



**Thrift Savings Plan**

**Form TSP-70-A  
Late Request for Full Withdrawal**

**February 2010**

## GENERAL INFORMATION AND INSTRUCTIONS FOR PAGE 1

Use this form to reestablish your account and request an immediate withdrawal of your **entire** vested account balance after your account was declared abandoned.

Before making a withdrawal request, read the booklet *Withdrawing Your TSP Account After Leaving Federal Service* and the TSP tax notice "Important Tax Information About Payments From Your TSP Account." If you do not have these materials, download them from the TSP website ([www.tsp.gov](http://www.tsp.gov)) or call the toll-free ThriftLine at 1-877-968-3778 or the TDD at 1-877-847-4385. (Outside the U.S. and Canada, call 404-233-4400.) You can also ask your former agency for a copy.

**Note:** If, after reading the TSP tax notice, you decide to submit a Form W-4P, Withholding Certificate for Pension or Annuity Payments, attach a copy of the form to your withdrawal request when you mail it to the TSP. If you request a mixed withdrawal, indicate at the top of Form W-4P the option to which the withholding applies.

After completing your withdrawal request (and W-4P, if applicable) make a copy for your records. Mail the originals to:

**Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238**

**Note:** You can also fax the completed form to **1-866-817-5023**.

**SECTION I.** Complete Items 1–9. Your TSP account number is the 13-digit number that was issued to you. For security purposes, the TSP account number is used instead of your Social Security number to identify your account. The address you provide on this form will be used to update the address in your TSP account record. If you are married, provide your spouse's name. Only provide your spouse's Social Security number if you are a CSRS employee and you check Item 17, or you are a FERS employee and you check Item 22. **Note:** Spouses' rights apply to the spouse to whom you were married on your required withdrawal date (i.e., April 1 of the year following the year you turned 70½ or older and were separated from service).

**SECTIONS II and III.** Spouses' rights apply to accounts that are more than \$3,500 at disbursement. If your account balance is \$3,500 or less you do not need to complete Sections II or III.

### Spouses' Rights for Full Withdrawals

Classification	Requirement	Exceptions
FERS	Spouse is entitled to a survivor annuity unless he or she waives that right.	Whereabouts unknown or exceptional circumstances
CSRS	Spouse is entitled to notification by TSP of participant's election.	Whereabouts unknown

If you are a **CSRS participant** with an account balance of more than \$3,500, you must complete Section II so that your spouse may be notified of your withdrawal. If you do not know your spouse's whereabouts, check Item 17, provide your spouse's Social Security number in Item 10, and submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

If you are a **married FERS participant** and your account balance is more than \$3,500, complete Section III. By law, your spouse is entitled to an annuity with a 50% survivor benefit, level payments,

and no cash refund (i.e., TSP Annuity Option 3b). If you would like to use your **entire vested account balance** to purchase this annuity, check the box in Item 18 and skip to Section VIII. For any other withdrawal option, including a mixed withdrawal, your spouse must waive his or her right to that annuity by signing and dating Items 19 and 20. Your spouse's signature must be notarized (Item 21).

If you cannot obtain your spouse's signature because his or her whereabouts are unknown or exceptional circumstances apply, check the box in Item 22, provide your spouse's Social Security number in Item 10, and submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

**SECTION IV. Withdrawal Method.** You must withdraw your entire account balance by choosing any one, a combination of any two, or all three of the basic available withdrawal methods in Item 23 (single payment, monthly payments, life annuity). On the line to the right of each withdrawal method, indicate the percentage of your account that you would like to withdraw by that method. Be certain that the percentages in Items 23a, b, and c add up to 100%. Use whole percentages only. **Note:** You can use the calculators on the TSP website to project an annuity or a monthly payment.

If you choose to withdraw any portion of your account as a TSP annuity (Item 23a), the minimum amount to purchase the annuity is \$3,500. You must also provide information needed for the annuity purchase on Page 3 of this form.

If you are withdrawing any portion of your account by means of monthly payments (Item 23c), indicate either the dollar amount that you would like to receive each month or check the box to have the TSP compute your payments based on your life expectancy. If you choose a dollar amount, it must be at least \$25.

- **If you indicate a monthly dollar amount**, you will receive that amount until you change it or until your entire account balance has been paid. **Note:** You are allowed to change the dollar amount annually.
- **If you choose to have the TSP compute your payments**, your payments will be computed using the Uniform Lifetime Table, Treas. Reg. § 1.401(a)(9)-9, Q&A 2.

**Transfer Option.** If you choose to withdraw any portion of your account by means of a single payment or a monthly payment (for a fixed dollar amount that results in payments that are expected to be completed in less than 120 months), you may also elect to transfer all or any portion of the payment(s) to a traditional IRA, eligible employer plan, or Roth IRA.

**Note:** You must pay tax on the amount you transfer from the TSP to a Roth IRA; the tax liability is incurred for the year of the transfer. We strongly encourage you to consult with a tax advisor before making the transfer.

Single or eligible monthly payments that are not transferred directly to an IRA or plan are subject to **mandatory 20% Federal income tax withholding**. Read the tax notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules.



# THRIFT SAVINGS PLAN LATE REQUEST FOR FULL WITHDRAWAL

## TSP-70-A

### I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ 3. \_\_\_\_/\_\_\_\_/\_\_\_\_ 4. (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)
5. Address \_\_\_\_\_  
Street address or box number
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country Zip Code
9. Are you married, even if separated from your spouse?  
 Yes (Go to Item 10.)  No (Skip to Section IV.)
10. \_\_\_\_\_  
Spouse's Social Security Number  
(Complete Item 10 only if Items 17 and/or 22 are checked.)
11. Spouse's Name \_\_\_\_\_  
Last First Middle

### II. FOR MARRIED CSRS PARTICIPANTS ONLY

12. Is your spouse's address the same as above?  Yes (Skip to Section IV.)  No (Complete Items 13-17.)
13. Spouse's Address \_\_\_\_\_  
Street address or box number
14. City \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_  
State/Country Zip Code
17.  Check here if you do not know your spouse's address.

### III. FOR MARRIED FERS PARTICIPANTS ONLY

If your account balance is more than \$3,500, your spouse is entitled to a survivor annuity with a 50% survivor benefit, level payments, and no cash refund. Check Item 18 to use your **entire** account balance to purchase that annuity. If your spouse waives his or her right to that annuity (Items 19, 20, and 21), proceed to Section IV.

18. **Participant:**  Use my entire account to purchase the prescribed joint life annuity with 50% survivor benefit, level payments, and no cash refund (Option 3b in Section IX). (Skip to Section VIII and complete Page 3.)

**OR** 19. **Spouse:** I give up my right to the prescribed joint life annuity (Annuity Option 3b) by signing below.

\_\_\_\_\_  
Spouse's Signature 20. \_\_\_\_\_  
Date Signed

21. **Notary:** On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, the person who signed Item 19, who is known to or was identified by me, personally appeared and acknowledged to me that he or she signed this form. In witness thereof, I have signed below on this date.

[seal]

My commission expires: \_\_\_\_\_  
Notary Public's Signature

\_\_\_\_\_  
Jurisdiction

22. **Participant:**  Check here if you cannot obtain your spouse's signature.

### IV. WITHDRAWAL ELECTION

**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. a. Life Annuity \_\_\_\_\_ .0% (Must equal \$3,500 or more. Also complete Page 3.)  
b. Single Payment \_\_\_\_\_ .0%  
c. Monthly Payments \_\_\_\_\_ .0% → \$ \_\_\_\_\_ .00 per month **OR**  Compute my payments  
**TOTAL 100.0%**

**Transfer Option**—If you want to transfer all or a portion of your single or monthly payments (for an amount that results in payments to be completed in less than 120 months) to a traditional IRA, eligible employer plan, or Roth IRA (see Transfer Option in the instructions), complete Items 24 and/or 25 and Section V.

24. Transfer \_\_\_\_\_ .0% of my **single payment** to a traditional IRA, eligible employer plan, or Roth IRA.
25. Transfer \_\_\_\_\_ .0% of each of my **monthly payments** (Item 23c) to a traditional IRA, eligible employer plan, or Roth IRA. (Note: You cannot transfer payments expected to last 120 months or more or those that are computed based on life expectancy.)

## GENERAL INFORMATION AND INSTRUCTIONS FOR PAGE 2

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**SECTION V.** If you chose to transfer any portion of your single or monthly payments by completing Item 24 and/or Item 25, complete this section. Your traditional IRA, eligible employer plan, or Roth IRA can use this information to identify you when completing Section VI.

**SECTION VI.** If you chose to transfer your single payment or eligible monthly payments to a traditional IRA, eligible employer plan, or Roth IRA, **your financial institution or plan administrator must complete this section before you submit this form to the TSP.** (The traditional IRA, eligible employer plan, or Roth IRA are described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account.")

**Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.**

**Note:** You can transfer to *only one* traditional IRA, eligible employer plan, or Roth IRA; therefore, if you chose a mixed withdrawal with both single and monthly payments (that are eligible to be transferred), all payments you chose to transfer will be sent to the financial institution/plan and account designated in this section.

The institution or plan to which your withdrawal is to be transferred must be a trust established inside the United States (i.e., the 50 States and the District of Columbia).

The financial institution or plan should retain a copy of this page to identify the account to which the check should be deposited when it is received. If the transfer is to a traditional IRA or Roth IRA, the institution accepting the transfer should submit Form 5498, IRA Contribution Information, to the IRS. The TSP will report all payments and transfers to you and to the IRS on Form 1099-R, Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.

**Type of Account and Account Number.** In Item 33, indicate whether the transfer is to a traditional IRA, eligible employer plan, or Roth IRA. In Item 34, enter the account number, if available, of

the IRA or plan to which the money is to be transferred. If the transfer is to an eligible employer plan, you must provide the plan name (Item 35).

**Make check payable to.** Provide the name of the IRA trustee or plan administrator (Item 36) as it should appear on the check. The check will be made payable to the name you provide on this line.

**Mail to.** If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 37–38) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 39–42. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.

**SECTION VII.** Complete this section only if you want the TSP to send your single payment or monthly payments directly to your checking or savings account by means of a direct deposit (electronic funds transfer (EFT)). Provide all of the requested information. If you do not know the 9-digit Routing Number, contact your financial institution for this information.

**Note:** Only payments that are **not being transferred** to a traditional IRA, eligible employer plan, or Roth IRA can be paid by EFT. EFTs will be made only to a financial institution in the United States. EFT is a safer method of payment than mailing a check to you.

**SECTION VIII.** Read the certification; then sign and date it. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge. In addition, if you chose to transfer your withdrawal to a Roth IRA, you are also certifying that you understand that you must pay tax on the amount transferred for the year of the transfer.

Name:

TSP Account Number:

**V.  
INFORMATION  
FOR YOUR  
TRANSFER**

*Must match  
Section I*

**To transfer** all or a portion of your withdrawal directly to a traditional IRA, eligible employer plan, or Roth IRA, complete this section. Then take or send this page to your IRA or plan. Your financial institution or plan administrator must complete Section VI. You must submit the completed package in order for it to be processed.

26. Name \_\_\_\_\_  
Last First Middle
27. Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 28. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Phone (Area Code and Number)
29. Address \_\_\_\_\_  
Street address or box number
30. City \_\_\_\_\_ 31. \_\_\_\_\_ 32. \_\_\_\_\_  
State/Country Zip Code

**VI.  
INFORMATION  
FROM THE IRA  
OR ELIGIBLE  
EMPLOYER  
PLAN**

*To be completed  
by financial  
institution/plan  
administrator*

Complete this section and return this form to the participant identified in Section V. The financial institution or plan administrator must ensure that the account described here is a "traditional IRA," "eligible employer plan," or "Roth IRA," as defined by the Internal Revenue Service.

**Do not submit transfer forms of financial institutions or plans.**

33. Type of Account  Traditional IRA  Eligible Employer Plan  Roth IRA 34. \_\_\_\_\_  
IRA or Plan Account Number
35. Plan Name \_\_\_\_\_  
Only if eligible employer plan
36. Make check payable to \_\_\_\_\_  
IRA Trustee or Plan Administrator (Limit response to 30 characters.)
37. Mail to \_\_\_\_\_  
Name of institution or person, if different from Item 36
38. \_\_\_\_\_  
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Section V. 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 in the traditional IRA, eligible employer plan, or Roth IRA identified above.

39. \_\_\_\_\_ 40. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Typed or printed name of Certifying Representative Phone (Area Code and Number)
41. \_\_\_\_\_ 42. \_\_\_\_\_  
Signature of Certifying Representative Date Signed

**VII.  
REQUEST  
FOR DIRECT  
DEPOSIT**

Single or monthly payments **not being transferred** can be paid by direct deposit to a checking or savings account at a financial institution.

43. Pay my  single payment  monthly payments or  both types of payments by direct deposit.
44. \_\_\_\_\_ 45. \_\_\_\_\_  
Name of Financial Institution Routing Number (Must be 9 digits)
46. Type of Account  Checking  Savings 47. \_\_\_\_\_  
Checking or Savings Account Number

**VIII.  
CERTIFICATION**

I certify that the information I have provided in Sections I–VII is true and complete to the best of my knowledge. Also, if I chose to transfer my withdrawal to a Roth IRA, I understand that I must pay taxes on the transferred amount for the year in which it was transferred. **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).

48. \_\_\_\_\_ 49. \_\_\_\_\_  
Participant's Signature Date Signed



## GENERAL INFORMATION AND INSTRUCTIONS FOR PAGE 3

**Complete Page 3 (Sections IX–XII) only if you would like to purchase an annuity and have indicated this by checking the box in Item 18 or by entering a percentage in Item 23a.**

Before completing this page, read the annuity information contained in the booklet *Withdrawing Your TSP Account After Leaving Federal Service*. This booklet describes TSP annuity options and features. **Note:** You cannot change your annuity option or cancel your annuity once your annuity has been purchased.

**SECTION IX.** Provide your gender, then choose the annuity option you want by checking the appropriate box. **Note:** If you are a married FERS participant and you checked Item 18 on Page 1, you must select Annuity Option 3b; otherwise, your form cannot be accepted.

An asterisk (\*) before an annuity option number indicates that there is a cash refund or 10-year certain feature associated with that annuity. If you choose one of these annuities, you must complete Section XI and name beneficiaries for your annuity.

If you are choosing among the joint life annuities, consider both the monthly payments you will receive while you and your joint annuitant are both alive and the payments that will be made to the survivor if one of you dies. If you choose a joint life annuity with a 50 percent survivor benefit, the monthly annuity payment to the survivor — whether the survivor is you or your joint annuitant — will be reduced by half (that is, 50 percent) of the annuity payment made while you and your joint annuitant are alive. If you choose an annuity with a 100 percent survivor benefit, the monthly annuity payment to the survivor will not be reduced when one of you dies. However, with the 100 percent survivor benefit, the monthly payment that you will receive while you and your joint annuitant are both alive will be less than if you select the 50 percent survivor benefit. The withdrawal booklet provides detailed information.

**SECTION X.** If you chose a joint life annuity, you must provide the requested information about your joint annuitant. You must also provide a copy of your joint annuitant's birth certificate. If your joint annuitant's birth certificate is unavailable, one of the following three items may be used if the date of birth is shown: baptismal certificate, family bible record, or marriage certificate. If a birth certificate or the above items are not available, submit **two** of the following types of evidence: school or college record, church record, birth certificate of children (if parent's age is shown), family record of genealogies, driver's license, military identification, military discharge papers, passport, life insurance papers, hospital records, census records, or voting records. **Do not send original documents;** they will not be returned to you. If the name on a document is not the same as the current name of the joint annuitant, you may be requested to submit a statement from the joint annuitant indicating that he or she is the person named in the document.

If you chose an annuity that provides for a joint annuitant other than your spouse, the joint annuitant must be either a former spouse or someone with an **insurable interest** in you. This means that the person is financially dependent on you and could reasonably expect to derive financial benefit from your continued life. Blood relatives or adopted relatives (but not relatives by marriage) who are closer than first cousins are presumed to have an insurable interest

in you. **If you name such a joint annuitant (i.e., a former spouse or someone with an insurable interest) who is more than 10 years younger than you, you must choose a joint life annuity with the 50 percent survivor benefit. The only exception is for a former spouse to whom all or a portion of your TSP account is payable pursuant to a retirement benefits court order.**

If the person you named as your joint annuitant is not presumed to have an insurable interest in you, you must submit an affidavit (i.e., a certification signed before a notary public) from someone with personal knowledge that the named person has an insurable interest in you. The certifier must know the relationship between you and the joint annuitant and must state why he or she believes that the named joint annuitant might reasonably expect to benefit financially from your continued life.

**SECTION XI.** If you chose an annuity option with a cash refund or 10-year certain feature, you must designate a beneficiary or beneficiaries to receive benefits from the annuity after your death, under the conditions outlined in that feature. The beneficiary designation on this form applies to the portion of your account used for the annuity purchase. After your annuity is purchased, changes in your beneficiary designation must be made directly with the annuity provider.

The share of any beneficiary who dies before you die will be distributed among the surviving beneficiaries in proportion to the shares you indicate, or entirely to the surviving beneficiary. You may name any person, corporation, trust, legal entity, or your estate as your beneficiary. If you need additional space, use a blank sheet of paper with your name, TSP account number, and date of birth on it. If you use additional pages, number, sign, and date each page. Use the same date on each page.

Indicate a percentage or fractional share for each beneficiary. Do not mix percentages and fractions. Percentages must add up to 100 percent; fractions must add up to 1.

- **If your beneficiary is a person,** enter for each beneficiary the last name, first name, and middle name; Social Security number (SSN); and relationship to you.
- **If your beneficiary is a firm, corporation, or other legal entity,** enter the name of the legal representative. Enter the Employer Identification Number (EIN) and enter "firm" and the name of the firm on the relationship line.
- **If the beneficiary is a trust,** enter the name of the trustee. Enter the EIN, if available, and enter "trustee," the name of the trust, and the date the trust was established on the relationship line.
- **If the beneficiary is an estate,** enter the name of the executor. Enter the EIN, if available. Enter "executor" and the name of the estate on the relationship line.

**SECTION XII.** Sign and date the form.

**PRIVACY ACT NOTICE.** We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process your transaction. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies

implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

Name:

TSP Account Number:

**Complete this page *only* if you are requesting an annuity.**

**IX. ANNUITY ELECTION**

Provide your gender in Item 50, then continue to Item 51 and check the annuity option you want. Also complete Section XI if you choose an option marked by an asterisk (\*). (Note: If you are a married FERS participant and you checked Item 18 on page 1, you **must** select annuity option 3b.)

50. Your Gender  Male  Female

**51. Single Life — Level Payments:**

- 1a No additional features
- \*1b Cash refund
- \*1c 10-year certain

**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
- \*3d 50% to survivor, cash refund

**Single Life — Increasing Payments:**

- 2a No additional features
- \*2b Cash refund
- \*2c 10-year certain

**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
- \*4d 50% to survivor, cash refund

**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
- \*5d 50% to survivor, cash refund

**X. INFORMATION ABOUT SPOUSE OR OTHER JOINT ANNUITANT**

Complete this section if you chose a **joint life annuity**, and provide documentation of the joint annuitant's date of birth. If you chose a joint life annuity with a joint annuitant other than your spouse, you may be required to submit an affidavit.

52. Name \_\_\_\_\_ 53. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Date of Birth (mm/dd/yyyy)

54. \_\_\_\_\_ 55. Gender  Male  Female 56. \_\_\_\_\_  
Relationship to Participant Joint Annuitant's Social Security No.

**XI. BENEFICIARY DESIGNATION FOR YOUR TSP ANNUITY**

If you chose an annuity with a cash refund or 10-year certain feature (options in Section IX marked by an asterisk (\*)), make a beneficiary designation(s) and indicate the share for each. Use whole percentages or fractions. (Percentages must total 100%; fractions must total 1.)

57. Beneficiary Name \_\_\_\_\_  
Last First Middle


\_\_\_\_\_ Share: \_\_\_\_\_  
Social Security Number/EIN Relationship to Participant

58. Beneficiary Name \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Share: \_\_\_\_\_  
Social Security Number/EIN Relationship to Participant

59. Beneficiary Name \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ Share: \_\_\_\_\_  
Social Security Number/EIN Relationship to Participant

  Check here if additional pages are used. How many additional pages? \_\_\_\_\_

**XII. CERTIFICATION**

I certify that the information I have provided in Sections IX–XI is true and complete to the best of my knowledge. (See warning in Section VIII.)

60. \_\_\_\_\_ 61. \_\_\_\_\_  
Participant's Signature Date Signed

