

**TSP-75** 

|      | AGE-BASED IN-SERVICE WITH   | HDRAWAL REQUEST   |
|------|---|---|
| I.   | INFORMATION ABOUT YOU   |   |
|      | <b>1.</b> This request applies to my: Civilian Account  | OR Uniformed Services Account   |
|      | 2. Last Name Firs 3. 4. /   | t Name Middle Name  5.  |
|      | TSP Account Number Date of Birt   | h (mm/dd/yyyy) Daytime Phone (Area Code and Number)   |
|      | <b>Note:</b> If you are married, you must complete either Section (see instructions).                                 | n VII or VIII on Page 2 depending on your retirement coverage   |
| II.  | WITHDRAWAL REQUEST  |   |
|      | 6. Amount you are requesting: \$,,,,,   | 00 OR Entire vested account balance   |
| III. | TRANSFER ELECTION   |   |
|      |   | drawal request to an IRA or eligible employer plan. ( <b>Note:</b> You age(s) from this form with your withdrawal request package.)   |
| IV.  |   | nal. Complete this section if you want the portion of your with-  |
|      | drawal that is <b>not</b> being transferred (Sections IX-XII) directly  | deposited into your checking or savings account.  |
|      | 8. Type of Account: 9. Name of Financial Institution  |   |
|      | Checking  | 11  |
|      | Savings 10. ACH Routing Number (Must be 9 digits)   | 11. Checking or Savings Account Number  |
| V.   | tax withholding, complete this section. If a portion of your  | ional. If you would like more than the mandatory 20% Federal withdrawal is a Required Minimum Distribution, the TSP must o amounts transferred to IRAs or eligible employer plans or  |
|      | <b>12.</b> In <b>addition</b> to the mandatory 20%, withhold this amount  | nt for Federal income tax: \$,00  |
| VI.  | request is true and complete to the best of my knowledge. I that I am an unmarried TSP participant. Warning: Any inte | ne information I have provided on all pages of this withdrawal If I did not complete Section VII or VIII on Page 2, I further certify entional false statement in this application or willful misrepresentarishable by a fine or imprisonment for as long as 5 years, or both |
|      | 13. Participant's Signature   | 14. Date Signed (mm/dd/yyyy)  |
|      | 15  |   |
|      | Participant's Address (We will use this address only to notify you if we cannot                                       | locate your account based on the information you provided on this form.)  |
|      | who signed Item 13 is known to or was identified by m this form. In witness thereof, I have signed below on the       | nowledgement is acceptable (see instructions). The person see and, before me, signed or acknowledged to have signed his day of  Month Year  |
|      | My commission expires:  | Notary's Signature  |
|      | [seal]  | Notary's Printed Name Notary's Phone Number   |
|      | facari  |   |
|      |   | Jurisdiction  |

\* P I I S O O 2 2 9 9 0 0 2 0 0 0 0 0 0 0 0 P I I S \*

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| _ | Name:                           |  |   | TSP Account Number:   |    |
|---|---------------------------------|--|---|---|----|
|   |                                 |  |   |   | •  |
|   | (Last, First, Middle)           |  |   |   |    |
|   |                                 |  |   |   |    |
|   |                                 |  | ARTICIPANTS — Your                                      | ur spouse must consent to your withdrawal. You                                    | ır |
|   | spouse's signature mus          |  |   |   |    |
|   |                                 |  |   | e's Thrift Savings Plan account. I understand th                                  | at |
|   | uie aiiiount Withdr             | rawn will not be available later fo  | or the purchase of a Joi                                | onit anu sui vivoi-alliulty.  |    |
|   | Chouse's Name to a St           | ret Middle)  |   |   |    |
|   | Spouse's Name (Last, Fir        | ารเ, เกเนนเ <del>ย</del> )   |   | 1 -   |    |
|   | 18.                             |  |   | 19/   |    |
|   | Spouse's Signature              |  |   | Date Signed (mm/dd/yyyy)  |    |
|   | 20 Natari Di                    | mnjoto the fellowing to the  | r gelenevile de e                                       | e accontable (see instructions)   |    |
|   | -                               |  | =   | is acceptable (see instructions).  Ind, before me, signed or acknowledged to have | ١  |
|   | ·                               | igned Item 18 is known to or wa<br>In witness thereof, I have signed                       | •   | day of  |    |
|   | signeu tilis itili. I           | withess thereof, I have signet   | G DC(OVV OII (III)5                                     | day 01<br>Month Year  |    |
|   | My commission ex                |  |   |   | _  |
|   |                                 | Date (mm/dd/yyyy)  | Notary's Signature                                      | ( )   |    |
|   | ſseall                          |  | Notary's Printed Na                                     | lame ( ) Notary's Phone Number  |    |
|   | [Seat]                          |  | Jurisdiction  |   |    |
|   |                                 |  | Jul (Jul)(IIII  |   |    |
|   |                                 | cannot obtain your spouse's sigr   |   |   |    |
|   | spouse's name (Ite              | em 17) and Social Security number  | er on the right, and                                    | Spouse's Social Security Number   |    |
|   |                                 | <ul> <li>-16, Exception to Spousal Require<br/>s), with the required documentat</li> </ul> |   | •   |    |
|   |                                 | ,  |   |   |    |
| / | MARRIEN CCDC DAD                | RTICIPANTS — Your spouse mu  | ust he notified of your                                 | - withdrawal request  |    |
|   | MARKILD CORO FAR                | TION ANTIO TOUR SPOUSE MU  | ast be notified of your                                 | · within awat request.  |    |
|   | <b>22.</b>                      |  |   |   |    |
|   | Spouse's Name (Last, Fir        |  |   |   |    |
|   | <b>23.</b> Is your spouse's add | dress the same as your address in y  | -   |   |    |
|   | Yes No (0                       |  | on't know spouse's addre<br>rovide spouse's SSN and sul | ubmit   |    |
|   |                                 |  | rm TSP-16.)   | Spouse's Social Security Number   |    |
|   | 24. Spouse has                  | 25.  |   |   |    |
|   | foreign address Check here.     | S? Street Address or Box Number  | (For a foreign address, see in                          | instructions.)  |    |
|   | Officer field.                  |  |   |   | l  |
|   |                                 | Street Address Line 2  |   |   |    |
|   | 26.                             |  | 27.   | 28.   |    |
|   | City                            |  | State   | Zip Code  |    |

Do Not Write Below This Line

| Name:  | TSP Account Number:   |  |  |  |  |  |  |  |  |  |  |  |  |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| (Last, First, Middle)  |   |  |  |  |  |  |  |  |  |  |  |  |  |
| TDANCEED   | · TRADITIONAL   |  |  |  |  |  |  |  |  |  |  |  |  |
|  | ·   |  |  |  |  |  |  |  |  |  |  |  |  |
| a part of the <b>traditional (non-Roth)</b> portion of your withdraw<br>tional TSP balance consists of traditional contributions, tax- | s page if you checked the box in Item 7 and you want to transfer wal to a traditional IRA, eligible employer plan, or a Roth IRA. Yo exempt contributions, all agency contributions, and the earning fer the traditional portion of your withdrawal to a Roth IRA, you or the year. |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>ANCE</b> — After you complete this section, take or send this page. Your IRA trustee or plan administrator must complete Sectionary transfer to be processed.  |  |  |  |  |  |  |  |  |  |  |  |  |
| 29. Transfer .0% of the traditional (non-Roth) p Note: You must also complete Section III on Page 1.                                   | oortion of my withdrawal to the IRA or plan identified in Section )   |  |  |  |  |  |  |  |  |  |  |  |  |
|  | NCE — This section is to be completed by the IRA trustee or plational IRA, eligible employer plan, or a Roth IRA. Please return sfer forms of financial institutions or plans.  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>30.</b> Type of Account: Traditional IRA Eligib   | ole Employer Plan Roth IRA  |  |  |  |  |  |  |  |  |  |  |  |  |
| 31. IRA/Plan Account Number or Other Customer ID   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>32.</b> Check this box if tax-exempt balances are accepted into the account identified above.                                       |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 33. Provide the name and mailing address information be  | elow exactly as it should appear on the front of the check.   |  |  |  |  |  |  |  |  |  |  |  |  |
|  | The financial   |  |  |  |  |  |  |  |  |  |  |  |  |
| Make check payable to  | institution or plan will  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | need to use this information  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | to identify the account that  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | will receive the transfer.  |  |  |  |  |  |  |  |  |  |  |  |  |
| City   | State Zip Code  |  |  |  |  |  |  |  |  |  |  |  |  |
| the financial institution or plan to which the funds are being accept the funds directly from the Thrift Savings Plan and de           | the identity of the individual named above. As a representative of transferred, I certify that the financial institution or plan agrees to eposit them into the IRA or eligible employer plan identified above  |  |  |  |  |  |  |  |  |  |  |  |  |
| Typed or Printed Name of Certifying Representative (Last, First, Middle)   |   |  |  |  |  |  |  |  |  |  |  |  |  |
| 35.  | 36.   |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature of Certifying Representative   | Date Signed (mm/dd/yyyy)  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |   |  |  |  |  |  |  |  |  |  |  |  |  |
|  | <b>.</b>  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do Not Write E   | Below This Line   |  |  |  |  |  |  |  |  |  |  |  |  |

|   | ľ  | lar          | ne:           |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            | _          |        |               |           | Ţ          | SP          | A           | co        | ur        | nt M         | ۱ų۱                | mb               | er         | :          |                    | _        |             |            |                             | _           | _                       |            |            |
|---|--|--------------|---------------|--------------|------------|------------------|-----------------|------------|---------------|---------------|---------------|------------|-------------|----------|------|------------|--------------|--------------|--------------|-------------|------------|------------|--------|---------------|-----------|------------|-------------|-------------|-----------|-----------|--------------|--------------------|------------------|------------|------------|--------------------|----------|-------------|------------|-----------------------------|-------------|-------------------------|------------|------------|
|   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
|   | l  | Last         | , Fir:        | st, M        | 1idd       | le)              |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
|   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          | T    | R          | ΔN           | IS           | FΕ           | R           | _          | R          | ОТ     | Н             |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| <b>nd</b> th  |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| a par<br>oth  |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            | ١.         |
| n ar  | nd tl  | he           | ear           | nir          | ngs        | as               | S0              | cia        | tec           | l wi          | th            | the        | ese         | СО       | ntr  | ibu        | ıtio         | ns.          | . Wi         | ith         | dra        | wa         | ls c   | f R           | ot        | h c        | ont         | tril        | out       | tio       | ns           | ar                 | e p              | oai        | d t        | tax                | κ-fι     | ree         | ∍          | Tŀ                          | ne          | ea                      | rni        |            |
| iated<br>your   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            | r                           | ın '        | wh                      | ııch       | ı yo       |
| ,   |  |              |               |              |            |                  |                 |            |               | - 1           |               |            |             |          |      | _          | -9           | _            |              |             |            |            | - P`   |               |           |            |             |             |           |           | <i>y</i> · ( |                    | _                |            |            |                    | 0        |             | .,         |                             |             |                         |            |            |
| YOU   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| ng tl<br><b>′ou</b> ı   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           | str       | at           | or                 | m                | ust        | t c        | on                 | np       | let         | e :        | S                           | ect         | tioi                    | n X        | П.         |
| Ju  | iiiu:  | <b>ט</b> נ כ | uIJ           | <u>.</u>     | . (I       | 1 <del>.</del> C | 7               | ιιμι       | .c.t          | cu            | vac           | r\d        | ge          | 111      | oi u | CI         | 101          | уC           | Jui          | uc          | J115       | ıcı        | ίŪ     | חכ            | hι        | UC         | دعد         | ,           | ٠.        |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| <b>37.</b>  | Tra  |              |               |              | 1          | Ţ                |                 |            |               |               |               |            |             |          | on   | of         | my           | wi           | ithd         | Ira         | wal        | l to       | the    | lF            | RA        | or         | pla         | n i         | de        | nt        | ifie         | ed                 | in               | Se         | ct         | ior                | า X      | Ш.          | No         | ot                          | e:          | Yo                      | u r        | nus        |
|   | als  | 0 0          | on            | ηpl          | ete        | e S              | ect             | ion        | ıll           | l or          | ۱Pa           | age        | e 1.        |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| RA  | NS   | FE           | RI            | NF           | =0         | RM               | IA <sup>*</sup> | ΓΙΟ        | N             | FO            | R             | R0         | ТН          | В        | ΑL   | ۸N         | ICE          | <u> </u>     | – Tł         | nis         | sec        | ctic       | n is   | s to          | b         | e c        | om          | pl          | ete       | ed        | by           | th'                | ne               | IR/        | Δt         | ru                 | ıst      | ee          | or         | rı                          | ola         | n a                     | adr        | nin-       |
| stra  | tor  | . Tł         | ne a          | СС           | ou         | nt d             | des             | cri        | be            | d h           | ere           | m          | ust         | t be     | e a  | Ro         | th I         | IR/          | ۱or          | a           | Rot        | h a        | acco   | our           | nt r      | na         | inta        | -<br>ain    | ed        | b         | y a          | n e                | eli              | gib        | le         | er                 | mp       | loy         | /ei        | rį                          |             |                         |            |            |
| etur  | rn tl  | his          | COI           | mp           | let        | ed               | for             | m t        | to '          | the           | ра            | rti        | cipa        | ant      | . D  | o n        | ot :         | sul          | bmi          | it ti       | ran        | sfe        | er f   | orr           | ns        | of         | fin         | an          | cia       | al        | ins          | tit                | ut               | ion        | 15         | or                 | pl       | .an         | s.         |                             |             |                         |            |            |
| 35  | Ti re  |              | ۰ŧ ۷          | CC.          | <b></b>    | nt.              | Γ               |            | p.            | 0+h           | םן.           | ٨          |             |          |      | Γ          |              | FI           | iaih         | ماه         | Fm         | ınla       | יפער   | - DI          | an        | ۱          | R۸          | th          | ۸۰        |           | ייור         | n†                 |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| JO.   | 3. Type of Account: Roth IRA Eligible Employer Plan — Roth Account |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
|   |  |              |               |              |            |                  |                 |            | Γ             | Τ             | T             | T          | Τ           | T        | Τ    | Τ          | Τ            | 7            |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| 9.  | L<br>IRA,  | l<br>/Pla    | n Ac          | coui         | nt N       | l<br>Ium         | l<br>ber        | or O       | l<br>the      | r Cu          | ston          | ner        | ID          | 1        |      |            |              | ┙            |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| _   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| 40. Provide the name and mailing address information below exactly as it should appear on the front of th |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          | he   | e check.   |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
|   |  |              |               |              |            |                  |                 |            | bracket       |               |               |            | I           |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             | ina                     |            | al         |
|   | Mak  | e ch         | eck           | pay          | able       | e to             |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           | _            |                    |                  |            |            |                    |          |             |            | institution<br>or plan will |             |                         |            |            |
|   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          | >           | -          | ne<br>th                    | eed<br>is i | d to use<br>information |            | e<br>atior |
|   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            | ac                          | cou         | enti<br>unt             | ťha        | at         |
|   |  | _            | <u> </u>      | ·<br>        | T          | <del> </del>     | Ť               | T          | $\overline{}$ | $\overline{}$ | $\overline{}$ |            |             | _        |      |            |              |              | T            | T           | 7          |            |        | _<br>         | <u>'</u>  | <u> </u>   |             |             |           | <u>-</u>  | Ī            | <u> </u>           |                  |            | Τ          | ٦                  |          |             |            |                             |             | l receive<br>transfer.  |            |            |
|   | City   |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            | Stat       | <br>:e | Z             | <br>ip C  | Code       | 9           |             |           |           | - L          |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
|   | •  |              |               |              |            |                  |                 |            |               | _             |               |            |             |          |      |            |              |              |              |             |            |            |        |               | •         |            |             |             |           |           |              | _                  | ,                |            |            |                    |          |             |            |                             |             |                         |            |            |
| con<br>he fi  | ifirn<br>inar  | า th<br>าcia | ie a<br>al ir | ıccı<br>İsti | ura<br>tut | icy<br>ion       | of t            | the<br>pla | in<br>an      | fori<br>to v  | mai<br>whi    | tioı<br>ch | n in<br>the | th<br>fu | is s | ec<br>s a  | tior<br>re h | n ai<br>Deii | nd t<br>na t | the<br>trai | ide<br>nsf | ent<br>err | ity c  | of tl<br>I ce | he<br>ert | inc<br>ifv | divi<br>tha | du<br>it t  | alı<br>he | na<br>fii | me<br>nar    | ed<br>nci          | ab<br>al         | ove<br>ins | e.<br>Stit | As<br>tut          | a<br>ior | rep<br>ງ ດາ | ore<br>r n | es<br>ola                   | en<br>an    | itat<br>adı             | ive<br>ree | of<br>to   |
| acce  |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
|   |  |              |               | ı            | _          | 1                | 1               |            |               |               |               | 1          |             |          | -    |            |              | 1            | 1            | 1           |            | 1          |        | 1             |           |            | -           |             |           |           | _            | _                  |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
| 41.   | Ļ  |              |               | <u>L</u>     |            |                  |                 |            |               |               |               |            |             | . 0      |      | <i>-</i> : |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    | (                | lavti      | im         | e Pl               | )<br>hon | e /A        | rea        | a C                         | ode         | anr                     | l Ni       | ımbei      |
|   | Гур  | ed o         | r Pr          | ınte         | d N        | ame              | ot (            | Jerti      | ityir         | ng Re         | epre          | sen        | tativ       | e (L     | ast, | FIFS       | t, Mi        | ıddle        | eJ           |             |            |            |        |               |           |            |             |             |           |           |              |                    | L                | ay ci      |            | ~ I I              | . 1011   | ~ (A        |            |                             | Juc         |                         | . , • 0    |            |
| 2   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             | 43.         | Γ         |           |              | 7 /                | <b>/</b> [       | Т          |            | 7                  | / [      | Т           |            |                             | T           | $\neg$                  |            |            |
| 42.   | Sigr   | natu         | re of         | Cer          | rtify      | ing              | Rep             | rese       | nta           | tive          |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            | 4           | <b>∔</b> J. |           | ate       | <br>e Si     | _  <b>/</b><br>gne | _<br>d <i>(r</i> | nm/        | /dd,       | ] <b>/</b><br>Yyyy | L<br>vyl |             |            | L                           |             |                         |            |            |
|   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |
|   |  |              |               |              |            |                  |                 |            |               |               |               |            |             |          |      |            |              |              |              |             |            |            |        |               |           |            |             |             |           |           |              |                    |                  |            |            |                    |          |             |            |                             |             |                         |            |            |

Do Not Write Below This Line