



THRIFT SAVINGS PLAN REQUEST FOR FULL WITHDRAWAL

TSP-70

I. INFORMATION ABOUT YOU — This section is required.

1. This request applies to my: Civilian Account **OR** Uniformed Services Account
2. Last Name First Name Middle Name
3. TSP Account Number 4. / / Date of Birth (mm/dd/yyyy) 5. Daytime Phone (Area Code and Number)
6. Foreign address? Check here. 7. Street Address or Box Number (For a foreign address, see instructions on back.)
 Street Address Line 2
8. City 9. State 10. - Zip Code

II. MARRIED FERS AND UNIFORMED SERVICES PARTICIPANTS — If your total TSP account balance is more than \$3,500, your spouse is entitled to a joint life annuity with a 50% survivor benefit, level payments, and no cash refund. Check Item 11 below 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 XIII). Skip to Section VII, then 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. Spouse's Signature 14. / / 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 _____, _____ Year.

My commission expires: _____ Date (mm/dd/yyyy) _____ Notary Public's Signature _____
[seal] _____ Jurisdiction _____

III. MARRIED CSRS PARTICIPANTS — We must notify your spouse of your withdrawal 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
18. Spouse has foreign address? Check here. 19. Street Address or Box Number (For a foreign address, see instructions.)
 Street Address Line 2
20. City 21. State 22. - Zip Code

Do Not Write Below This Line



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PREVIOUS EDITIONS OBSOLETE

* P I I S 0 0 2 2 9 5 0 0 2 0 0 0 0 0 0 0 0 0 P I I S *

Name:

(Last, First, Middle)

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** (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

Name:

(Last, First, Middle)

TSP Account Number:

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:

\$, .00

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:

\$, .00

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.)

\$, .00

Name:

(Last, First, Middle)

TSP Account Number:

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:

 .0%

37. Monthly Payments. Indicate the percentage of your **traditional (non-Roth) monthly payments** that you want to transfer:

 .0%

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. Type of Account: Traditional IRA Eligible Employer Plan Roth IRA

39.
IRA/Plan Account Number or Other Customer ID

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

If needed, use these boxes to supplement "check payable to" information above.

Street Address

City

State

Zip Code

-

Only the financial institution or plan should complete this information. It will be used to identify the account that 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.

42. ()
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

43.
Signature of Certifying Representative

44. / /
Date Signed (mm/dd/yyyy)

Do not write in this section.

Name:

(Last, First, Middle)

TSP Account Number:

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: .0%

46. Monthly Payments. Indicate the percentage of your **Roth monthly payments** that you want to transfer: .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 Number or Other Customer ID

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

Make check payable to

If needed, use these boxes to supplement "check payable to" information above.

Street Address

City

State

Zip Code

Only the financial institution or plan should complete this information. It will be used to identify the account that 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) Daytime Phone (Area Code and Number)

51.
Signature of Certifying Representative

52. / /
Date Signed (mm/dd/yyyy)

Do not write in this section.

Name:

(Last, First, Middle)

TSP Account Number:

Complete this page if you chose a life annuity in Item 11 or 23b.

XIII. ANNUITY ELECTION — Choose only one annuity. If you choose a joint life annuity, you must complete Section XIV. If the annuity you choose is marked by an asterisk (*), you must also complete Section XV.

53. Your Gender: Male Female

54. Indicate your annuity choice by checking one of the options below.

Single Life — Level Payments:

- 1a No additional features
 *1b Cash refund (Complete Section XV)
 *1c 10-year certain (Complete Section XV)

Single Life — Increasing Payments:

- 2a No additional features
 *2b Cash refund (Complete Section XV)
 *2c 10-year certain (Complete Section XV)

Joint Life With Spouse — Level Payments:

- 3a 100% to survivor, no additional features
 3b 50% to survivor, no additional features
 *3c 100% to survivor, cash refund (Complete Section XV)
 *3d 50% to survivor, cash refund (Complete Section XV)

Joint Life With Spouse — Increasing Payments:

- 4a 100% to survivor, no additional features
 4b 50% to survivor, no additional features
 *4c 100% to survivor, cash refund (Complete Section XV)
 *4d 50% to survivor, cash refund (Complete Section XV)

Joint Life With Joint Annuitant Other Than Spouse — Level Payments:

- 5a 100% to survivor, no additional features
 5b 50% to survivor, no additional features
 *5c 100% to survivor, cash refund (Complete Section XV)
 *5d 50% to survivor, cash refund (Complete Section XV)

XIV. INFORMATION ABOUT SPOUSE OR OTHER JOINT ANNUITANT

55.
Name (Last, First, Middle)

56. / /
Date of Birth (mm/dd/yyyy)

57. - -
Joint Annuitant's Social Security Number

58. Gender: Male Female

59.
Relationship to Participant

XV. BENEFICIARY DESIGNATION FOR YOUR TSP ANNUITY — If you chose an annuity with a cash refund or 10-year certain feature (options in Section XIII marked by an asterisk (*)), you must provide the requested information and indicate the share of your annuity intended for each designation. (Contingent beneficiaries are not allowed.) Use whole percentages. Percentages must total to 100.

60. Share: %
Beneficiary's Name (Last, First, Middle)

Relationship to Participant
Social Security Number/EIN

61. Share: %
Beneficiary's Name (Last, First, Middle)

Relationship to Participant
Social Security Number/EIN

62. Share: %
Beneficiary's Name (Last, First, Middle)

Relationship to Participant
Social Security Number/EIN

Check here if you are submitting additional pages. How many additional pages are you attaching to this form?

Do not write in this section.