Name: _____ TSP Account Number: _____

(Last, First, Middle)

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** (Must equal $3,500 or more. Also complete Page 6.)

c. ___ .0% **TSP Monthly Payments** → Tell us how to pay your monthly payments:

100 % **(Total a, b, and c)**

$ ___ , ___ .00 per month ($25.00 or more)

OR

☐ 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:

☐ Checking

OR

☐ Savings

27. _____ Name of Financial Institution

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. _____ Participant's Signature

31. __ / __ / ____ Date Signed *(mm/dd/yyyy)*

32. Notary: Please complete the following. No other acknowledgement is acceptable (see instructions).

The person who signed Item 30 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]

_____ Jurisdiction

Do not write in this section.