

Death Benefit Payment Rollover Election

Please read all of the information we have provided with this election form before you make your election.

Survivor's Name <i>(last, first, middle)</i>	CSF Number	Date <i>(mm/dd/yyyy)</i>	Please Reply By
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You are eligible to roll over the following survivor benefit(s)

Type of Benefit	Basic Employee Death Benefit (BEDB)*	Employee contributions, Excess contributions, Voluntary contributions, plus interest	Alternative Annuity
Amount	Monthly \$ _____ or Lump sum \$ _____	Lump sum \$ _____	Lump sum \$ _____

Total amount that can be rolled over *(The total of the benefits identified above.)*

Lump sum \$ _____ Taxable Portion \$ _____ Non-Taxable Portion \$ _____
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or

Monthly Basic Employee Death Benefit \$ _____ Taxable portion \$ _____ Non-Taxable portion \$ <u> NONE </u> <p style="text-align: center;">Plus</p> Lump Sum \$ _____ Taxable portion \$ _____ Non-Taxable portion \$ _____

Mail the completed election form to the address checked below:

U.S. Office of Personnel Management
 Retirement Services Program
 Claims 1 Group
 Attn: _____, Room _____
 1900 E Street, N.W.
 Washington, D.C. 20415-3520

U.S. Office of Personnel Management
 Retirement Operations Center
 Attn: _____
 P.O. Box 45
 Boyers, PA 16017-0045

*If you are eligible to receive a basic employee death benefit, you can elect either a lump sum payment or 36 monthly installments of the benefit on this form, even if you have elected a different method of payment on another form. Complete the appropriate box on the Death Benefit Payment Rollover Election Form to verify how you would like to have your basic employee death benefit paid to you.

Privacy Act Statement

Solicitation of this information is authorized by the Unemployment Compensation Amendments of 1992 (Public Law 102-318). The information you furnish will be used to properly tax your benefits. The information may be shared and is subject to verification via paper, electronic media, or through the use of computer matching programs, with national, state, local or other charitable or social security administrative agencies in order to determine benefits under their programs, to obtain information necessary for determination or continuation of benefits under this program or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of civil or criminal law. Failure to provide information may delay or prevent action on your application.

Public Burden Statement

We think this form takes an average of one hour per response to complete, including the time for reviewing instructions, getting the needed data, and reviewing the requested information. Send comments regarding our estimate or any other aspect of this form, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), OPM Forms Officer, (3206-0218), Washington, D.C. 20415-7900. The OMB number, 3206-0218, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Survivor's Name (last, first, middle)	CSF Number
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Death Benefit Payment Rollover Election Form

Make an election in Section 1 or Section 2 below and complete the **Certification of Your Selections** section below. If you make an election in Section 2, the election form must also be completed by a representative of your financial institution or eligible employer plan.

Section 1

Pay any benefits eligible for a rollover directly to me.

I do **not** want to roll over any part of my eligible benefits into an Individual Retirement Arrangement (IRA) or eligible employer plan. I understand that 20% of the taxable amount of the payment(s) will be withheld for tax, but that I can roll over part or all of the taxable amount to a qualified account within 60 days to defer income tax.

If applicable: I have elected to receive my BEDB (check one) as a Lump Sum. in monthly installments.

Section 2

I want to roll over all or part of my eligible benefits into an Individual Retirement Arrangement (IRA) or eligible employer plan. Complete Parts A and B below, and have the **Certification by Financial Institution or Eligible Employer Plan** section on the reverse of this page, completed by your financial institution(s) or plan(s).

Part A

Roll the following amount(s) over into the IRA(s), Eligible Employer Plan(s) or Thrift Savings account specified below:
(Please state **ALL** or the specific amount in each category below. If you roll over less than 100% of your total payment to a financial institution, the total payment to each IRA or plan must be at least \$500.)

Roll the following amount over to _____
(Name of IRA/Plan)

Lump Sum: \$ _____ of the taxable amount
\$ _____ of the non-taxable amount

BEDB Monthly Installment: \$ _____ of the taxable amount
(All of the BEDB amount is taxable.)

Roll the following amount over to _____
(Name of IRA/Plan)

Lump Sum: \$ _____ of the taxable amount
\$ _____ of the non-taxable amount

BEDB Monthly Installment: \$ _____ of the taxable amount
(All of the BEDB amount is taxable.)

If I elect to roll over less than all, I understand that the taxable portion of any balance made payable to me will be subject to 20% tax withholding and that I can roll any part of it over to a qualified account within 60 days to defer income tax.

If applicable: I have elected to receive my BEDB (check one) as a Lump Sum. in monthly installments.

(The BEDB election you make on this form is the election the Office of Personnel Management (OPM) will honor if you elected a different method of payment at some other time. Information concerning the lump sum and installment payments is available on the first page of this form.)

Part B

I want to have the rollover amount sent: (check one box below)

Directly to my financial institution or eligible employer plan. To me for delivery to the financial institution or eligible employer plan. In this case, the check will be made payable to the IRA Account or plan.

The **Certification by Financial Institution or Eligible Employer Plan** section, found on the reverse of this page must also be completed.

Certification of Your Selections

My signature below certifies that I have made the election shown above and have read and understand the information on this form and in the enclosures included with it. I also understand that distributions from the plan to which the rollover is made may be subject to different restrictions and tax consequences than those that apply to distributions from OPM. In addition, I understand that if I roll over non-taxable funds into an IRA, I am responsible for accounting separately for the taxable and non-taxable portions of the amount rolled over.

Signature	Daytime telephone number (including area code)	Date (mm/dd/yyyy)
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Certification by Financial Institution or Eligible Employer Plan

This part must be completed by your financial institution or eligible employer plan if all or part of your benefit is made payable to an IRA or eligible employer plan.

Name and address of financial institution or eligible employer plan

Account number

Certification: As a representative of the financial institution or plan named above, I confirm the account number for the individual named above and the address of this financial institution or plan. I certify that the financial institution or plan named above agrees to accept funds as a direct trustee-to-trustee transfer from the Office of Personnel Management, to deposit them in an eligible IRA or eligible employer plan as defined in the Internal Revenue Code, and to account for these monies in compliance with the Internal Revenue Code.

Signature of certifying representative

Typed or printed name of certifying representative

Telephone number (including area code)

Date (mm/dd/yyyy)

Certification by Financial Institution or Eligible Employer Plan

This part must be completed by your financial institution or eligible employer plan if all or part of your benefit is made payable to an IRA or eligible employer plan.

Name and address of financial institution or eligible employer plan

Account number

Certification: As a representative of the financial institution or plan named above, I confirm the account number for the individual named above and the address of this financial institution or plan. I certify that the financial institution or plan named above agrees to accept funds as a direct trustee-to-trustee transfer from the Office of Personnel Management, to deposit them in an eligible IRA or eligible employer plan as defined in the Internal Revenue Code, and to account for these monies in compliance with the Internal Revenue Code.

Signature of certifying representative

Typed or printed name of certifying representative

Telephone number (including area code)

Date (mm/dd/yyyy)

Instructions for Rollover to the Federal Retirement Thrift Savings Plan

The Thrift Savings Plan (TSP) will not accept non-taxable (post-tax) monies. You must have an open TSP account. Before the Office of Personnel Management (OPM) can complete a rollover to your Thrift Savings account, you must sign and submit Form TSP-60, Request for a Transfer Into the TSP, to OPM. Submit both the TSP-60 and this form, RI 94-7, at the same time. OPM will complete its portion of the form and fax it to the Thrift Savings office for processing. The form must be approved by the Thrift Savings Board and the Board must notify OPM to transfer the funds. This process can take two to three weeks. Form TSP-60 is available on the internet at <http://www.tsp.gov/forms>.