fields blank.

If you use an Air/Army Post Office (APO) or Fleet Post Office (FPO) address, enter that address in the two available address lines (include the unit designation). Enter APO or FPO as appropriate, in the City field. In the State field, enter AE as the state abbreviation for Zip Codes beginning with 090–098, AA for Zip Codes beginning with 340, and AP for Zip Codes beginning with 962–966. Then enter the appropriate Zip Code.

Note: Spouses' rights apply to the spouse to whom you were married on your required withdrawal date (i.e., April 1 of the year following the year you turned $70 \, 1/2$ and were separated from service).

Spouses' rights apply to accounts that total more than \$3,500. If you are married (even if separated from your spouse), you must comply with the spouses' rights requirements outlined below:

Spouses' Rights for Full Withdrawals

Classification	Requirement	Exceptions
FERS/Uniformed Services	Spouse is entitled to a survivor annuity unless he or she waives that right.	Whereabouts unknown or exceptional circumstances
CSRS	Spouse is entitled to notification by TSP of participant's election.	Whereabouts unknown

SECTION II. MARRIED FERS AND UNIFORMED SERVICES PARTICI- PANTS. If your **total** TSP account is more than \$3,500, by law, your spouse has the right to a joint and survivor annuity with a 50% survivor benefit, level payments, and no cash refund, unless your spouse waives the right to that annuity. If you would like to use your entire account balance to purchase this annuity, check the box in Item 11 indicating that you choose the **default joint life annuity** with your spouse, then skip to Section VI and complete Page 6.

Note about annuities: If you have both a traditional (non-Roth) and a Roth balance in your TSP account, the TSP will purchase two default annuities (one for each balance). The \$3,500 minimum applies to each annuity separately. If you are interested in purchasing an annuity, read the Special Rules for Annuities in the instructions for Page 6.

If your total TSP account balance is more than \$3,500, and you do not choose the default joint life annuity in Item 11, your spouse must give consent to a full withdrawal from your TSP account by completing, signing, and dating Items 13–14. Your spouse's signature must be notarized (Item 15). Because this form will be filed with a Federal agency in Washington, D.C., the notary must complete the information in Item 15. No other acknowledgement is acceptable.

If you cannot obtain your spouse's signature, please provide your spouse's Social Security number in Item 12. The TSP cannot process your withdrawal unless you have a spousal exception on file or if you apply for — and receive — an exception to the spouses' rights requirements. Exceptions are granted in *rare* circumstances. If you wish to apply for an exception, submit Form TSP-16 (TSP-U-16 for uniformed services), Exception to Spousal Requirements, along with this form.

SECTION III. MARRIED CSRS PARTICIPANTS. If you are a married CSRS participant with an account balance of more than \$3,500, by law the TSP must notify your spouse of your full withdrawal. If your spouse's address is the same as your address in your TSP record, check "Yes" in Item 17. Otherwise, check "No" in Item 17 and complete Items 18–22.

If you do not know your spouse's whereabouts, check the third box in Item 17, and provide your spouse's Social Security number. The TSP cannot process your withdrawal unless you have a spousal exception on file or if you apply for—and receive—an exception to the spouses' rights requirements. Exceptions are granted in *rare* circumstances. If you wish to apply for an exception, submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

If your spouse has a foreign address, follow the foreign address instructions in Section I to complete Items 19-22.

See the instructions in Section I for completing Air/Army Post Office (APO) or Fleet Post Office (FPO) addresses.

	Name:	TSP Account Number:
IV.		Choose one or more methods. Indicate percentages in whole numbers. ach payment or choose to have the TSP compute your payments based
	23. I would like to withdraw my entire account bala a	or more. Also complete Page 6.)
٧.	not being transferred to a traditional IRA, eligible employer ings account at a financial institution. Do not complete this ity provider will send you the necessary paperwork for dire	TSP Monthly Payments 28.
VI.	age, as well as the Withdrawal Booklet and the TSP tax not cable. I certify that the information I have provided on all particles. I certify that I am separated from Federal service and	is required. I certify that I have read the information in this packtice, and that I understand that my withdrawal election is irrevoages of this form is true and complete to the best of my knowledge. I that I do not expect to be rehired by the Federal Government within tatement in this application or willful misrepresentation concerning onment for as long as 5 years, or both (18 U.S.C. § 1001). 30. Date Signed (mm/dd/yyyy)
	31. Notary: Please complete the following. No other act The person who signed Item 29 is known to or was id signed this form. In witness thereof, I have signed be My commission expires: Date (mm/dd/yyyy)	dentified by me, and, before me, signed or acknowledged to have
	[seal]	Jurisdiction

SECTION IV. WITHDRAWAL ELECTION. You must complete Item 23. You may withdraw your account balance by choosing any one, a combination of any two, or all three of the basic withdrawal options (single payment, life annuity, TSP monthly payments). In the boxes provided for each method, indicate the percentage of your account that you would like to withdraw by that method. Use whole percentages only. Be certain that the percentages in Items 23a, b, and c add up to 100%. Note: You can use the calculators on the TSP website to project a life annuity or a monthly payment amount.

If you have both a traditional (non-Roth) and a Roth balance in your TSP account, your withdrawal will be paid proportionally from your traditional and Roth balances for each withdrawal option that you select.

Example:

TSP account balance = \$10,000

Traditional portion of balance at time of withdrawal = \$5,000 (50%)

Roth portion of balance at time of withdrawal = \$5,000 (50%)

Withdrawal election:

Single Payment = 20%

Life Annuity = 0%

TSP Monthly Payments = 80%

Result:

Single payment = \$2,000, comprised of \$1,000 (50%) traditional money and \$1,000 (50%) Roth money.

Monthly payments = \$8,000. Each monthly payment will be comprised of 50% traditional money and 50% Roth money.

Note: If your account contains tax-exempt contributions or Roth contributions, each withdrawal method will be disbursed proportionally from taxable and nontaxable amounts.

If you choose to withdraw your account as a **life annuity**, the minimum amount to purchase the annuity is \$3,500. This means that if you are withdrawing only a portion of your account by means of an annuity (Item 23b), the percentage you choose must equal \$3,500 or more of your account balance (vested account balance if you are FERS). To complete your annuity purchase, you must also provide information needed for the annuity on Page 6 of this form.

If you have **both a traditional (non-Roth) and a Roth balance** in your TSP account, the \$3,500 minimum amount will apply to **both** balances separately. You cannot select just one balance for your annuity purchase. If you are interested in purchasing an annuity, read the **Special Rules for Annuities** in the instructions for Page 6.

If you are withdrawing any portion of your account by means of **TSP** monthly payments (Item 23c), write in the box the dollar amount that you would like to receive each month (must be at least \$25) **OR** check the box to have the TSP compute your monthly payments based on your life expectancy.

- If you write in a monthly dollar amount, you will receive that amount until you change it or until your entire account balance has been paid out.
- If you choose to have the TSP compute your payments, we will use the IRS Single Life Table, Treas. Reg. 1.401(a)(9)-9, Q&A 1 (for participants who are under age 70 after June 30 of the calendar year when payments are calculated) or the Uniform Lifetime Table, Treas. Reg. 1.401(a)(9)-9, Q&A 2 (for participants who turn age 70 before July 1 of that year).

Transfer Option. If, in Item 23, you choose to withdraw any portion of your account as a single payment or monthly payments for a fixed dollar amount that results in payments that are expected to be completed in less than 120 months, you may be able to transfer all or any portion of the payment(s) to an IRA or eligible employer plan. If you want to transfer any part of your traditional (non-Roth) balance, complete Page 4. If you want to transfer any part of your Roth balance, complete Page 5. If you want to transfer any part of both balances, even if to the same financial institution, complete Pages 4 **and** 5.

SECTION V. DIRECT DEPOSIT INFORMATION. Complete this section only if you want the TSP to send your single payment or monthly payments directly to your checking or savings account by means of a direct deposit (electronic funds transfer (EFT)). Provide all of the requested information. If you do not know the 9-digit Routing Number, contact your financial institution for information. EFTs will be made only to a financial institution in the United States. **Note:** Do not complete this section if you selected a life annuity. The annuity provider will send you the necessary paperwork for direct deposit of your annuity payments.

In Item 25, check only one box. Your single and/or monthly payments can be directly deposited into only one account.

If the TSP determines that the EFT information you provided is incomplete or invalid, your request will be processed, but you will receive your payment in the form of a check mailed to you.

Note: Payments that are being transferred to an IRA or eligible employer plan **cannot** be paid by EFT.

SECTION VI. CERTIFICATION AND NOTARIZATION. Read the certification carefully and sign and date the form. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge. You are also certifying that you are separated from Federal service and that your separation will last for 31 days or more. In addition, if you chose to transfer any portion of your traditional balance to a Roth IRA, you are certifying that you understand that you must pay tax on the amount transferred for the year of the transfer. Your signature must be notarized; otherwise, your request cannot be processed. Because the form will be filed with a Federal agency in Washington, D.C., the notary must complete the notarization in Item 31. **No other acknowledgement is acceptable.**

		Name:	TSP Account Number:
		(Last, First, Middle)	
11.	to an II should apply t	RAL TAX WITHHOLDING — Completing this section is optional. W RA or eligible employer plan or which are otherwise nontaxable (see i I not complete IRS Form W-4P. If you complete this section incorrect to your elected withdrawal, and the rest of your form is completed cor andard IRS withholding rules.	nstructions). If you complete this section, you ly or choose a withholding option that does not
	Withho	olding on Single Payments	
		he TSP must withhold 20% of the taxable portion of your single paymendicate the dollar amount of withholding you want in addition to the material state of the material state	
	The typ	olding on Monthly Payments be and duration of monthly payments you elect will determine the requi are available to you. You can use the monthly payment calculator on the duration of your payments.	red Federal tax withholding and which options e TSP website (www.tsp.gov) to calculate the esti-
		or monthly payments that will last less than 10 years (less than 120 p olding you want on each monthly payment in addition to the mandato	
		\$	
		or monthly payments that will last 10 years or more (120 payments o xpectancy, I want:	r more), or are computed based on life
		a. No withholding	
		b. Withholding based on my marital status:	
		Single Married Married, but withho	ld at higher single rate
		Allowances (Enter the total number of allowances. If	zero, enter 0.]
		c. Withhold this additional dollar amount: \$,	00 (Note: You must also complete Item 34b.)

SECTION VII. FEDERAL TAX WITHHOLDING. Complete this section if you want to change the standard Federal income tax withholding for your payment(s).

The following withholding rules apply to the taxable portion of your withdrawal:

- For single payments that are not transferred to an IRA or eligible employer plan, the TSP must withhold a mandatory 20% for Federal income tax. You may ask the TSP to withhold an additional amount by completing Item 32.
- For monthly payments that are expected to last less than 10 years (less than 120 payments), the TSP must withhold a mandatory 20% for Federal income tax. You may ask the TSP to withhold an additional amount by completing Item 33.
- For monthly payments that are expected to last 10 years or more (120 or more payments), or that are computed based on life expectancy, the TSP will withhold taxes as if you are a married person with 3 dependents. However, you have other withholding options:
 - You may choose to have no withholding by checking the box in Item 34a.

ΩR

 You may change your withholding marital status and allowances by completing Item 34b. You may use the IRS Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim.

OR

You may ask the TSP to withhold an additional amount by completing Item 34c. Note: If you request additional withholding, you must also check the box indicating your withholding marital status and the number of allowances you would like in Item 34b. You may use the IRS Withholding Calculator on the IRS website at www.irs.gov/individuals for help in determining how many withholding allowances to claim. If you do not complete Item 34b, your withdrawal will be processed as if you are a married person with 3 dependents.

Be aware that if you elect not to have Federal income tax withheld from your payment(s) or if you do not have a sufficient amount withheld, you may be responsible for the payment of quarterly estimated taxes. Additionally, if any withholding amount and/or payments of quarterly estimated taxes are not sufficient, you may be subject to penalties under the IRS' estimated tax rules.

Note: Withholding does not apply to disbursements of tax-exempt contributions, Roth contributions, qualified Roth earnings, or any amounts transferred to an IRA or eligible employer plan.

For more information about the tax implications of your withdrawal, read the TSP tax notice "Important Tax Information About Payments From Your TSP Account."

For more information about estimated tax requirements and income tax penalties, refer to IRS Publication 505, *Tax Withholding and Estimated Tax*. You may be able to avoid quarterly estimated tax payments by having enough tax withheld from your TSP payment(s) using this form. You may use IRS Publication 919, *How Do I Adjust My Tax Withholding?*, to see how the dollar amount you are having withheld compares to your projected Federal income tax for the current year.

This section is a substitute for IRS Form W-4P, Withholding Certificate for Pension and Annuity Payments. If you complete this section, you should not complete IRS Form W-4P.

If you include an IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments, with the completed withholding section of this form, the withholding information you provide on this form will supersede the information on your submitted Form W-4P.

If you complete this section incorrectly or choose a withholding option that does not apply to your elected withdrawal, and the rest of your form is completed correctly, your withdrawal will be processed using the standard IRS withholding rules.

If you elected a life annuity (Item 23b), the annuity provider will send you information about making a withholding election for your annuity payments.

TRANSFER — TRADITIONAL A trustee or plan administrator must complete this page if you want to transfer (i.e., din at (non-Roth) portion of your single or eligible monthly payments to a traditional IRA, and the contributions of traditional TSP balance consists of traditional contributions, tax-exempt contributions associated with these contributions. Note: If you choose to transfer money from yoth IRA, you will have to pay tax on that portion when you file your tax return for the year of the package in order for plan. Your IRA trustee or plan administrator must complete Section and package in order for your transfer to be processed. If you choose to transfer money from your tax return for the year of the power of the year of the your tax return for the year of the package in order for your IRA trustee or plan administrator must complete Section and package in order for your transfer to be processed. If you choose to transfer money from your tax return for the year of the your tax return for the year of your tax return for the year of the your tax return for the year of the your tax return for the year of your tax return for you
A trustee or plan administrator must complete this page if you want to transfer (i.e., din la (non-Roth) portion of your single or eligible monthly payments to a traditional IRA, and Your traditional TSP balance consists of traditional contributions, tax-exempt contributions associated with these contributions. Note: If you choose to transfer money from your IRA, you will have to pay tax on that portion when you file your tax return for the year of IFOR TRADITIONAL BALANCE — After you complete this section, take or send this is back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section package in order for your transfer to be processed. I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer ingle payment that you want to transfer ingle payment that you want to transfer ingle payment that you wan
A trustee or plan administrator must complete this page if you want to transfer (i.e., din la (non-Roth) portion of your single or eligible monthly payments to a traditional IRA, and Your traditional TSP balance consists of traditional contributions, tax-exempt contributions associated with these contributions. Note: If you choose to transfer money from your IRA, you will have to pay tax on that portion when you file your tax return for the year of IFOR TRADITIONAL BALANCE — After you complete this section, take or send this is back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section package in order for your transfer to be processed. I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: I dicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer ingle payment that you want to transfer ingle payment that you want to transfer ingle payment that you wan
It (non-Roth) portion of your single or eligible monthly payments to a traditional IRA, a Your traditional TSP balance consists of traditional contributions, tax-exempt contributions associated with these contributions. Note: If you choose to transfer money from youth IRA, you will have to pay tax on that portion when you file your tax return for the year IFOR TRADITIONAL BALANCE — After you complete this section, take or send this is back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section package in order for your transfer to be processed. Idicate the percentage of your traditional (non-Roth) ingle payment that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer: Indicate the percentage of your traditional (non-Roth) ingle payments that you want to transfer ingle payments that you want to transfer ingle payments that you want to transfer ingle payments t
the back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section package in order for your transfer to be processed. dicate the percentage of your traditional (non-Roth) Ingle payment that you want to transfer: dicate the percentage of your traditional (non-Roth) Institutional that you want to transfer: OM FOR TRADITIONAL BALANCE — This section is to be completed by the IRA trustee of the complete of the process of the process of the process of the percentage of your traditional IRA, eligible employer plan, or Roth IRA. Please return the percentage of your traditional IRA, eligible employer plan, or Roth IRA. Please return the percentage of your traditional IRA. Eligible Employer Plan Roth IRA
dicate the percentage of your traditional (non-Roth) onthly payments that you want to transfer: OR TRADITIONAL BALANCE — This section is to be completed by the IRA trustee of scribed here must be a traditional IRA, eligible employer plan, or Roth IRA. Please returnt. Do not submit transfer forms of financial institutions or plans. Traditional IRA
FOR TRADITIONAL BALANCE — This section is to be completed by the IRA trustee of scribed here must be a traditional IRA, eligible employer plan, or Roth IRA. Please return nt. Do not submit transfer forms of financial institutions or plans. Traditional IRA
cribed here must be a traditional IRA, eligible employer plan, or Roth IRA. Please returnt. Do not submit transfer forms of financial institutions or plans. Traditional IRA Eligible Employer Plan Roth IRA
Customer ID
oustomer to
xempt balances are accepted into the account identified above.
ling address information below exactly as it should appear on the front of the check.
The finance
institution
or plan wi
ment "check payable to" information above. this information to identify
account the will receive
the transf
State Zip Code

GENERAL INFORMATION ABOUT TRANSFERS

You may elect to transfer all or part of your withdrawal to a traditional IRA, eligible employer plan, or Roth IRA. The type of plan to which you can transfer your withdrawal depends on whether your withdrawal consists of a traditional (non-Roth) balance, a Roth balance, or both.

To transfer all or any part of the **traditional (non-Roth)** portion of your withdrawal to an IRA or eligible employer plan, complete Page 4.

To transfer all or any part of the **Roth** portion of your withdrawal, complete Page 5.

To transfer all or any part of **both** the traditional **and** Roth portions of your withdrawal to **separate plans** or to the **same plan**, you must complete Page 4 **and** Page 5.

If you have both a traditional (non-Roth) and a Roth balance in your TSP account, any eligible transfers will be processed according to the proportion of each balance in your account.

Example:

TSP account balance = \$10,000

Traditional portion of balance at time of eligible transfer request = \$9,000 (90%)

Roth portion of balance at time of eligible transfer request = \$1,000 (10%)

Withdrawal election:

Single Payment = 100%

Transfer request:

Transfer 50% of traditional portion of the withdrawal

Transfer 50% of Roth portion of the withdrawal

Result:

Amount transferred to eligible plan(s) = \$5,000, comprised of \$4,500 traditional money and \$500 Roth money.

Amount paid to you = \$5,000, comprised of \$4,500 traditional money and \$500 Roth money.

Be aware that depending on how you choose to receive your withdrawal, you may be subject to Federal income tax withholding rules.

Note: For tax reporting purposes, the TSP will report each payment and each transfer from each balance on a separate Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. For example, a participant who makes the election described in the above example will receive four Form 1099-Rs: one for the \$4,500 traditional balance transferred, one for the \$500 Roth balance transferred, one for the \$4,500 traditional amount paid to the participant, and one for the \$500 Roth amount paid to the participant.

TRANSFER INFORMATION FOR TRADITIONAL (NON-ROTH) BALANCE

SECTION VIII. YOUR TRANSFER ELECTION FOR TRADITIONAL BALANCE. You may transfer all or any part of the **traditional (non-Roth)** portion of your eligible withdrawal to a traditional IRA, eligible employer plan, or Roth IRA.

If you elected to withdraw all or a part of your TSP account as a **single payment** and you want to transfer all or a part of the traditional (non-Roth) portion of that payment to a traditional IRA, eligible employer plan, or Roth IRA, enter a percentage between 1 and 100% in Item 35. Do not enter decimals or a percentage over 100%.

If you elected to withdraw all or a part of your TSP account as **monthly payments** and you want to transfer all or a part of the traditional (non-Roth) portion of those monthly payments to a traditional IRA, eligible employer plan, or Roth IRA, enter a percentage between 1 and

100% in Item 36. Do not enter decimals or a percentage over 100%. (You cannot transfer payments expected to last 120 months or more or those that are computed based on life expectancy.)

Note: If you decide to transfer to a Roth IRA, be aware that Roth IRAs accept only after-tax dollars. As a result, you must pay tax on the amount you transfer, and the tax liability is incurred for the year of the transfer. We strongly recommend you consult with a tax advisor regarding your eligibility for, and the tax consequences of, making the transfer.

Payments that are not transferred directly to a traditional IRA, eligible employer plan, or Roth IRA are subject to mandatory 20% Federal income tax withholding. (See Section VII.) Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.

SECTION IX. TRANSFER INFORMATION FOR TRADITIONAL BAL-ANCE. If you choose to transfer all or any part of the traditional (non-Roth) portion of your withdrawal to a traditional IRA, eligible employer plan, or Roth IRA, your financial institution or plan administrator must complete this section before you submit this form to the TSP.

Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.

The institution or plan to which the payment is to be transferred must be a trust established inside the United States (i.e., the 50 states and the District of Columbia).

The financial institution or plan should retain a **copy** of Page 4 to identify the account to which the check should be deposited when it is received. If the transfer is to a traditional IRA or Roth IRA, the institution accepting the transfer should submit Form 5498, IRA Contribution Information, to the IRS. The TSP will report all payments and transfers to you and to the IRS on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Information for the IRA or Plan: Complete Section IX and return this form to the participant identified at the top of Page 4. The financial institution or plan administrator must ensure that the account described here is a traditional IRA, eligible employer plan, or Roth IRA.

Type of Account and Account Number. Indicate whether the transfer is to a traditional IRA, eligible employer plan, or Roth IRA in Item 37. In Item 38, enter the account number, if available, of the IRA or plan to which the money is to be transferred. If an account number is not available, provide information that will help you identify the check when it is sent to you.

Transfer of Tax-Exempt Balances. A uniformed services participant may have contributed tax-exempt money from pay earned in a combat zone to his or her traditional balance. Check the box in Item 39 if tax-exempt balances are accepted into the account identified in Item 38. If the participant's traditional balance includes tax-exempt contributions, the taxable portion of the withdrawal from the traditional balance will be transferred first. Tax-exempt money will be transferred only if the taxable portion of the withdrawal does not satisfy the participant's transfer election and the plan or IRA accepts tax-exempt balances. If the plan or IRA does not accept tax-exempt balances, that portion of the payment will be paid directly to the participant.

Name and Mailing Address. Provide the name and mailing address information in the boxes provided exactly as you want it to appear on the front of the transfer check. You will need to identify the account to which the transfer should be deposited from the information contained in these boxes.

The certifying representative must provide the requested information in Items 41-43. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.

Form TSP-70-A (7/2012) PREVIOUS EDITIONS OBSOLETE

TRANSFER—ROTH page is optional. You and the IRA trustee or plan administrator must complete this page if you want to transfer (i.e., direct ver) all or a part of the Roth portion of your single or eligible monthly payments to a Roth IRA or to a Roth account tained by an eligible employer plan. Your Roth TSP balance consists of any employee contributions, Withdrawals of Rott ibutions are paid tax-free. The earnings associated with these contributions, Withdrawals of Rott ibutions are paid tax-free. The earnings associated with these contributions, withdrawals of Rott ibutions are paid tax-free only if 5 years have passe January 1 of the calendar year in which you made your first Roth contribution, and you have reached age 59½ or have a panent disability. (See instructions.) 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 XI You must submit the completed package in order for your transfer to be processed. 44. Single Payment. Indicate the percentage of your Roth single payment that you want to transfer: 45. Monthly Payments. Indicate the percentage of your Roth monthly payments that you want to transfer: 46. Monthly Payments. Indicate the percentage of your Roth monthly payments that you want to transfer: 46. Type of Account: Roth IRA Eligible Employer Plan—Roth Account 47. Harden Account Number or Other Customer ID 48. Provide the name and mailing address information below exactly as it should appear on the front of the check. The financial institution or plan with information above. Indicate these boxes to supplement 'check payable to 'information above. The financial institution or plan with the code the supplement that you want to transfer.		Na	me	:																			_				<u>T</u> :	SP	Acc	:ou	ınţ	Νι	ım	ber	r:			_			_	
TRANSFER—ROTH page is optional. You and the IRA trustee or plan administrator must complete this page if you want to transfer (i.e., direct ver) all or a part of the Roth portion of your single or eligible monthly payments to a Roth IRA or to a Roth account tained by an eligible employer plan. Your Roth TSP balance consists of any employee contributions that you designated the when you made your contribution election and the earnings associated with these contributions are paid tax-free. The earnings associated with these contributions are paid tax-free only if 5 years have passe to the calendar year in which you made your first Roth contribution, and you have reached age 59½ or have a anent disability. (See instructions.) YOUR TRANSFER ELECTION FOR ROTH BALANCE—After you complete this section, take or send this page (incluing the instructions on the back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section XI You must submit the completed package in order for your knaffer to be processed. 44. Single Payment. Indicate the percentage of your Roth single payment that you want to transfer: 45. Monthly Payments. Indicate the percentage of your Roth single payment that you want to transfer: 46. Monthly Payments. Indicate the percentage of your Roth monthly payments that you want to transfer: 46. Type of Account: Roth IRA Roth IRA Roth IRA Roth IRA Roth Account Mumber or Other Customer ID 48. Provide the name and mailling address information below exactly as it should appear on the front of the check. The financial institution and the page in the transfer. The financial institution and the page in the transfer. The financial institution and the page in th																																										
Age is optional. You and the IRA trustee or plan administrator must complete this page if you want to transfer (i.e., direct rer) all or a part of the Roth portion of your single or eligible monthly payments to a Roth IRA or to a Roth account cained by an eligible employer plan. Your Roth TSP balance consists of any employee contributions that you designated the when you made your contribution election and the earnings associated with these contributions. Withdrawals of Roth ibutions are paid tax-free only if 5 years have passe January 1 of the calendar year in which you made your first Roth contributions are paid tax-free only if 5 years have passe January 1 of the calendar year in which you made your first Roth contribution, and you have reached age 59% or have a anent disability. (See instructions.) 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 XI You must submit the completed package in order for your transfer to be processed. 44. Single Payment. Indicate the percentage of your Roth single payment that you want to transfer:		(La	st, Fi	rst, M	liddle	e)																																				
er] alt or a part of the Roth portion of your single or eligible monthly payments to a Roth IRA or to a Roth account ained by an eligible employer plan. Your Roth TSP balance consists of any employee contributions that you designated the when you made your contribution election and the earnings associated with these contributions. Withdrawals of Roth butions are paid tax-free. The earnings associated with these contributions are paid tax-free only if 5 years have passe January 1 of the calendar year in which you made your first Roth contribution, and you have reached age 59½ or have a ament disability. (See instructions.) 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 XI You must submit the completed package in order for your transfer to be processed. 44. Single Payment. Indicate the percentage of your Roth single payment that you want to transfer: 45. Monthly Payments. Indicate the percentage of your Roth monthly payments that you want to transfer: 46. Monthly Payments. Indicate the percentage of your Roth monthly payments that you want to transfer: 47. When account described here must be a Roth IRA or a Roth account maintained by an eligible employer plan. Plea return this completed form to the participant. Do not submit transfer forms of financial institutions or plans. 46. Type of Account: Roth IRA Eligible Employer Plan—Roth Account The financial institution or plan will medded use these boxes to supplement 'check payable to' information above. The financial institution or plan will read to identify the readed to use this informatic identify the readed to use the readed to use this informatic identify the readed to use the readed to use the readed to use the readed to the readed to the readed to the																T	R/	٩N	IS	FΕ	R	_	RO	T	Н																	
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 XI You must submit the completed package in order for your transfer to be processed. 44. Single Payment. Indicate the percentage of your Roth single payment that you want to transfer: .0% 45. Monthly Payments. Indicate the percentage of your Roth monthly payments that you want to transfer: .0% TRANSFER INFORMATION FOR ROTH BALANCE — This section is to be completed by the IRA trustee or plan admistrator. The account described here must be a Roth IRA or a Roth account maintained by an eligible employer plan. Plea return this completed form to the participant. Do not submit transfer forms of financial institutions or plans. 46. Type of Account: Roth IRA Eligible Employer Plan—Roth Account 47. RAPlan Account Number or Other Customer ID 48. Provide the name and mailing address information below exactly as it should appear on the front of the check. The financial institution or plan will need to use these boxes to supplement "check payable to" information above. The financial institution or plan will need to use these boxes to supplement "check payable to" information above. The financial institution or plan will need to use these boxes to supplement "check payable to" information above. The financial institution or plan will need to use the supplement "check payable to" information above. The financial institution or plan will need to use the supplement "check payable to" information above. The financial institution or plan will need to use the supplement "check payable to" information above. The financial institution or plan will need to use the supplement "check payable to" information above. The financial institution or plan will need to use the supplement "check payable to" information above.	er) a aine th wh ibutio	ill or a d by a hen y ons a	a pa an e ou r re p	rt d ligil nad aid	of the ole le y tax	ne F em our c-fr	Rot plo co ee.	h poye ont . Th	or er p rib ne e	tic la uti ea	n. ion	of Yo el	yo ur lec	ur Ro tio	sir oth on a	n gl TS and iat	e o SP d th	ba ba ne l w	eli lar ea ith	gib nce rni the	le co ng: ese	mo ns s a	ontl ists ssc ont	hly s of ocia rib	pa an ateo utio	ym y e d w	en mp ith ar	ts loy the	o a /ee ese aid	R co co l ta	ot ont on ax-	h II trik trik fre	RA out out ee	or ion tior onl	to ns ns. y i	a I tha Wi f 5	Rot t y ith yea	th a ou dra ars	ac de aw s h	cou esig als ave	int gna of e pa	ted Roth
ing the instructions on the back) to your IRA or plan. Your IRA trustee or plan administrator must complete Section XI You must submit the completed package in order for your transfer to be processed. 44. Single Payment. Indicate the percentage of your Roth single payment that you want to transfer:																																										
single payment that you want to transfer:	ing t	he in	stru	ictio	ons	on	th	e b	ac	k)	to	yo	ur	IR	Αd	or	pla	an.	Yo	ur	IR	Αt	rus	tee	or	· pl	an	ad	miı	nis												
TRANSFER INFORMATION FOR ROTH BALANCE — This section is to be completed by the IRA trustee or plan admistrator. The account described here must be a Roth IRA or a Roth account maintained by an eligible employer plan. Plea return this completed form to the participant. Do not submit transfer forms of financial institutions or plans. 46. Type of Account: Roth IRA Eligible Employer Plan — Roth Account 47. IRA/Plan Account Number or Other Customer ID 48. Provide the name and mailing address information below exactly as it should appear on the front of the check. The financial institution or plan will need to use this information above. The financial institution or plan will need to use this information above. Street Address	44.	Sing	le F	Pay	me	nt.																		sfe	r:										0	%						
istrator. The account described here must be a Roth IRA or a Roth account maintained by an eligible employer plan. Plea return this completed form to the participant. Do not submit transfer forms of financial institutions or plans. 46. Type of Account: Roth IRA Eligible Employer Plan — Roth Account 47. IRA/Plan Account Number or Other Customer ID 48. Provide the name and mailing address information below exactly as it should appear on the front of the check. Make check payable to In needed, use these boxes to supplement "check payable to" information above. Street Address The financial institution or plan will need to use this information in the information above. Street Address The financial institution or plan will need to use this information identify the account that will receive the transfer.	45.	Mon	thly	/ Pa	ym	nen	ts.											_		-					ısfe	er:							Ι		09	%						
47. IRA/Plan Account Number or Other Customer ID 48. Provide the name and mailing address information below exactly as it should appear on the front of the check. The financial institution or plan will need to use this information above. If needed, use these boxes to supplement "check payable to" information above. Street Address The financial institution or plan will need to use this information above. the transfer.	istra	tor. 7	he	acc	oun	ıt d	es	crib	oed	Ιh	ere	e n	านร	st k	oe a	a F	Rot	hΙ	RΑ	or	al	Ro	th a	CC	oun	t n	nai	nta	ine	d l	οу	an	el	igib	ole	en	npl	loy	er			
48. Provide the name and mailing address information below exactly as it should appear on the front of the check. The financial institution or plan will need to use If needed, use these boxes to supplement "check payable to" information above. Street Address The financial institution or plan will need to use this information above. Will receive the transfer.	46.	Туре	of A	Acco	oun	t:				Ro	oth	IR	Α] E	Elig	ible	Er	npl	oye	er F	Plar	ı —	Ro	oth	Αd	cco	un	t							
The financial institution or plan will need to use these boxes to supplement "check payable to" information above. Street Address The financial institution or plan will need to use this information above. Street Address	47.	IRA/P	lan A	ccou	nt N	umb	er o	or O	ther	· Cu	ısto	me	r ID																													
Make check payable to Institution or plan will need to use these boxes to supplement "check payable to" information above. Street Address In addres	48.	Prov	ide	the	na	me	an	ı bı	ma	iliı	ng	ad	ldr	es	s ir	nfo	rn	nat	ioi	n be	elo	w	exa	ctl	y a:	s it	sh	oul	.d a	pp	oea	ar (on	the	e fi	on	t o	f th	ne	ch	eck	ί.
Make check payable to Institution or plan will need to use these boxes to supplement "check payable to" information above. Street Address Street Address Institution or plan will need to use this information above. this information in the properties of the payable to account that will receive the transfer.							Τ	Τ	Τ	Т			Π	Τ	Τ	Т					T	Т	Т	Τ	T	Т	T						Τ				1	1				
If needed, use these boxes to supplement "check payable to" information above. Street Address The information above this information above. Street Address The information above this information above. The information above this information above this information above. The information above this information above this information above this information above. The information above this information above the		Make	chec	k pay	able	to					!																															
Street Address to identify the account that will receive the transfer.																																							r	eec	l to	use
Street Address will receive the transfer.		If nee	ded, ι	use tl	nese T	box	es t	o su	ıpple	em	ent	"ch	ieck T	pa	yabl	le to	in "	ıforı	mat	ion	abov	ve.	\top	\top	\top	Т	\top	\top	Т				Т	\neg				>	t	o id	enti	fy the
		Street	Addı	ess																																		ı	٧	vill I	rece	eive
City State Zip Code																															_								ι	ne t	Idii	siei.
		City																				_	Stat	e	Z	ip C	ode															
	the f	inanc	ial i	nsti	tuti	on	or	pla	ın t	٥ ٧	νh	ich	ı th	e f	un	ds	ar	e b	eir	ng t	trai	nsf	err	ed,	I ce	erti	ify t	hat	th	e f	ina	anc	ia	lin	sti	tuti	on	or	· pl	an	agr	rees
the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees	/0				Π																Τ							T					7	ſ			1					
the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above	47.	Typed	or P	rinte	d Na	ime	of C	l erti	fying	g R	epre	ese	ntat	ive	(Las	st, F	irst	, Mi	ddle	<u> </u>													J	Day	rtim	e Pł	none	e (Aı	rea	Cod	e and	d Numi
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 accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above. 49. Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Num																																										
the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above. 49.	E٥																											_	1		Т	\neg	/			7	· [\top	7		\neg	

GENERAL INFORMATION ABOUT TRANSFERS

You may elect to transfer all or part of your withdrawal to a traditional IRA, eligible employer plan, or Roth IRA. The type of plan to which you can transfer your withdrawal depends on whether your withdrawal consists of a traditional (non-Roth) balance, a Roth balance, or both.

To transfer all or any part of the **traditional (non-Roth)** portion of your withdrawal to an IRA or eligible employer plan, complete Page 4.

To transfer all or any part of the **Roth** portion of your withdrawal, complete Page 5.

To transfer all or any part of **both** the traditional **and** Roth portions of your withdrawal to **separate plans** or to the **same plan**, you must complete Page 4 **and** Page 5.

If you have both a traditional (non-Roth) and a Roth balance in your TSP account, any eligible transfers will be processed according to the proportion of each balance in your account.

Example:

TSP account balance = \$10,000

Traditional portion of balance at time of eligible transfer request = \$9,000 (90%)

Roth portion of balance at time of eligible transfer request = \$1,000 (10%)

Withdrawal election:

Single Payment = 100%

Transfer request:

Transfer 50% of traditional portion of the withdrawal Transfer 50% of Roth portion of the withdrawal

Result:

Amount transferred to eligible plan(s) = \$5,000, comprised of \$4,500 traditional money and \$500 Roth money.

Amount paid to you = \$5,000, comprised of \$4,500 traditional money and \$500 Roth money.

Be aware that depending on how you choose to receive your withdrawal, you may be subject to Federal income tax withholding rules.

Note: For tax reporting purposes, the TSP will report each payment and each transfer from each balance on a separate Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. For example, a participant who makes the election described in the above example will receive four Form 1099-Rs: one for the \$4,500 traditional balance transferred, one for the \$500 Roth balance transferred, one for the \$4,500 traditional amount paid to the participant, and one for the \$500 Roth amount paid to the participant.

TRANSFER INFORMATION FOR ROTH BALANCE

SECTION X. YOUR TRANSFER ELECTION FOR ROTH BALANCE. You may transfer all or any part of the **Roth** portion of your withdrawal to a Roth IRA or to a Roth account maintained by an eligible employer plan.

If you elected to withdraw all or a part of your TSP account as a **single payment** and you want to transfer all or a part of the Roth portion of that payment to a Roth IRA or a Roth account maintained by an eligible employer plan, enter a percentage between 1 and 100% in Item 44. Do not enter decimals or a percentage over 100%.

If you elected to withdraw all or a part of your TSP account as **monthly payments** and you want to transfer all or a part of the Roth portion of those monthly payments to a Roth IRA or a Roth account

maintained by an eligible employer plan, enter a percentage between 1 and 100% in Item 45. Do not enter decimals or a percentage over 100%. (You cannot transfer payments expected to last 120 months or more or those that are computed based on life expectancy.)

Roth contributions are not subject to mandatory Federal income tax withholding because they are not taxable upon distribution. However, if you have not met the conditions necessary for your Roth earnings to be qualified (i.e., paid tax-free), any Roth earnings that are not transferred directly to a Roth IRA or to a Roth account maintained by an eligible employer plan are taxable and are subject to the mandatory 20% Federal income tax withholding. Roth earnings become qualified when the following **two** conditions have been met: (1) 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution **and** (2) you have reached age 59½ or have a permanent disability. **Note:** The TSP cannot certify to the IRS that you meet the Internal Revenue Code's definition of a disability when your taxes are reported. Therefore, you must provide the justification to the IRS when you file your taxes.

Read the TSP tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.

SECTION XI. TRANSFER INFORMATION FOR ROTH BALANCE. If you choose to transfer all or any part of the Roth portion of your withdrawal to a Roth IRA or to a Roth account maintained by an eligible employer plan, your financial institution or plan administrator must complete this section before you submit this form to the TSP.

Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.

The institution or plan to which the payment is to be transferred must be a trust established inside the United States (i.e., the 50 states and the District of Columbia).

The financial institution or plan should retain a **copy** of Page 5 to identify the account to which the check should be deposited when it is received. If the transfer is to a Roth IRA, the institution accepting the transfer should submit Form 5498, IRA Contribution Information, to the IRS. The TSP will report all payments and transfers to you and to the IRS on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

Information for the IRA or Plan: Complete Section XI and return this form to the participant identified at the top of Page 5. The financial institution or plan administrator must ensure that the account described here is a Roth IRA or a Roth account maintained by an eligible employer plan.

Type of Account and Account Number. Indicate whether the transfer is to a Roth IRA or a Roth account maintained by an eligible employer plan in Item 46. In Item 47, enter the account number, if available, of the IRA or plan to which the money is to be transferred. If an account number is not available, provide information that will help you identify the check when it is sent to you.

Name and Mailing Address. Provide the name and mailing address information in the boxes provided exactly as you want it to appear on the front of the transfer check. You will need to identify the account to which the transfer should be deposited from the information contained in these boxes.

The certifying representative must provide the requested information in Items 49-51. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.

	Name:	TSP Account Number:
	(Last, First, Middle)	
	Complete this page if you chose	e a life annuity in Item 11 or 23b.
XII.	ANNUITY ELECTION — Choose only one annuity. If you cl annuity you choose is marked by an asterisk (*), you must a	hoose a joint life annuity, you must complete Section XIII. If the ilso complete Section XIV.
	52. Your Gender: Male Female	
	53. Indicate your annuity choice by checking one of the opt	tions below.
	Single Life — Level Payments:	Single Life — Increasing Payments:
	1a No additional features	2a No additional features
	*1b Cash refund (Complete Section XIV) *1c 10-year certain (Complete Section XIV)	*2b Cash refund (Complete Section XIV) *2c 10-year certain (Complete Section XIV)
	Joint Life With Spouse — Level Payments:	Joint Life With Spouse — Increasing Payments:
	3a 100% to survivor, no additional features	4a 100% to survivor, no additional features
	3b 50% to survivor, no additional features	4b 50% to survivor, no additional features
	*3c 100% to survivor, cash refund (Complete Section XIV) *3d 50% to survivor, cash refund (Complete Section XIV)	*4c 100% to survivor, cash refund (Complete Section XIV) *4d 50% to survivor, cash refund (Complete Section XIV)
		Other Than Spouse — Level Payments:
	5a 100% to survivor, no additional features	*5c 100% to survivor, cash refund (Complete Section XIV)
	5b 50% to survivor, no additional features	*5d 50% to survivor, cash refund (Complete Section XIV)
XIII.	INFORMATION ABOUT SPOUSE OR OTHER JOINT AN	INUITANT
	54. Name (<i>Last, First, Middle</i>)	
	55. Date of Birth (mm/dd/yyyy) 56. Joint Annuitant's Social	57. Gender: Male Female
	58.	
	Relationship to Participant	
XIV.	BENEFICIARY DESIGNATION FOR YOUR TSP ANNUI	TY — If you chose an annuity with a cash refund or 10-year sk (*)), you must provide the requested information and indicate
	the share of your annuity intended for each designation. (C	Contingent beneficiaries are not allowed.) Use whole percent-
	ages. Percentages must total to 100.	
_	59. Beneficiary's Name (Last, First, Middle)	
	Social Security Number/EIN Relationship to Participant	t
	60. Beneficiary's Name (Last, First, Middle)	Share: %
	Social Security Number/EIN Relationship to Participant	
	61.	Share: %
	Beneficiary's Name (Last, First, Middle)	
	Social Security Number/EIN Relationship to Participani	
	Check here if you are submitting additional pages. How	
	Do not write in this section.	Form TSP-70-A, Page 6 (7/2012)

Form TSP-70-A, Page 6 (7/2012)

PREVIOUS EDITIONS OBSOLETE

Before completing this page, read the annuity information contained in the booklet *Withdrawing Your TSP Account After Leaving Federal Service*. **Note: You cannot change your annuity option or cancel your annuity once your annuity has been purchased.**

Special Rules for Annuities: The minimum threshold for an annuity purchase is \$3,500. If you have both a traditional (non-Roth) and a Roth balance in your TSP account and you elect to purchase an annuity, the minimum threshold of \$3,500 applies to each balance separately. You may choose to purchase an annuity as long as you have \$3,500 in either your traditional or your Roth balance. The TSP will purchase two of the same type of annuity (one with the traditional balance and one with the Roth balance). You cannot choose different annuities for each type of balance.

Also, the following rules apply:

- If you choose to use 100% of your TSP account to purchase an annuity and both balances are below \$3,500, your form will be rejected. If you have both a traditional balance and a Roth balance and at least one of the balances is at least \$3,500, the TSP will purchase an annuity with the balance that is at least \$3,500 and pay the other balance directly to you as a cash payment.
- Alternatively, if you choose an annuity as part of a mixed with-drawal, any amount(s) that cannot be used to purchase the requested annuity will be split proportionally and distributed according to the other withdrawal option(s) you have chosen.

SECTION XII. ANNUITY ELECTION. Indicate your gender, then choose the one annuity option you want by checking the appropriate box. **Note:** If you are a married FERS or uniformed services participant and you checked Item 11 on Page 1, you must select Annuity Option 3b; otherwise, your form cannot be accepted.

An asterisk (*) before an annuity option number indicates that there is a cash refund or 10-year certain feature associated with that annuity. If you choose one of these annuities, you must complete Section XIV and name a beneficiary(ies) for your annuity.

If you are choosing among the joint life annuities, consider both the monthly payments you will receive while you and your joint annuitant are both alive and the payments that will be made to the survivor if one of you dies. If you choose a joint life annuity with a 50% survivor benefit, the monthly annuity payment to the survivor—whether the survivor is you or your joint annuitant—will be reduced by half (that is, 50%) of the annuity payment made while you and your joint annuitant are alive. If you choose an annuity with a 100% survivor benefit, the monthly annuity payment to the survivor will not be reduced when one of you dies. However, with the 100% survivor benefit, the monthly annuity payment that you will receive while you and your joint annuitant are both alive will be less than if you select the 50% survivor benefit. The booklet Withdrawing Your TSP Account After Leaving Federal Service provides detailed information.

SECTION XIII. INFORMATION ABOUT SPOUSE OR OTHER JOINT

ANNUITANT. If you chose a joint life annuity, you must provide the requested information about your joint annuitant. You must also provide a copy of your joint annuitant's birth certificate. If your joint annuitant's birth certificate is unavailable, one of the following three items may be used if the date of birth is shown: baptismal certificate, family bible record, or marriage certificate. If a birth certificate or the above items are not available, submit **two** of the following types of evidence: school or college record, church record, birth certificate of children (if parent's age is shown), family record of genealogies, driver's license, military identification, military discharge papers,

passport, life insurance papers, hospital records, census records, or voting records. **Do not send original documents;** they will not be returned to you. If the name on a document is not the same as the current name of the joint annuitant, you may be requested to submit a statement from the joint annuitant indicating that he or she is the person named in the document.

If you chose an annuity that provides for a joint annuitant other than your spouse, the joint annuitant must be either a former spouse or someone with an **insurable interest** in you. This means that the person is financially dependent on you and could reasonably expect to derive financial benefit from your continued life.

Blood relatives or adopted relatives (but not relatives by marriage) who are closer than first cousins are presumed to have an insurable interest in you. If you name such a joint annuitant (i.e., a former spouse or someone with an insurable interest) who is more than 10 years younger than you, you must choose a joint life annuity with the 50% survivor benefit. The only exception is for a former spouse to whom all or a portion of your TSP account is payable pursuant to a retirement benefits court order.

If the person named as your joint annuitant is not presumed to have an insurable interest in you, you must submit an affidavit (i.e., a certification signed before a notary public) from someone with personal knowledge that the named person has an insurable interest in you. The certifier must know the relationship between you and the joint annuitant and must state why he or she believes that the named joint annuitant might reasonably expect to benefit financially from your continued life.

SECTION XIV. BENEFICIARY DESIGNATION FOR YOUR TSP ANNUITY.

If you chose an annuity option with a cash refund or 10-year certain feature, you must designate a beneficiary or beneficiaries to receive benefits from the annuity after your death under the conditions outlined in that feature. The beneficiary designation on this form applies **only** to the portion of your account used for the annuity purchase. After your annuity is purchased, changes in your beneficiary designation must be made directly with the annuity provider.

The share of any beneficiary who dies before you die will be distributed among the surviving beneficiaries in proportion to the shares you indicate, or entirely to the surviving beneficiary. You may name any individual, corporation, trust, legal entity, or your estate as your beneficiary. If you need additional space, use a blank sheet of paper with your name, TSP account number, and date of birth on it. If you use additional pages, number, sign, and date each page. Use the same date on each page.

Indicate a whole percentage for each beneficiary. Percentages must add up to 100%.

- If your beneficiary is a person, enter for each beneficiary the last name, first name, middle name, Social Security number (SSN), and the beneficiary's relationship to you.
- If your beneficiary is a firm, corporation, or other legal entity, enter the legal representative's name and the Employer Identification Number (EIN).
- If your beneficiary is a trust, enter the trustee's name and the EIN.
- If your beneficiary is an estate, enter the executor's name and EIN.

After completing your withdrawal request, make a copy for your records.

Mail the original to:

Thrift Savings Plan P.O. Box 385021 Birmingham, AL 35238

0r

Fax to: 1-866-817-5023.

Note: Do **not** mail **and** fax your request. The TSP will automatically cancel the second request it receives. If you need to make a change or correction on your form, call the TSP immediately to cancel your first request. If the TSP has processed your form prior to receiving your call, your transaction cannot be reversed.

If you have questions, call the toll-free ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or the TDD at 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400 (not toll free).