

TSP-75

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I.	INF	ORMATION ABOUT YOU		
	1.	This request applies to my: Civilian Account	OR U	Jniformed Services Account
	2.	Last Name First N	lame	Middle Name
	3.	TSP Account Number 4. Date of Birth (mm/dd/yyyy)	5. Daytime Phone (Area Code and Number)
		: If you are married, you must complete either Section \instructions).	/II or VIII on I	•
II.	WIT	HDRAWAL REQUEST		
	6.	Amount you are requesting: \$,	.00 or more)	OR Entire vested account balance
III.	TRA	NSFER ELECTION		_
	7.	I would like to transfer all or a portion of my withdr must include the completed applicable transfer page		
IV.		ECT DEPOSIT INFORMATION — This section is optional that is not being transferred (Sections IX–XII) directly d		
	8.	Type of Account: 9.		
		Checking Name of Financial Institution		
		Savings 10. ACH Routing Number (Must be 9 digits)	11. Checking	g or Savings Account Number
V.	tax v with	DITIONAL TAX WITHHOLDING — This section is option withholding, complete this section. If a portion of your withholding does not apply to the are otherwise nontaxable (see instructions).	ithdrawal is	a Required Minimum Distribution, the TSP must
	12.	In addition to the mandatory 20%, withhold this amount	for Federal i	income tax: \$,00
VI.	requ that tatio	RTIFICATION AND NOTARIZATION—I certify that the lest is true and complete to the best of my knowledge. If I am an unmarried TSP participant. Warning: Any intention concerning this request is a violation of law that is pun J.S.C. 1001).	I did not com tional false s	nplete Section VII or VIII on Page 2, I further certify statement in this application or willful misrepresen-
	13.	Participant's Signature		14. Date Signed (mm/dd/yyyy)
ı	15.	Participant's Address (We will use this address only to notify you if we cannot lo	cate your account	t based on the information you provided on this form.)
	16.	Notary: Please complete the following. No other acknown who signed Item 13 is known to or was identified by me this form. In witness thereof, I have signed below on this My commission expires:	wledgemen and, before r	nt is acceptable (see instructions). The person me, signed or acknowledged to have signed
		Date (mm/dd/yyyy)	Notary's Signatu	ure
		[seal]	Notary's Printed	d Name Notary's Phone Number
			Jurisdiction	
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		RRIED FERS AND UNIFORMED SERVICES PARTICI	PANTS — Your s	pouse i	must	conse	nt to y	our v	vithdra	wal. Yo	ur
	•	use's signature must be notarized.									
		Spouse: By signing below, I consent to this withdrawal fithe amount withdrawn will not be available later for the p						ount.	l under	rstand th	nat
		and amount within awin with flucture available tater for the k		and Su	1001	amuul —	cy.				
		Spouse's Name (Last, First, Middle)									
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	18.			19.		\rfloor/\lceil		/[]			
		Spouse's Signature			Date S	Signed (m	nm/dd/y	yyyl			
	20	Notary: Please complete the following. No other ackno	wledgement is a	ccental	ءا مار	ee inc	ructi	One1			
		The person who signed Item 18 is known to or was ident	_	=						to have	L
		signed this form. In witness thereof, I have signed below	•							2 Have	
		Section 2019	ut	,	Mont	th	. —	Year			
		My commission expires:	Notomi's Circuit								
		Date (mm/dd/yyyy)	Notary's Signature				()			
		[seal]	Notary's Printed Name	<u> </u>			Nota	ry's Pho	one Num	ber	
			Jurisdiction								
		Participant: If you cannot obtain your spouse's signature,					\top]_ [$\neg \neg$		
		spouse's name (Item 17) and Social Security number on the submit Form TSP-16, Exception to Spousal Requirements			Spous	e's Socia	l Secur	ity Num	nber		
		uniformed services), with the required documentation.	, 5 10 101								
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/III.	MAF	RRIED CSRS PARTICIPANTS — Your spouse must be r	notified of your wi	ithdraw	ıal red	ղuest.					
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	22.	Spouse's Name (Last, First, Middle)									
	23	Is your spouse's address the same as your address in your TS	P record?								
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			ouse's SSN and subm		Snove	e's Socia	I Secur	j-	nher		
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