



FORM TSP-75, Page 1 (2/2015)
PREVIOUS EDITIONS OBSOLETE

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[illegible]

You **and** the IRA trustee or plan administrator must complete this page if you checked the box in Item 7 and you want to transfer all or a part of the **traditional (non-Roth)** portion of your withdrawal to a traditional IRA, 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 the traditional portion of your withdrawal 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.

- 29.** Transfer **.0%** of the **traditional (non-Roth)** portion of my withdrawal to the IRA or plan identified in Section X.
Note: You must also complete Section III on Page 1.

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 a Roth IRA. Please return this completed form to the participant. **Do not submit transfer forms of financial institutions or plans.**

- 30.** Type of Account: ☐ Traditional IRA ☐ Eligible Employer Plan ☐ Roth IRA

[illegible]

- 32.** ☐ Check this box if tax-exempt balances are accepted into the account identified above.

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

[illegible]

Make check payable to

[illegible][illegible][illegible]

City

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State

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Zip Code

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The financial institution or plan will need to use this information 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.

- 34.** _____ { _____ }
 Typed or Printed Name of Certifying Representative (*Last, First, Middle*) Daytime Phone (*Area Code and Number*)

- 35.** _____
Signature of Certifying Representative

36.

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Date Signed (mm/dd/yyyy)

Do Not Write Below This Line

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[illegible]

You **and** the IRA trustee or plan administrator must complete this page if you checked the box in Item 7 and you want to transfer all or a part of the **Roth** portion of your withdrawal 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.

37. Transfer .0% of the **Roth** portion of my withdrawal to the IRA or plan identified in Section XII. **Note:** You must also complete Section III on Page 1.

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.**

38. Type of Account: ☐ Roth IRA ☐ Eligible Employer Plan—Roth Account

[illegible]

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

[illegible]

Make check payable to

[illegible][illegible]

City _____ State ____ Zip Code _____

The financial institution or plan will need to use this information 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.

41.		() Daytime Phone (<i>Area Code and Number</i>)
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42. _____
Signature of Certifying Representative

43.

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Date Signed (mm/dd/yyyy)

Do Not Write Below This Line