

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 (last, first, middle) | CSF Number | Date (mm/dd/yyyy) | Please Reply By |
|---------------------------------------|------------|-------------------|-----------------|

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 \$ _____ | or | Monthly Basic Employee Death Benefit \$ _____ Taxable portion \$ _____ Non-Taxable portion \$ _____ NONE Plus Lump Sum \$ _____ Taxable portion \$ _____ Non-Taxable portion \$ _____ |
|--|----|--|

Mail the completed election form to the address checked below:

U.S. Office of Personnel Management
Retirement Operations
Claims 1
Attn: _____, Room _____
1900 E Street, N.W.
Washington, D.C. 20415-0001

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

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement serves to inform you of why OPM is requesting the information on this form. **Authority:** OPM is authorized to collect the information requested on this form pursuant to Unemployment Compensation Amendments of 1992 (UCA), Public Law No. 102-318, and Income Tax Regulations under sections 401(a)(31), 402(c), 402(f) and 3405(c) of the Internal Revenue Code of 1986, which, requires guidance concerning the direct rollover and 20-percent income tax withholding provisions of UCA. OPM is authorized to collect your Social Security number by Executive Order 9397 (November 22, 1943), as amended by Executive Order 13478 (November 18, 2008). **Purpose:** OPM is requesting this information to pay benefits to an IRA, employer plan or TSP account or to deduct 20 percent from the payments sent directly to the surviving spouse or former spouse for Federal income tax withholding. **Routine Uses:** The information requested on this form may be shared as a "routine use" to other Federal agencies and third-parties when it is necessary to process your application. For example, OPM may share your information with other Federal, state, or local agencies and organizations in order to determine benefits under their programs, to obtain information necessary for a determination of your disability retirement benefits, or to report income for tax purposes. OPM may also share your information with law enforcement agencies if it becomes aware of a violation or potential violation of civil or criminal law. A complete list of the routine uses can be found in the OPM/CENTRAL 1 Civil Service Retirement and Insurance Records system of records notice, available at www.opm.gov/privacy. **Consequences of Failure to Provide Information:** Providing this information is voluntary. However, failure to provide this information may result in the noncompliance of the provisions of UCA of 1992, Public Law No. 102-318, and Income Tax Regulations under sections 401(a)(31), 402(c), 402(f) and 3405(c) of the Internal Revenue Code of 1986. Individuals who do not provide this information can also request changes via telephone or letter, as well as using RI 94-7. The information collected can only be obtained from the respondents.

Public Burden Statement

We estimate 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), Retirement Services Publications Team (3206-0218), Washington, D.C. 20415-0001. 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.

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), eligible employer plan or Thrift Savings Plan account. Complete Parts A and B below and have your financial institution(s) or plan(s) complete the **Certification by Financial Institution or Eligible Employer Plan** section on the reverse of this page. If you are rolling over your death benefits into your Thrift Savings Plan (TSP) account, the TSP does not need to complete the Certification by Financial Institution or Eligible Employer Plan.

Part A

Roll the following amount(s) over into the IRA(s), Eligible Employer Plan(s) or Thrift Savings Plan 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)

Is this a Roth IRA? yes no

Withhold 20% Federal income tax from amount rolled over to Roth IRA

Lump Sum: \$ _____ of the taxable amount

BEDB Monthly Installment: \$ _____ of the taxable amount

\$ _____ of the non-taxable amount

(All of the BEDB amount is taxable.)

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

Is this a Roth IRA? yes no

Withhold 20% Federal income tax from amount rolled over to Roth IRA

Lump Sum: \$ _____ of the taxable amount

BEDB Monthly Installment: \$ _____ of the taxable amount

\$ _____ of the non-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 even 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) |
| | Email Address | |

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 on page 2 of this form 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 on page 2 of this form 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 TSP 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 TSP 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 www.tsp.gov.