l		Name:			ACCOUNT MANNEY:	
		(Last, First, Middle)				
		(Last, First, Midule)				
			TRANSFER-TI	RADITIONAL		
ollov eligib all ag	er) a le en ency	Ill or a part of the <b>traditi</b> nployer plan, or a Roth I Vservice contributions, a	IRA trustee or plan administrator onal (non-Roth) portion of your s RA. Your traditional TSP balance of and the earnings associated with t e to a Roth IRA, you will have to p	ingle or eligible mont consists of traditional c hese contributions. <b>N</b> o	thly payments to a tra contributions, tax-exo ote: If you choose to t	aditional IRA, an empt contributions, transfer money from
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.					
			n the back) to your IRA or plan. Yo eted package in order for your tra			complete Section X.
		•		•		7
l	36.	Single Payment.	Indicate the percentage of your single payment that you want t		tnj	.0% .0%
	27	Monthly Payments.	Indicate the percentage of your		+b)	
	57.	Monthly Fayinents.	<b>monthly</b> payments that you wa		· · · · · · · · · · · · · · · · · · ·	<b>1.0%</b>
			monthly payments that you wa	ne to transier.		_ 10 / 0
X.	X. TRANSFER INFORMATION FOR TRADITIONAL BALANCE — This section is to be completed by the IRA trustee or administrator. The account described here must be a traditional IRA, eligible employer plan, or Roth IRA. Please return completed form to the participant. Do not submit transfer forms of financial institutions or plans.					
	20	Turn of Assessment	Totalisianal IDA	lisible Franksiss Dlas		۸
	JO.	Type of Account:	Traditional IRAE	ligible Employer Plan	Roth IR	А
	39.	IRA/Plan Account Number or 0	ther Customer ID			
	40.	Check this box if ta	x-exempt balances are accepted i	nto the account identi	fied above.	
	41.	Provide the <b>name and</b> I	mailing address information belo	w exactly as it should	<b>d appear</b> on the front	of the check.
						Only the financial
		Make check payable to				institution or
						plan should complete this
		If needed, use these boxes to su	upplement "check payable to" information abo	ve.		information. It will be used
						to identify the
		Street Address				account that will receive the
l						transfer.
		City		State Zip Code		
	I con	nfirm the accuracy of the	information in this section and the	e identity of the individu	ual named above. As a	a representative of
			an to which the funds are being tra			
	acce	ept the funds directly fron	n the Thrift Savings Plan and depo	sit them into the IRA of	r eligible employer pl	an identified above.
	42.	To a dead Deign and Name of Conti	fried Boundaries (Local Bird Middle)		Daytime Pho	one (Area Code and Number)
		Typed or Printed Name of Certif	fying Representative (Last, First, Middle)		Saye r	one () ii ea eeae ana rramber,
	43.			44	í. [_]/[    /	
		Signature of Certifying Represe	ntative		Date Signed (mm/dd/yyyy)	
	[	Do not write in this sec	 tion.	Forn	n TSP-70, Page 4	(1/2018)