

Name:

(Last, First, Middle)

TSP Account Number:

IV. 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 a Partial Withdrawal (Item 10) or a Single Payment Full Withdrawal (Item 11a)

- 15.** The TSP must withhold 20% of the taxable portion of your 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 TSP Monthly Payments (Item 11c)

The type and duration of monthly payments you elect (Item 11c) 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 (tsp.gov) to calculate the estimated duration of your payments.

- 16.** 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

- 17.** 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: \$, .00 (Note: You must also complete Item 17b.)

V. REQUEST FOR DIRECT DEPOSIT — Partial withdrawals, single payments, or monthly payments that are not being transferred 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.

- 18.** Pay by direct deposit (check all that apply): Partial Withdrawal Single Payment TSP Monthly Payments

19. Type of Account:

Checking

Savings

20.

Name of Financial Institution

21.

ACH Routing Number (Must be 9 digits)

22.

Checking or Savings Account Number

Do not write in this section.

Form TSP-90, Page 2 (11/2015)

PREVIOUS EDITIONS OBSOLETE

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 withdrawal** to a traditional IRA, eligible employer plan, or a Roth IRA. Only certain withdrawal elections are eligible for transfer: partial withdrawals, single payment full withdrawals, and TSP monthly payments that have a duration of less than 10 years (less than 120 payments). **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.

VI. 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 VII. **You** must submit the completed package in order for your transfer to be processed.

- 23. Partial Withdrawal.** Indicate the percentage of your **traditional (non-Roth) partial withdrawal** that you want to transfer: .0%
- 24. Single Payment.** Indicate the percentage of your **traditional (non-Roth) single payment** that you want to transfer: .0%
- 25. Monthly Payments.** Indicate the percentage of your **traditional (non-Roth) monthly payments** that you want to transfer: .0%

VII. 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.**

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

27.
IRA/Plan Account Number or Other Customer ID

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

29. 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

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.

30. ()
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

31.
Signature of Certifying Representative

32. / /
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 withdrawal** to a Roth IRA or to a Roth account maintained by an eligible employer plan. Only certain withdrawal elections are eligible for transfer: partial withdrawals, single payment full withdrawals, and TSP monthly payments that have a duration of less than 10 years (less than 120 payments).

VIII. 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 IX. **You** must submit the completed package in order for your transfer to be processed.

- 33. Partial Withdrawal.** Indicate the percentage of your **Roth partial withdrawal** that you want to transfer: .0%
- 34. Single Payment.** Indicate the percentage of your **Roth single payment** that you want to transfer: .0%
- 35. Monthly Payments.** Indicate the percentage of your **Roth monthly payments** that you want to transfer: .0%

IX. 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.**

- 36. Type of Account:** Roth IRA Eligible Employer Plan — Roth Account

- 37.**
IRA/Plan Account Number or Other Customer ID

- 38. 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

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.

- 39.** ()
Typed or Printed Name of Certifying Representative (Last, First, Middle) Daytime Phone (Area Code and Number)

- 40.** **41.** / /
Signature of Certifying Representative Date Signed (mm/dd/yyyy)

Do not write in this section.

Name:

(Last, First, Middle)

TSP Account Number:

Complete this page *only* if you chose a life annuity in Section II (Item 11b) on Page 1.

X. ANNUITY ELECTION — Choose only **one** annuity. If the annuity is marked by an asterisk (*), complete Section XII. Be advised that if you chose **any** annuity with a **50% survivor** benefit (3b, 3d, 4b, 4d, 5b, or 5d), when **either you or your annuitant dies**, the dollar amount of your payments will be **reduced by half**.

42. Your Gender: Male Female

43. Single Life — Level Payments:

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

Single Life — Increasing Payments:

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

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 XII)
- *3d** 50% to survivor, cash refund (Complete Section XII)

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 XII)
- *4d** 50% to survivor, cash refund (Complete Section XII)

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 XII)
- *5d** 50% to survivor, cash refund (Complete Section XII)

XI. INFORMATION ABOUT CURRENT SPOUSE OR OTHER JOINT ANNUITANT

44.
Name (Last, First, Middle)

45. / /
Date of Birth (mm/dd/yyyy)

46. - -
Joint Annuitant's Social Security Number

47. Gender: Male Female

48.
Relationship to Participant

XII. BENEFICIARY DESIGNATION FOR YOUR TSP ANNUITY — If you chose an annuity with a cash refund or 10-year certain feature (options in Section X 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.

49.
Beneficiary's Name (Last, First, Middle)

Share: %

Social Security Number/EIN

Relationship to Participant

50.
Beneficiary's Name (Last, First, Middle)

Share: %

Social Security Number/EIN

Relationship to Participant

51.
Beneficiary's Name (Last, First, Middle)

Share: %

Social Security Number/EIN

Relationship to Participant

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

Do not write in this section.