

Voluntary Contributions Election

Before you make your election, please read all of the information in the Voluntary Contributions Notice (RI 38-125) and the Special Tax Notice Regarding Rollovers (RI 37-22). For more information about Voluntary Contributions or this election, call 1-888-828-9451.

Please print clearly when you provide the following information:

Your name (<i>last, first, middle</i>)	Date of birth (<i>mm/dd/yyyy</i>)
Your address -----	Daytime telephone number (<i>including area code</i>)
Your Voluntary Contributions Account Number VC	Your Social Security Number

Date of Retirement or Separation (*if applicable*) _____

To receive a refund, please send this form to the Office of Personnel Management, Retirement Operations Center, PO Box 45, Boyers, PA 16017-0045, Attn: Refunds Section. If you are retiring, send this form at least 60 days before your separation date. If you are making payments via Pre-Authorized Debit (PAD), you should contact your financial institution to have the debits discontinued. To purchase additional annuity, return this form to your personnel office with your application for retirement.

1. Additional Annuity

I want to use my voluntary contributions (VC) to purchase additional annuity.

✓ Please check one of the following options.

I do not want to provide a VC survivor annuity. I want to provide a VC survivor annuity for the person named below.

Name of person (<i>last, first, middle</i>)	His/Her date of birth
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His/Her address

His/Her Social Security Number	His/Her relationship to you, if any
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Warning: Any intentionally false or willfully misleading response you provide in this election is a violation of the law and punishable

Signature	Date (<i>mm/dd/yyyy</i>)
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2. Send Me Additional Information After I Retire

I do not want to make an election at this time. I want the Office of Personnel Management (OPM) to send me information that is specific to my case. I understand this information will be sent after OPM receives my application for retirement.

Signature	Date (<i>mm/dd/yyyy</i>)
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(continued on the reverse)

3. Refund of Voluntary Contributions

The principle amount in the Voluntary Contributions account will be mailed to you at the address you provided on this election form. Also, you can elect to receive a refund of the interest or elect to roll over all or part of the interest.

✓ Please check one of the following options.

Pay my refund on the date I separate for retirement.

Pay my refund as soon as possible.

✓ Please check one of the following options.

I want to receive a refund of my Voluntary Contributions, plus interest. I understand that the interest will be subject to a 20% income tax withholding if it is more than \$200. To defer taxes I can roll the interest over within 60 days to an IRA account (or other qualified employer retirement plan) and apply for any excess tax withholding when I file my Federal income tax return.

I want _____ (enter "all", or a dollar amount at or above \$500) of the interest rolled over and made payable to the account shown in Part 4, with no tax withholding on the amount rolled over. I understand that any balance of the interest paid to me will be subject to 20% tax withholding. To defer taxes I can roll the interest over within 60 days to an IRA account (or other qualified employer retirement plan) and apply for any excess tax withholding when I file my Federal income tax return.

✓ If you elected to roll the interest over, please check one of the following options.

Send the interest payment directly to the account shown in Part 4.

Send the interest payment to me, made payable to my account. I will deliver it to the account within 60 days.

Signature

Date (mm/dd/yyyy)

4. Certification by Financial Institution or Retirement Plan

Name of institution or retirement plan

IRA account number

Address of institution or retirement plan

Certification: As a representative of the financial institution or plan named above, I confirm the account number for the individual named above and the address of the institution or retirement plan. I certify that the financial institution or plan named above agrees to receive funds from the individual and deposit them in an eligible IRA or retirement plan as defined in the Internal Revenue Code.

Typed or printed name of certifying representative

Signature of certifying representative

Telephone number (including area code)

Date of certification (mm/dd/yyyy)