

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
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Part 1 - For use by Former Employees and Retired Employees (Complete Part 1 and Part 3.)

Your Name	Claim Number	Your Social Security Number
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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
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Name of Deceased Employee or Annuitant	Social Security Number of Deceased
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Part 3 - Rollover Election (Select ONE option. If you select Option B, the organization(s) accepting your rollover must complete Part 4.)

Option A: Pay All to Me

- Make the entire lump sum payable to me and send it to the mailing address shown below. I understand that the Office of Personnel Management is required to withhold 20% of any taxable portion for Federal income tax and that to defer income tax I have the option to roll over part or all of any taxable portion within 60 days after receipt into a traditional IRA or an eligible employer plan.

Option B: Pay As Shown Below. If you roll over less than 100% of this distribution, the total amount that you roll over to each organization must be at least \$500. If you elect to roll any part of this distribution into your Thrift Savings account, you must comply with the special instructions on the back of the form.

- 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 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 election shown above and that I 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. I also understand that if I roll over non-taxable funds into an IRA, I am responsible to account separately for the taxable and non-taxable portions of the amount rolled over.

Signature (If you elect Option B, Part 4 must be completed.)	Date (mm/dd/yyyy)	Daytime telephone number with area code	Email address
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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 eligible employer plan named above, I confirm the account number for the individual named above and the address. 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.

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 eligible employer plan named above, I confirm the account number for the individual named above and the address. 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.

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>.

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 RI 38-117, pursuant to Public Law 107-16, which discuss the Internal Revenue Code that allows an individual to roll over the post-tax portion of certain distributions from OPM. **Purpose:** This form is used to explain the payment election. **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:** Failure to provide this information would prevent OPM compliance with the current law.

Public Burden Statement

We estimate providing this information takes an average 40 minutes per response, 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 U.S. Office of Personnel Management, Retirement Services Publications Team, (3206-0212), Washington, D.C. 20415-0001. The OMB number, 3206-0212, is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.