02-30

Thrift Savings Plan BULLETIN for Agency TSP Representatives

Subject: Revision of Form TSP-70, Thrift Savings Plan Request for Full Withdrawal

Date: August 1, 2002

The Federal Retirement Thrift Investment Board (Board) has revised and renamed Form TSP-70 to reflect the changes to the post-employment withdrawal program which will occur when the new record keeping system is implemented in September 2002. Currently called Withdrawal Request, the Form TSP-70 for the new record keeping system will be called Request for Full Withdrawal.[1] A copy of this revision, dated August 2002, is attached to this bulletin. This revision may also be obtained from the **civilian section** of the TSP Web site at www.tsp.gov beginning August 15, 2002.

This revision **supersedes** all prior versions of Form TSP-70; agencies should discard their supplies of earlier versions of the form. **After August 23, 2002, if the TSP record keeper receives a withdrawal request on an earlier version of Form TSP-70, the request will not be processed, and the participant must complete the new version of the form to withdraw his or her account fully.**

Distribution of Form TSP-70. The Board will send a supply of the revised Form TSP-70 to agencies' central distribution points. By August 15, 2002, each central distribution point should receive a number equal to about 20% of its work force. Upon receipt, central distribution points should distribute these forms proportionately to personnel or administrative offices within the agency.

(continued on next page)

[1] In the new record keeping system, participants may also request a partial withdrawal of their TSP accounts. To request a partial withdrawal, participants must submit Form TSP-77, Request for Partial Withdrawal When Separated. See TSP Bulletin 02-29, dated August 1, 2002, for more information about this form.

Inquiries: Questions concerning this bulletin should be directed to the Federal Retirement Thrift Investment Board at **202-942-1460**.

Chapter: This bulletin may be filed in Chapter 9, Withdrawal Program.

Supersedes: This bulletin supersedes TSP Bulletin 01-14, Revision of Form TSP-70, Thrift Savings Plan Withdrawal Request, dated March 30, 2001.

Agency responsibilities. Agencies must provide Form TSP-70 to participants when they separate from Federal service. As explained in TSP Bulletin 02-21, dated July 16, 2002, Form TSP-70 must be included in the withdrawal packages that agencies provide to separating participants. Agencies may order additional copies of the form by following the instructions contained in TSP Bulletin 95-1.

Pamela-Jeanne Moran

PAMELA-JEANNE MORAN
Deputy Director
Office of External Affairs

Attachment: Form TSP-70, Request for Full Withdrawal

Thrift Savings Plan

Form TSP-70
Request for Full Withdrawal

August 2002

GENERAL INFORMATION AND INSTRUCTIONS

Use this form to request an immediate withdrawal of your **entire** vested account balance, to be paid after your agency confirms your separation from Federal service. To request a partial withdrawal of your account, do not complete this form; instead, complete Form TSP-77, Request for Partial Withdrawal When Separated.

Before making a withdrawal request, read the booklet *Withdrawing Your TSP Account After Leaving Federal Service* and the TSP notice "Important Tax Information About Payments From Your TSP Account." Your former agency should have given you these materials when you separated from service. If you do not have these materials, download them from the TSP Web site (www.tsp.gov) or ask your former agency for a copy. **Note:** If, after reading the TSP tax notice, you decide to submit a Form W-4P, Withholding Certificate for Pension or Annuity Payments, attach a copy of the form to your withdrawal request when you mail it to the TSP Service Office. If you request a mixed withdrawal, indicate on the top of Form W-4P the option to which the withholding applies.

You should **not** complete Form TSP-70 if:

- **Your vested account balance is less than $200.** The TSP will automatically send you a check for the balance of your account after your agency reports that you have separated.
- **You expect to be rehired after a break in service of *less than* 31 calendar days.** You must be separated from Federal service for 31 or more days in order to be eligible for a post-employment withdrawal. If you expect to be rehired after a break in service of **31 or more full calendar days**, see the withdrawal booklet for information about rehired participants and withdrawal restrictions.

There are two ways to request a post-employment withdrawal:

1. Complete Form TSP-70 and mail it to the TSP Service Office; **or**
2. Use the TSP Web site (www.tsp.gov) to begin (and, in some cases, complete) your withdrawal request. If your request cannot be completed on the Web because additional signatures, information, or documentation is needed, you may print out your partially completed withdrawal request form at the end of your online session. Review the form, complete any missing information, and provide any required signatures and documentation. **Do not change or cross out any of the prefilled information resulting from your entries on the Web or the form may not be accepted for processing if you do.**

   Note: Access to the Web site's post-separation withdrawal request area is not available to a participant until the participant's agency reports his or her separation to the TSP.

After completing your withdrawal request, make a copy for your records. Mail the original to:

TSP Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500
Telephone Number: (504) 255-8777
TDD: (504) 255-5113

SECTION I. Complete Items 1 – 9. The address you provide on this form will be used to update the address in your TSP account record. If you are married, provide your spouse's name and Social Security number.

SECTIONS II and III. Spouses' rights apply to accounts that are more than $3,500 at disbursement. If your account balance is $3,500 or less you do not need to complete Sections II or III.

Spouses' Rights for Full Withdrawals

Classification	Requirement	Exceptions
FERS	Spouse is entitled to a survivor annuity unless he or she waives that right.	Whereabouts unknown or exceptional circumstances
CSRS	Spouse is entitled to notification by TSP of participant's election.	Whereabouts unknown

If you are a **CSRS participant** with an account balance of more than $3,500, you must complete Section II so that your spouse may be notified of your withdrawal. If you do not know your spouse's whereabouts, check Item 17 and submit Form TSP-16, Exception to Spousal Requirements, with your request for a withdrawal.

If you are a **married FERS participant** and your account balance is more than $3,500, complete Section III. By law, your spouse is entitled to an annuity with a 50% survivor benefit, level payments, and no cash refund (i.e., TSP Annuity Option 3b). If you would like to use your **entire vested account balance** to purchase this annuity, check the box in Item 18 and skip to Section VIII. For any other withdrawal option, including a mixed withdrawal, your spouse must waive his or her right to that annuity by signing and dating Items 19 and 20. Your spouse's signature must be notarized (Item 21).

If you cannot obtain your spouse's signature because his or her whereabouts are unknown or exceptional circumstances apply, check the box in Item 22 and submit Form TSP-16, Exception to Spousal Requirements, with the required documentation.

SECTION IV. You may withdraw your entire account balance by choosing any one, a combination of any two, or all three of the basic available withdrawal methods (single payment, monthly payments, life annuity). On the line to the right of each withdrawal method, indicate the percentage of your account that you would like to withdraw by that method. Be certain that the percentages in Items 23a, b, and c add up to 100%. Use whole percentages only. **Note:** You can use the calculators on the TSP Web site to project an annuity or a monthly payment.

If you choose to withdraw your account as a TSP annuity, the minimum amount to purchase the annuity is $3,500. This means that if you are withdrawing only a portion of your account by means of an annuity (Item 23a), the percentage you choose must equal $3,500 or more of your vested account balance. You must also provide information needed for the annuity purchase on Page 3 of this form.

If you are withdrawing any portion of your account by means of monthly payments (Item 23c), indicate either the dollar amount that you would like to receive each month or check the box to have the TSP compute your payments based on your life expectancy. If you choose a dollar amount, it must be at least $25.

- **If you indicate a monthly dollar amount,** you will receive that amount until you change it or until your entire account balance has been paid. **Note:** You are allowed to change the dollar amount annually.
- **If you choose to have the TSP compute your payments,** your payments will be computed using the IRS Single Life Table, Treas. Reg. § 1.401(a)(9)-9, Q&A 1 (for participants age 69 and younger) or the Uniform Lifetime Table, Treas. Reg. § 1.401(a)(9)-9, Q&A 2 (once a participant turns 70).

Transfer Option. If you choose to withdraw any portion of your account by means of a single payment or a monthly payment for a fixed dollar amount that results in payments that are expected to last less than 10 years, you may also elect to transfer all or any portion of the payment(s) to a traditional IRA or an eligible employer plan. Single or eligible monthly payments that are not transferred directly to an IRA or plan are subject to **mandatory 20% Federal income tax withholding**. Read the notice "Important Tax Information About Payments From Your TSP Account" for detailed tax rules affecting payments from your account.

THRIFT SAVINGS PLAN
REQUEST FOR FULL WITHDRAWAL

TSP-70

I. INFORMATION ABOUT YOU

1. Name ______________________________
Last First Middle

2. ______ – ______ – ______
Social Security Number

3. ____/____/______
Date of Birth *(mm/dd/yyyy)*

4. (______) ______ – ______
Daytime Phone *(Area Code and Number)*

5. Address ______________________________
Street address or box number

6. City ______________________ **7.** ______________ State/Country **8.** ______________ Zip Code

9. Are you married, even if separated from your spouse?
☐ Yes (Go to Item 10.) ☐ No (Skip to Section IV.)

10. ______ – ______ – ______
Spouse's Social Security Number

11. Spouse's Name ______________________________
Last First Middle

II. FOR MARRIED CSRS PARTICIPANTS ONLY

12. Is your spouse's address the same as above? ☐ Yes (Skip to Section IV.) ☐ No (Complete Items 13 – 17.)

13. Spouse's Address ______________________________
Street address or box number

14. City ______________________ **15.** ______________ State/Country **16.** ______________ Zip Code

17. ☐ Check here if you do not know your spouse's address.

III. FOR MARRIED FERS PARTICIPANTS ONLY

If your account balance is more than $3,500, your spouse is entitled to a survivor annuity with a 50% survivor benefit, level payments, and no cash refund. Check Item 18 to use your **entire** account balance to purchase that annuity. If your spouse waives his or her right to that annuity (Items 19, 20, and 21), proceed to Section IV.

18. Participant: ☐ Use my entire account to purchase the prescribed joint life annuity with 50% survivor benefit, level payments, and no cash refund (Option 3b in Section IX). *(Skip to Section VIII and complete Page 3.)*

OR

Your spouse's signature must be notarized.

19. Spouse: I give up my right to the prescribed joint life annuity (Annuity Option 3b) by signing below.

______________________________ **20.** ______________
Spouse's Signature Date Signed

21. Notary: On this ________ day of ______________, __________, the person who signed Item 19,
Month Year
who is known to or was identified by me, personally appeared and acknowledged to me that he or she signed this form. In witness thereof, I have signed below on this date.

[seal]

My commission expires: ______________

____
Notary Public's Signature

____
Jurisdiction

22. Participant: ☐ Check here if you cannot obtain your spouse's signature.

IV. WITHDRAWAL ELECTION

Choose one or more methods. Indicate percentages in whole numbers. If choosing monthly payments, include the dollar amount of each payment or choose to have the TSP compute your payments based on your life expectancy.

23. a. Life Annuity ______.0% (Must equal $3,500 or more. Also complete Page 3.)

b. Single Payment ______.0%

c. Monthly Payments ______.0% ⟶ $ ________.00 per month **OR** ☐ Compute my payments

TOTAL 100.0%

<u>**Transfer Option**</u> — If you want to transfer all or any portion of your single or monthly payments (for a dollar amount that results in payments expected to be made in less than 120 months) to a traditional IRA or to an eligible employer plan, complete Items 24 and/or 25 and also complete Section V.

24. Transfer ______.0% of my **single payment** to a traditional IRA or eligible employer plan.

25. Transfer ______.0% of each of my **monthly payments** for the dollar amount indicated above to a traditional IRA or eligible employer plan. (Note: You cannot transfer payments expected to last 120 months or more or those that are computed based on life expectancy.)

GENERAL INFORMATION AND INSTRUCTIONS

SECTION V. If you chose to transfer any portion of your single or monthly payments by completing Item 24 and/or Item 25, complete this section. Your traditional IRA or eligible employer plan can use this information to identify you when completing Section VI.

SECTION VI. If you chose to transfer your single payment or eligible monthly payments to a traditional IRA or an eligible employer plan, **your financial institution or plan administrator must complete this section before you submit this form to the TSP.** (A traditional IRA and an eligible employer plan are described in the TSP tax notice "Important Tax Information About Payments From Your TSP Account.")

Do not submit transfer forms of financial institutions or plans; the TSP cannot accept them.

Note: You can transfer to *only one* traditional IRA or eligible employer plan; therefore, if you chose a mixed withdrawal with both single and monthly payments (that are eligible to be transferred), all payments you chose to transfer will be sent to the financial institution/plan and account designated in this section.

The institution or plan to which your withdrawal is to be transferred must be a trust established inside the United States (i.e., the 50 States and the District of Columbia).

The financial institution or plan should retain a copy of this page to identify the account to which the check should be deposited when it is received. If the transfer is to a traditional IRA, the institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

Type of Account and Account Number. In Item 33, indicate whether the transfer is to a traditional IRA or eligible employer plan. In Item 34, enter the account number, if available, of the IRA or plan to which the money is to be transferred. If the transfer is to an eligible employer plan, you must provide the plan name (Item 35).

Make check payable to. Provide the name of the IRA trustee or plan administrator (Item 36) as it should appear on the check. The check will be made payable to the name you provide on this line.

Mail to. If the check is to be mailed to someone other than the payee of the check, provide the name and address (Items 37 – 38) of the institution and/or person to whom the check should be sent.

The certifying representative must provide the requested information in Items 39 – 42. If we need to contact the financial institution or plan for more information, the individual named here will be used as the contact person.

SECTION VII. Complete this section only if you want the TSP to send your single payment or monthly payments directly to your checking or savings account by means of a direct deposit (electronic funds transfer (EFT)). Provide all of the requested information. If you do not know the 9-digit Routing Number, contact your financial institution for this information.

Note: Only payments that are **not being transferred** to a traditional IRA or eligible employer plan can be paid by EFT. EFTs will be made only to a financial institution in the United States. EFT is a safer method of payment than mailing a check to you.

SECTION VIII. Read the certification, then sign and date it. By signing the certification, you are certifying that the information you have provided is true and complete to the best of your knowledge. You are also certifying that you are separated from Federal service and that your separation will last for 31 days or more.

Name: Social Security Number:

V. INFORMATION FOR YOUR TRANSFER

If you want to transfer all or a portion of your withdrawal directly to your traditional IRA or eligible employer plan, complete this section, then take or send this page to your IRA or plan. Your financial institution or plan administrator must complete Section VI and return this page to you.

26. Name ____
Last First Middle

27. Social Security No. ________ – _____ – __________ **28.** (_________) _________ – ____________
Daytime Phone *(Area Code and Number)*

29. Address ____
Street address or box number

30. City________________________ **31.** ______________ **32.** ____________
State/Country Zip Code

VI. INFORMATION FROM THE IRA OR ELIGIBLE EMPLOYER PLAN

To be completed by financial institution/plan administrator

Complete this section and return this form to the participant identified in Section V. The financial institution or plan administrator must ensure that the account described here is a "traditional IRA" or "eligible employer plan" as defined by the Internal Revenue Service.

Do not submit transfer forms of financial institutions or plans.

33. Type of Account ☐ Traditional IRA ☐ Eligible Employer Plan **34.** ______________
Account Number

35. Plan Name ____
Only if eligible employer plan

36. Make check payable to ____
IRA Trustee or Plan Administrator (**Limit response to 30 characters.**)

37. Mail to ____
Name of institution or person, if different from item 36

38. ____
Address City State Zip Code

I confirm the accuracy of the information in this section and the identity of the individual named in Section V. As a representative of the financial institution or plan to which the funds are being transferred, I certify that the financial institution or plan agrees to accept the funds directly from the Thrift Savings Plan and deposit them in the traditional IRA or eligible employer plan identified above.

39. ____ **40.** (_______)_______ – __________
Typed or Printed Name of Certifying Representative Phone *(Area Code and Number)*

41. ____ **42.** ______________
Signature of Certifying Representative Date Signed

VII. REQUEST FOR DIRECT DEPOSIT

Single or monthly payments **not being transferred** can be paid by direct deposit to a checking or savings account at a financial institution.

43. Pay my ☐ single payment ☐ monthly payments or ☐ both types of payments by direct deposit.

44. ____ **45.** ______________
Name of Financial Institution Routing Number *(Must be 9 digits.)*

46. Type of Account ☐ Checking ☐ Savings **47.** ______________
Account Number

VIII. CERTIFICATION

I certify that the information I have provided in Sections I – VII is true and complete to the best of my knowledge. I also certify that I am separated from Federal service and I do not expect to be rehired by the Federal Government within 31 days after my separation. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as $10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

48. ____ **49.** ______________
Participant's Signature Date Signed

GENERAL INFORMATION AND INSTRUCTIONS

Complete Page 3 (Sections IX – XII) *only if* you would like to purchase an annuity and have indicated this by checking the box in Item 18 or by entering a percentage in Item 23a.

Read the booklet *Thrift Savings Plan Annuities* before completing this page. This booklet describes TSP annuity options and features. **Note:** You cannot change your annuity option or cancel your annuity once your annuity has been purchased.

SECTION IX. Provide your gender, then choose the annuity option you want by checking the appropriate box. **Note:** If you are a married FERS participant and you checked Item 18 on Page 1, you must select Annuity Option 3b; otherwise, your form cannot be accepted.

An asterisk (*) before an annuity option number indicates that there is a cash refund or 10-year certain feature associated with that annuity. If you choose one of these annuities, you must complete Section XI and name beneficiaries for your annuity.

If you are choosing among the joint life annuities, consider both the monthly payments you will receive while you and your joint annuitant are both alive and the payments that will be made to the survivor if one of you dies. If you choose a joint life annuity with a 50 percent survivor benefit, the monthly annuity payment to the survivor — whether the survivor is you or your joint annuitant — will be reduced by half (that is, 50 percent) of the annuity payment made while you and your joint annuitant are alive. If you choose an annuity with a 100 percent survivor benefit, the monthly annuity payment to the survivor will not be reduced when one of you dies. However, with the 100 percent survivor benefit, the monthly payment that you will receive while you and your joint annuitant are both alive will be less than if you select the 50 percent survivor benefit. The booklet *Thrift Savings Plan Annuities* provides detailed information.

SECTION X. If you chose a joint life annuity, you must provide the requested information about your joint annuitant. You must also provide a copy of your joint annuitant's birth certificate. If your joint annuitant's birth certificate is unavailable, one of the following three items may be used if the date of birth is shown: baptismal certificate, family bible record, or marriage certificate. If a birth certificate or the above items are not available, submit **two** of the following types of evidence: school or college record, church record, birth certificate of children (if parent's age is shown), family record of genealogies, driver's license, military identification, military discharge papers, passport, life insurance papers, hospital records, census records, or voting records. Do not send original documents; they will not be returned to you. If the name on a document is not the same as the current name of the joint annuitant, you may be requested to submit a statement from the joint annuitant indicating that he or she is the person named in the document.

If you choose an annuity that provides for a joint annuitant other than your spouse, the joint annuitant must be either a former spouse or someone with an **insurable interest** in you. This means that the person is financially dependent on you and could reasonably expect to derive financial benefit from your continued life. Blood relatives or adopted relatives (but not relatives by marriage) who are closer than first cousins are presumed to have an insurable interest in you. **If you name such a joint annuitant (i.e., a former spouse or someone with an insurable interest) who is more than 10 years younger than you, you must choose a joint life annuity with the 50 percent survivor benefit. The only exception is for a former spouse to whom all or a portion of your TSP account is payable pursuant to a retirement benefits court order.**

If the person you named as your joint annuitant is not presumed to have an insurable interest in you, you must submit an affidavit (i.e., a certification signed before a notary public) from someone with personal knowledge that the named person has an insurable interest in you. The certifier must know the relationship between you and the joint annuitant and must state why he or she believes that the named joint annuitant might reasonably expect to benefit financially from your continued life.

SECTION XI. If you chose an annuity option with a cash refund or 10-year certain feature, you must designate a beneficiary or beneficiaries to receive benefits from the annuity after your death, under the conditions outlined in that feature. The beneficiary designation on this form applies to the portion of your account used for the annuity purchase. After your annuity is purchased, changes in your beneficiary designation must be made directly with the annuity provider.

The share of any beneficiary who dies before you die will be distributed among the surviving beneficiaries in proportion to the shares you indicate, or entirely to the surviving beneficiary. You may name any person, corporation, trust, legal entity, or your estate as your beneficiary. If you need additional space, use a blank sheet of paper with your name, Social Security number, and date of birth on it. If you use additional pages, number, sign, and date each page. Use the same date on each page.

Indicate a percentage or fractional share for each beneficiary. Do not mix percentages and fractions. Percentages must add up to 100 percent; fractions must add up to 1.

- **If your beneficiary is a person,** enter for each beneficiary the last name, first name, and middle name; Social Security number (SSN); and relationship to you.
- **If your beneficiary is a firm, corporation, or other legal entity,** enter the name of the legal representative. Enter the Employer Identification Number (EIN) and enter ''firm'' and the name of the firm on the relationship line.
- **If the beneficiary is a trust,** enter the name of the trustee. Enter the EIN, if available, and enter ''trustee,'' the name of the trust, and the date the trust was established on the relationship line.
- **If the beneficiary is an estate,** enter the name of the executor. Enter the EIN, if available. Enter "executor" and the name of the estate on the relationship line.

SECTION XII. Sign and date the form.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your request for a full withdrawal. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your withdrawal request.

Name: Social Security Number:

Complete this page *only* if you are requesting an annuity.

IX. ANNUITY ELECTION

Provide your gender in Item 50, then continue to Item 51 and check the annuity option you want. Also complete Section XI if you choose an option marked by an asterisk (*). (Note: If you are a married FERS participant and you checked Item 18 on page 1, you **must** select annuity option 3b.)

50. Your Gender ☐ Male ☐ Female

51. **Single Life — Level Payments:**
- ☐ 1a No additional features
- ☐ *1b Cash refund
- ☐ *1c 10-year certain

Single Life — Increasing Payments:
- ☐ 2a No additional features
- ☐ *2b Cash refund
- ☐ *2c 10-year certain

Joint Life With Spouse — Level Payments:
- ☐ 3a 100% to survivor, no additional features
- ☐ 3b 50% to survivor, no additional features
- ☐ *3c 100% to survivor, cash refund
- ☐ *3d 50% to survivor, cash refund

Joint Life With Spouse — Increasing Payments:
- ☐ 4a 100% to survivor, no additional features
- ☐ 4b 50% to survivor, no additional features
- ☐ *4c 100% to survivor, cash refund
- ☐ *4d 50% to survivor, cash refund

Joint Life With Joint Annuitant Other Than Spouse — Level Payments:
- ☐ 5a 100% to survivor, no additional features
- ☐ 5b 50% to survivor, no additional features
- ☐ *5c 100% to survivor, cash refund
- ☐ *5d 50% to survivor, cash refund

X. INFORMATION ABOUT SPOUSE OR OTHER JOINT ANNUITANT

Complete this section if you chose a **joint life annuity**, and provide documentation of the joint annuitant's date of birth. If you chose a joint life annuity with a joint annuitant other than your spouse, you may be required to submit an affidavit.

52. Name ____________________
Last First Middle

53. ____/____/________
Birth Date *(mm/dd/yyyy)*

54. ____________________
Relationship to Participant

55. Gender ☐ Male ☐ Female

56. ______–______–__________
Joint Annuitant's Social Security No.

XI. BENEFICIARY DESIGNATION FOR YOUR TSP ANNUITY

If you chose an annuity with a cash refund or 10-year certain feature (options in Section IX marked by an asterisk (*), make a beneficiary designation(s) and indicate the share for each. Use whole percentages or fractions. (Percentages must total 100%; fractions must total 1.)

57. Beneficiary Name ____________________
Last First Middle

____________________ ____________________ **Share:** __________
Social Security Number/EIN Relationship to Participant

58. Beneficiary Name ____________________
Last First Middle

____________________ ____________________ **Share:** __________
Social Security Number/EIN Relationship to Participant

59. Beneficiary Name ____________________
Last First Middle

____________________ ____________________ **Share:** __________
Social Security Number/EIN Relationship to Participant

☞ ☐ Check here if additional pages are used. How many additional pages?________

XII. CERTIFICATION

I certify that the information I have provided in Sections IX – XI is true and complete to the best of my knowledge. (See warning in Section VIII.)

60. ____________________
Participant's Signature

61. ____________________
Date Signed