| X internet | HRIFT SAVINGS PLAN EQUEST FOR FULL WITHDRAWAL | TSP-70 |
|---|--|--|
| | ABOUT YOU — This section is required. | |
| | st applies to my: Civilian Account OR Uniformed Services Account | |
| 2. Last Name | First Name Middle Name | |
| 3. TSP Account N | Jumber 4. Jumber 5. Date of Birth (mm/dd/yyyy) 5. | Area Code and Number) |
| 6. Foreigr Check | here. 7. Street Address or Box Number (For a foreign address, see instructions on back.) | |
| | Street Address Line 2 | |
| 8. City | 9. Zip Code | _ |
| your spouse is e low to use your (| S AND UNIFORMED SERVICES PARTICIPANTS — If your total TSP account balance ntitled to a joint life annuity with a 50% survivor benefit, level payments, and no cash refu entire account balance to purchase that annuity. Otherwise, complete Items 12–15, then | nd. Check Item 11 be proceed to Section IV. |
| 11. I choos | e the default joint life annuity with my spouse. (Option 3b in Section XIII). Skip to Section VII, | then complete Page & |
| 12. | e (Last, First, Middle) | |
| 13. Spouse's Sign. 15. Notary: Pl The person signed this | vaiver: I waive my right to a joint life annuity with a 50% survivor benefit, level payment ature ease complete the following. No other acknowledgement is acceptable (see instruction who signed Item 13 is known to or was identified by me, and, before me, signed or acles form. In witness thereof, I have signed below on this day of, | ned (mm/dd/yyyy) |
| | S PARTICIPANTS — We must notify your spouse of your withdrawal request. | |
| 16. | | |
| • | Ise's address the same as your address? No (Complete Items 18–22.) Don't know spouse's address. (Provide spouse's SSN and submit Form TSP-16.) Spouse's Social Securi | ty Number |
| 18. Spouse foreign Check | address? | |
| 20. | Street Address Line 2 21. 22. | |
| City | State Zip Code Do Not Write Below This Line | |
| * P I I S 0 0 | Form TSP-70, Page ' PREVIOUS EDITIO | |

| Name: | TSP Account Number: |
|-------|---------------------|
| | |

- IV. WITHDRAWAL ELECTION This section is required. Choose one or more methods. Indicate percentages in whole numbers. If choosing monthly payments, include the dollar amount of each payment or choose to have the TSP compute your payments based on your life expectancy.
 - 23. I would like to withdraw my entire account balance as follows:

| a. | | .0% | Single Payment | |
|----|-----|-------------|------------------|--|
| b. | | .0% | Life Annuity (Mu | t equal \$3,500 or more. Also complete Page 6.) |
| c. | | .0% | TSP Monthly Pay | nents \rightarrow Tell us how to pay your monthly payments: |
| | 100 | — % (Tot | tal a, b, and c) | \$,00 per month (\$25.00 or more) |
| | | | | Compute my payments based on my life expectancy |

V. TRANSFER ELECTION

- 24. I would like to **transfer** all or a portion of my single payment and/or eligible monthly payments (indicated in Section IV) to an IRA or eligible employer plan. (See instructions for an explanation of eligible monthly payments. **Note:** You must include the completed applicable transfer page(s) from this form with your withdrawal request package.)
- VI. DIRECT DEPOSIT INFORMATION Single payments and/or monthly payments that are **not being transferred** to a traditional IRA, eligible employer plan, or Roth IRA can be paid by direct deposit to a checking or savings account at a financial institution. Do **not** complete this section if you want direct deposit for annuity payments. The annuity provider will send you the necessary paperwork for direct deposit of those payments.

| 25. | Pay by direct deposit | check all that apply]: Single Payment TSP Monthly Payments |
|-----|-----------------------|--|
| 26. | Type of Account: | 27. Name of Financial Institution |
| | OR Savings | 28. ACH Routing Number (Must be 9 digits) 29. Checking or Savings Account Number |

VII. CERTIFICATION AND NOTARIZATION — This section is required. I certify that I have read the information in this package, as well as the Withdrawal booklet and the TSP tax notice, and that I understand that my withdrawal election is irrevocable. I certify that the information I have provided on all pages of this form is true and complete to the best of my knowledge. Also, I certify that I am separated from Federal service and that I do not expect to be rehired by the Federal Government within 31 days of my separation. Warning: Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).

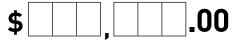
| 30. | | | | 31. | |
|-----|-------------------------|--|-------------------------------|--------|------------------------------|
| | Participant's Signature | | | Date S | Signed (<i>mm/dd/yyyy</i>) |
| 32. | The person who signed | te the following. No other ack Item 30 is known to or was ide ness thereof, I have signed bel | entified by me, and, before n | | |
| | My commission expires | : Date (mm/dd/yyyy) | Notary Public's Signature | | |
| | [seal] | | Jurisdiction | | |

Do not write in this section.

VIII. FEDERAL TAX WITHHOLDING — Completing this section is optional. Withholding will not apply to amounts transferred to an IRA or eligible employer plan or which are otherwise nontaxable (see instructions). If you complete this section, you should not complete IRS 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.

Withholding on Single Payments

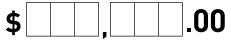
33. The TSP must withhold 20% of the taxable portion of your single payment for Federal income tax. Indicate the dollar amount of withholding you want **in addition to** the mandatory 20% for Federal income tax:



Withholding on Monthly Payments

The type and duration of monthly payments you elect will determine the required Federal tax withholding and which options below are available to you. You can use the monthly payment calculator on the TSP website (www.tsp.gov) to calculate the estimated duration of your payments.

34. For monthly payments that will last **less than 10 years (less than 120 payments)**, indicate the dollar amount of withholding you want on each monthly payment **in addition to** the mandatory 20% for Federal income tax:



35. For monthly payments that will last **10 years or more (120 payments or more), or are computed based on life expectancy**, I want:

| a. No withholding |
|--|
| b. Withholding based on my marital status: |
| Single Married Married, but withhold at higher single rate |
| Allowances (Enter the total number of allowances. If zero, enter 0.) |
| c. Withhold this additional dollar amount: (Note: You must also complete Item 35b.) |

| Name: | |
|-------|--|
|-------|--|

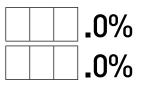
| TSP Account Number: | | | | | | | | | | | | |
|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | |

(Last, First, Middle)

TRANSFER-TRADITIONAL

This page is optional. You **and** the IRA trustee or plan administrator must complete this page if you want to transfer (i.e., direct rollover) all or a part of the **traditional (non-Roth) portion of your single or eligible monthly payments** to a traditional IRA, an eligible employer plan, or a Roth IRA. Your traditional TSP balance consists of traditional contributions, tax-exempt contributions, all agency contributions, and the earnings associated with these contributions. **Note:** If you choose to transfer money from your traditional (non-Roth) balance to a Roth IRA, you will have to pay tax on that portion when you file your tax return for the year.

- IX. YOUR TRANSFER ELECTION FOR TRADITIONAL 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 X. You must submit the completed package in order for your transfer to be processed.
 - **36. Single Payment.** Indicate the percentage of your **traditional (non-Roth)** *single* **payment** that you want to transfer:



- **37. Monthly Payments.** Indicate the percentage of your **traditional (non-Roth)** *monthly* **payments** that you want to transfer:
- X. TRANSFER INFORMATION FOR TRADITIONAL BALANCE This section is to be completed by the IRA trustee or plan administrator. The account described here must be a traditional IRA, eligible employer plan, or Roth IRA. Please return this completed form to the participant. Do not submit transfer forms of financial institutions or plans.

| 38. | Т | Гур | e o | f A | ccc | oun | t: | | |] 1 | Fra | diti | ona | l IF | RA | | | Eligible Employer Plan | Roth IRA | |
|-----|---|-----|------|------|-----|------|-----|-------|-------|------|-----|------|-------|------|----|--|--|------------------------|----------|--|
| 39. | | RA/ | 'Pla | n Ao | cou | nt N | lum | ber o | or Ot | ther | Cus | tom | er II | | | | | | | |

- **40.** Check this box if tax-exempt balances are accepted into the account identified above.
- 41. Provide the name and mailing address information below exactly as it should appear on the front of the check.

| Make check payable to | | Only the financial institution or |
|--|---------------------------------------|--|
| If needed, use these boxes to supplement | "check payable to" information above. | plan should complete this information. |
| | | It will be used to identify the account that |
| Street Address | | will receive the |
| City | Sta | transfer. |

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 to accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above.

| 42. | Typed or Printed Name of Certifying Representative (Last, First, Middle) | | [] Daytime Phone (Area Code and Number) |
|-----|--|-----------------------|---|
| 43. | Signature of Certifying Representative | 44. Date Signe | d [mm/dd/yyyy] |

| Name: |
|-------|
|-------|

| TSP | TSP Account Number: | | | | | | | | | | | | |
|-----|---------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |

(Last, First, Middle)

TRANSFER - ROTH

This page is optional. You and the IRA trustee or plan administrator must complete this page if you want to transfer (i.e., direct rollover) all or a part of the Roth portion of your single or eligible monthly payments to a Roth IRA or to a Roth account maintained by an eligible employer plan. Your Roth TSP balance consists of any employee contributions that you designated as Roth when you made your contribution election and the earnings associated with these contributions. Withdrawals of Roth contributions are paid tax-free. The earnings associated with these contributions are paid tax-free only if 5 years have passed since January 1 of the calendar year in which you made your first Roth contribution, and you have reached age 59½ or have a permanent disability. (See instructions.)

- XI. 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 XII. You must submit the completed package in order for your transfer to be processed.
 - **45. Single Payment.** 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:

| | .0% |
|--|-----|
| | .0% |

XII. TRANSFER INFORMATION FOR *ROTH* BALANCE — This section is to be completed by the IRA trustee or plan administrator. The account described here must be a Roth IRA or a Roth account maintained by an eligible employer plan. Please return this completed form to the participant. Do not submit transfer forms of financial institutions or plans.

| 47. | Type of Account: | Roth IRA | Eligible Employer Plan — Roth Account |
|-----|-----------------------|-------------------------|---------------------------------------|
| 48. | IRA/Plan Account Numb | er or Other Customer ID | |

49. Provide the name and mailing address information below exactly as it should appear on the front of the check.

| Mak | e ch | neck | pay | /able | to | | | | | | | | | | | | | | | | | | | | | | | | | | Only the financial institution or |
|-------|------|-------|------|-------|-----|-------|-------|------|------|-----|-----|------|------|-------|-------|------|------|------|----|-------|-----|------|----|--|---|--|--|---|---|---|--|
| lf ne | ede | d, us | se t | hese | box | es to |) sup | pler | nent | "ch | eck | paya | able | to" i | nfori | nati | on a | bove | e. | | | | | | | | | | ļ | • | plan should complete this information. |
| Stre | ot A | ddre | | | | | | | | | | | | | | | | | | | | | | | | | | | | | It will be used to identify the account that |
| City | | | | | | | | | | | | | | | | | | | | State | Zij | p Co | de | | - | | |] | | | will receive the transfer. |

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 to accept the funds directly from the Thrift Savings Plan and deposit them into the IRA or eligible employer plan identified above.

| 50. | Typed or Printed Name of Certifying Representative (Last, First, Middle) | Image: constraint of the second secon | and Number) |
|-----|--|--|-------------|
| 51. | Signature of Certifying Representative | 52. Date Signed (<i>mm/dd/yyyy</i>) | |

| | | Name: | TSP Account Number: |
|-------|-------|---|---|
| | | | |
| | | (Last, First, Middle) | |
| | | Complete this page if you chose a li | fe annuity in Item 11 or 23b. |
| XIII. | | IUITY ELECTION — Choose only one annuity. If you choos uity you choose is marked by an asterisk (*), you must also o | |
| | | Your Gender: Male Female | |
| | | | holow |
| | | Indicate your annuity choice by checking one of the options | |
| | | Single Life — Level Payments: | Single Life — Increasing Payments: 2a No additional features |
| | | *1b Cash refund (Complete Section XV) | *2b Cash refund (Complete Section XV) |
| | | *1c 10-year certain (Complete Section XV) | *2c 10-year certain (Complete Section XV) |
| 1 | | 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 *3c 100% to survivor, cash refund (Complete Section XV) | 4b 50% to survivor, no additional features *4c 100% to survivor, cash refund (Complete Section XV) |
| | | *3d 50% to survivor, cash refund (Complete Section XV) | *4d 50% to survivor, cash refund (Complete Section XV) |
| | | Joint Life With Joint Annuitant Other | r Than Spouse — Level Payments. |
| | | 5a 100% to survivor, no additional features | *5c 100% to survivor, cash refund (Complete Section XV) |
| | | 5b 50% to survivor, no additional features | *5d 50% to survivor, cash refund (Complete Section XV) |
| | | | |
| XIV. | INFC | ORMATION ABOUT SPOUSE OR OTHER JOINT ANNU | |
| | 55. | Name (Last, First, Middle) | |
| | | | |
| | 56. | Date of Birth (mm/dd/yyyy) 57. Joint Annuitant's Social Sector | urity Number 58. Gender: Male Female |
| | 59. | | |
| | | Relationship to Participant | |
| XV. | BEN | IEFICIARY DESIGNATION FOR YOUR TSP ANNUITY - | If you chose an annuity with a cash refund or 10-year), you must provide the requested information and indicat |
| | the s | share of your annuity intended for each designation. (Conti | |
| | ages | s. Percentages must total to 100. | |
| | 60. | | Share: % |
| 1 | | Beneficiary's Name (Last, First, Middle) | |
| | | Social Security Number/EIN Relationship to Participant | |
| | | | |
| | 61. | Beneficiary's Name (Last, First, Middle) | Share: % |
| | | | |
| | | Social Security Number/EIN Relationship to Participant | |
| | 62. | | Share: % |
| | | Beneficiary's Name (Last, First, Middle) | |
| | | | |
| | | Social Security Number/EIN Relationship to Participant | |
| | ß | Check here if you are submitting additional pages. How mar | ny additional pages are you attaching to this form? |
| | | Do not write in this section. | Form TSP-70, Page 6 (11/2015) |

| | 70, 1 age 0 (11/2010) |
|----|--------------------------|
| PF | EVIOUS EDITIONS OBSOLETE |