Rollover Election Form

Use this form to elect how you want your lump sum paid. Please carefully read all of the information provided with this form before you make your election. A mistake in completing this form could prevent the Office of Personnel Management (OPM) from paying as you wish or could cause delay in processing your payment. If we do not receive your election by the reply date shown, we will pay you as though you had selected Option A.

Please reply by	Taxable Portion	Non-taxable	Portion	
Part 1 - For use by Former Employees	and Retired Employe	es (Complete Part 1 and Pa	urt 3.)	
Your Name	•	Claim Number	Your Social Security Number	
		1000		
Part 2 - For use by Surviving Spouses,	Former Spouses, and	Designated Beneficiaries (Complete Part 2 and Part 3.)	
Your Name		Claim Number	Your Social Security Number	
			_	
Name of Deceased Employee or Annuitant			Social Security Number of Deceased	
Part 3 - Rollover Election (Select ONE rollover must	option. If you select C complete Part 4.	ption B, the organization(s) accepting your	
Option A: Pay All to Me				
Make the entire lump sum payable to n	ne and send it to the maili	ng address shown below. I un	derstand that the Office of	
Personnel Management is required to v I have the option to roll over part or all	of any taxable portion w	ole portion for Federal income ithin 60 days after receipt into	tax and that to defer income tax	
employer plan.	to any tantagraphic n	tumi oo days areet toocipt into	a traditional INA of all eligible	
Option B: Pay As Shown Below. If you rol	over less than 100% of	his distribution, the total amou	int that you roll over to each	
organization must be at least \$500. If you ele with the special instructions on the back of the	ct to roll any part of this	distribution into your Thrift Sa	vings account, you must comply	
Dow \$			227 (22.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	
Pay \$ to income tax withheld from any taxable p	portion not rolled into a R	oth IRA. This is/ is 1	with no Federal not for a Roth IRA.	
Pay \$to				
income tax withheld from any taxable p	ortion not rolled into a R	oth IRA. This is/ is 1	not for a Roth IRA.	
Pay any remainder to me, less 20% Federal income tax withholding from any taxable portion you pay to me.				
And check one box below.				
Send the payments directly to the institution(s) named. Send any remainder to me at the address shown below.				
Send all the payments to me at the address shown below. I will deliver the payments to the institution(s) named.				
Your Mailing Address (If you are enrolled in the Direct Deposit Program, this lump sum will be deposited in your account and we do not need your				
mailing address in this block unless it is a new address we should use.)				
My signature below certifies that I have made	the election shown above	e and that I understand that dist	cributions from the plan to which	
the rollover is made may be subject to differer also understand that if I roll over non-taxable	t restrictions and tax con funds into an IRA Lam r	sequences than those that apply	y to distributions from OPM, I	
portions of the amount rolled over.		coponisione to account separate	y for the taxable and non-taxable	
Signature (If you elect Option B, Part 4 must be complete	d.) Date (mm/dd/yyyy)	Daytime telephone number with area	code Email address	
a l				

Part 4 - Certification from Financial Institution	ns or Eligible Employer Plans
Name of institution or eligible employer plan	Address of institution or plan
Account number of IRA or eligible employer plan	
the individual named above and the address. I certify that t direct trustee-to-trustee transfer from the Office of Personne	on or eligible employer plan named above, I confirm the account number for the financial institution or plan named above agrees to accept funds as a el Management, to deposit them in an eligible IRA or eligible employer plan these monies in compliance with the Internal Revenue Code.
Typed or printed name of certifying representative	Telephone number with area code
Signature of certifying representative	Date of certification (mm/dd/yyyy)
Name of institution or eligible employer plan	Address of institution or plan
Account number of IRA or eligible employer plan	
the individual named above and the address. I certify that t direct trustee-to-trustee transfer from the Office of Personne	on or eligible employer plan named above, I confirm the account number for the financial institution or plan named above agrees to accept funds as a lel Management, to deposit them in an eligible IRA or eligible employer plan these monies in compliance with the Internal Revenue Code.
Typed or printed name of certifying representative	Telephone number with area code
Signature of certifying representative	Date of certification (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 38-117, 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.

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Please reply by	Taxable Portion		Non-taxable Portion	
100 mg				
Part 1 - For use by Former Employees	and Retired Employe	ees (Complete Par	rt 1 and Part 3.)	
Your Name		Claim Number	A	r Social Security Number
Part 2 - For use by Surviving Spouses,	Former Spouses, and	 Designated Bene	ficiaries <i>(Comp</i>	lete Part 2 and Part 3.)
Your Name		Claim Number	You	r Social Security Number
Name of Deceased Employee or Annuitant			Soci	al Security Number of Deceased
Part 3 - Rollover Election (Select ONE rollover mus	option, If you select C t complete Part 4,	Option B, the orga	nization(s) acce	pting your
Option A: Pay All to Me	V = 100 € 100 E			
Make the entire lump sum payable to me Personnel Management is required to we I have the option to roll over part or all employer plan.	rithhold 20% of any taxab	le portion for Feder	al income tax and	that to defer income tax
Option B: Pay As Shown Below. If you organization must be at least \$500. If you elect with the special instructions on the back of the	ct to roll any part of this d	of this distribution, istribution into your	the total amount the Thrift Savings ac	nat you roll over to each count, you must comply
Pay \$ to with no Federal income tax withheld from any taxable portion not rolled into a Roth IRA. This rollover is to a Roth IRA. Please withhold 20% Federal income tax.				
Pay \$ to				with no Federal income
with no Federal incom tax withheld from any taxable portion not rolled into a Roth IRA. This rollover is to a Roth IRA. Please withhold 20% Federal income tax.				
Pay any remainder to me, less 20% Federal income tax withholding from any taxable portion you pay to me.				
And check one box below.				
Send the payments directly to the institution(s) named. Send any remainder to me at the address shown below.				
Send all the payments to me at the address shown below. I will deliver the payments to the institution(s) named.				
Your Mailing Address (If you are enrolled in the Direct Deposit Program, this lump sum will be deposited in your account and we do not need your mailing address in this block unless it is a new address we should use.)				
My signature below certifies that I have made the rollover is made may be subject to differen also understand that if I roll over non-taxable f portions of the amount rolled over.	t restrictions and tax cons unds into an IRA, I am re-	equences than those	that apply to distr	ributions from OPM T
Signature (If you elect Option B, Part 4 must be complete	d.) Date (mm/dd/yyyy)	Daytime telephone num	ber with area code	Email address

Part 4 - Certification from Financial Institutions or	Eligible Employer Plans	
Name of institution or eligible employer plan	Address of institution or plan	
Account number of IRA or eligible employer plan		
Certification: As a representative of the financial institution or enthe individual named above and the address. I certify that the finantrustee-to-trustee transfer from the Office of Personnel Manageme defined in the Internal Revenue Code, and to account for these models.	ncial institution or plan named ent, to deposit them in an eligible	above agrees to accept funds as a direct e IRA or eligible employer plan as
Typed or printed name of certifying representative		Telephone number with area code
Signature of certifying representative		Date of certification (mm/dd/yyyy)
Name of institution or eligible employer plan	Address of institution or plan	
Account number of IRA or eligible employer plan		
Certification: As a representative of the financial institution or el the individual named above and the address. I certify that the finan trustee-to-trustee transfer from the Office of Personnel Management defined in the Internal Revenue Code, and to account for these mon	ncial institution or plan named a nt, to deposit them in an eligible	above agrees to accept funds as a direct
Typed or printed name of certifying representative		Telephone number with area code
Signature of certifying representative		Date of certification (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 38-117, 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.

Rollover Election Form

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Please reply by	Taxable Portion		Non-taxable Portion		
Part 1 - For use by Former Employee	s and Retired Employ	oos (Complete Pe	urt 1 and Dant 2 \		
Part 1 - For use by Former Employees and Retired Your Name		Claim Number		Your Social Security Number	
Part 2 - For use by Surviving Spouses,	Former Spouses and	Designated Ren	oficiaries (Comp	late Paul 2 and Paul 2	
Your Name	Tormer opouses, and	Claim Number		r Social Security Number	
				Security Manager	
Name of Deceased Employee or Annuitant			Soci	al Security Number of Deceased	
Part 3 - Rollover Election (Select ONE rollover mu	E option. If you select st st complete Part 4.	Option B, the org	anization(s) acce	epting your	
Option A: Pay All to Me					
Make the entire lump sum payable to repersonnel Management is required to a I have the option to roll over part or all employer plan.	withhold 20% of any taxal	ble portion for Fede	ral income tax and	that to defer income tay	
Option B: Pay As Shown Below. If you organization must be at least \$500. If you ele with the special instructions on the back of the	ect to roll any part of this of this of the comments of the co	distribution into you	ır Thrift Savings ac	nat you roll over to each count, you must comply	
Pay \$totax withheld from any taxable portion	not rolled into a Roth IRA		is to a Roth IRA. old 20% Federal i	with no Federal income ncome tax.	
Pay \$to tax withheld from any taxable portion i	not rolled into a Roth IRA		is to a Roth IRA.	with no Federal income	
Pay any remainder to me, less 20% Fee	deral income tax withhold				
And check one box below.					
Send the payments directly to the instit	ution(s) named. Send any	remainder to me at	t the address showr	ı below.	
Send all the payments to me at the add	ress shown below. I will o	deliver the payments	s to the institution(s) named.	
Your Mailing Address (If you are enrolled in the I mailing address in this block unless it is a new add	Direct Deposit Program, this	lump sum will be dep	posited in your accou	nt and we do not need your	
My signature below certifies that I have made the rollover is made may be subject to different also understand that if I roll over non tayable	nt restrictions and tax con	sequences than thos	e that apply to dist	ributions from OPM T	
also understand that if I roll over non-taxable portions of the amount rolled over.		esponsible to accoun	in separately for the	taxable and non-taxable	
Signature (If you elect Option B, Part 4 must be completed	ted.) Date (mm/dd/yyyy)	Daytime telephone nur	nber with area code	Email address	

Part 4 - Certification from Financial Institutions	or Eligible Employer I	Plans
Name of institution or eligible employer plan	Address of institution or pla	
Account number of IRA or eligible employer plan		
Certification: As a representative of the financial institution of the individual named above and the address. I certify that the trustee-to-trustee transfer from the Office of Personnel Manage defined in the Internal Revenue Code, and to account for these	financial institution or plan na ement, to deposit them in an e	amed above agrees to accept funds as a direct eligible IRA or eligible employer plan as
Typed or printed name of certifying representative		Telephone number with area code
Signature of certifying representative		Date of certification (mm/dd/yyyy)
Name of institution or eligible employer plan	Address of institution or pla	n
Account number of IRA or eligible employer plan		
Certification: As a representative of the financial institution of the individual named above and the address. I certify that the trustee-to-trustee transfer from the Office of Personnel Manage defined in the Internal Revenue Code, and to account for these	financial institution or plan na ement, to deposit them in an e	amed above agrees to accept funds as a direct ligible IRA or eligible employer plan as
Typed or printed name of certifying representative		Telephone number with area code
Signature of certifying representative		Date of certification (mm/dd/yyyy)

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