



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. [Grids for Last Name, First Name, Middle Name]

3. [Grid for TSP Account Number] 4. [Grids for Date of Birth (mm/dd/yyyy)] 5. [Grid for Daytime Phone (Area Code and Number)]

6. Foreign address? Check here. 7. [Grids for Street Address or Box Number (For a foreign address, see instructions on back.) and Street Address Line 2]

8. [Grid for City] 9. [Grid for State] 10. [Grids for 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. [Grids for Spouse's Name (Last, First, Middle) and 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. [Grid for Spouse's Signature] 14. [Grids for 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: [Grid for Date (mm/dd/yyyy)] Notary Public's Signature [Line] [seal] Jurisdiction [Line]

III. MARRIED CSRS PARTICIPANTS — We must notify your spouse of your withdrawal request.

16. [Grid for 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.) [Grids for Spouse's Social Security Number]

18. Spouse has foreign address? Check here. 19. [Grids for Street Address or Box Number (For a foreign address, see instructions.) and Street Address Line 2]

20. [Grid for City] 21. [Grid for State] 22. [Grids for Zip Code]

Do Not Write Below This Line



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 — Completing this section is optional. 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