

Deferred Retirement Application (hired 1/1/96+)

Castian 4 Manala							
Section 1 Memb First Name	Middle Initial	Last Name	Birthdate	Employee ID Number			
Street		С	ty	State Zip Code			
Date of Termination	n Home/Cell Phone	Persona	al Email Address	Marital Status			
Section 2 Date t	o Begin Deferred Bei	nefit Payments					
Section 2 Date to Begin Deferred Benefit Payments Deferred benefit payments may not begin before age 55. Payments must begin at or before age 65.							
Check one:	I elect to begin payme	ents at age 55 (atta	ined or actual age).				
	I elect to begin payme	ents onmr	n/dd/yyyy				
Section 3 Fixed	and Variable Funds I	Election (comple	te this section only if y	ou have a balance)			
				I balance to the 401(k) Plan.			
If you are married,	your spouse must cons	ent to your electior	n in Section 6.				
SELECT ONE You should review the Eligible Rollover Notice at www.tvars.com before making your election.							
TOTAL WITHDRAWAL I elect to withdraw my TOTAL Fixed and Variable Funds. Note: The withdrawal will be paid to you by direct deposit. TVARS will withhold 20% income tax on the taxable portion. An additional 10% early withdrawal penalty applies when filing taxes if your election is during the year you leave TVA and you are under age 55 as of 12/31 of that year.							
DIRECT ROLLOVER OF ONLY TAXABLE FUNDS TO: I elect to roll over the TAXABLE portion of my Fixed and Variable Funds to the trustee named below. Note: The taxable portion will be mailed to the trustee, and the nontaxable portion will be paid to you by direct deposit.							
Trustee Name:			Acc	ount #:			
Trustee's Rollo	over Mailing Address:						
DIRECT ROLLOVER OF TOTAL FUNDS (BOTH TAXABLE AND NONTAXABLE) I elect to roll over my TOTAL Fixed and Variable Funds to the trustee named below. Note: The trustee will receive two payments (one taxable and one nontaxable).							
Trustee Name:			· · · · · · · · · · · · · · · · · · ·				
TAXABL	E:	Accou	nt #:				
NONTAXABL	.E:	Accou	nt #:				
Trustee's Rollo	ver Mailing Address: _						

*IMPORTANT NOTE REGARDING ROLLOVER TO ROTH IRA: If you elect a rollover of taxable funds to a Roth IRA, 100% of the rollover amount will be reported as taxable income in the year the rollover is paid by TVARS.

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Fax: 865-632-8591

Section 4 Survivor Benefit Election for Cash Balance Pension

If you elect a survivor option that provides for your beneficiary to receive a continuing monthly benefit and you die before your payments begin, your beneficiary's benefit will begin when you would have reached age 55, or immediately if you are over age 55 at your death.

You may name a new beneficiary and select a new survivor benefit at any time before your deferred benefit payments begin, subject to the spousal consent rules noted below and in Section 5. If a new beneficiary or survivor benefit is elected, the amount of the monthly benefit will be recalculated. If your beneficiary dies or if you have a change in marital status and you do not designate a new beneficiary or select a new survivor benefit, no benefit is paid if you die before monthly payments begin.

SELECT ONE				
MAXIMUM * Nothing payable a	at death			
OPTION 2 100% Continuing	Monthly Benefit to Be	neficiary		
OPTION 3 50% Continuing N	Monthly Benefit to Ben	eficiary		
OPTION 4 *% Conf	tinuing Monthly Benefit to	o Beneficiary		
% Cont	tinuing Monthly Benefit to	Beneficiary with Pop-Up F	eature	
Other – Reques	t Form			
*If you are married, your spouse m	ust consent to this ele	ction in Section 6.		
f you are married, you must name a continuing monthly benefit for solution of the contact TVARS to obtain are the beneficiary you designate changed after retirement payments.	meone who is not you n estimate of benefits. in this section to re	r spouse and that person	onthly retiremen	years younger than you
First Name MI L	ast Name	SSN (Last 4)	Birthdate	Relationship
not valid unless I consent by signi	ng below. I hereby co	Signature of Spous	and understand th	
not valid unless I consent by signing (not revocable). Printed Name of Spous Witness Certification: (The em	ng below. I hereby co se nployee/retiree cannot	Signature of Spous	and understand the	nat my consent is fina
not valid unless I consent by signing (not revocable). Printed Name of Spou	ng below. I hereby co se nployee/retiree cannot	Signature of Spous	and understand the	nat my consent is fina
Witness Certification: (The em	se nployee/retiree cannot	Signature of Spous sign as the witness.) Signature of Witness	se	nat my consent is fina Date
Printed Name of Witness Original Printed Name of Witness Certification: (The employed Name of Witness Certification)	Address Address I understand to the only changes the option	Signature of Spous sign as the witness.) Signature of Witness City s of Witness that my election of a december of the signature of witness	se State	Date Zip Code ent benefit is final (no

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INSTRUCTIONS

IMPORTANT: If you have not contacted TVARS regarding your eligibility for various benefits, you should contact TVARS prior to completing this application. You must go to PeopleGateway, select Career and Recruiting, and select Leaving TVA to initiate the process of leaving TVA. Your retirement application should be submitted prior to termination of your employment.

Please read all instructions, and complete your application carefully. **Your election of a deferred retirement benefit is final (not revocable).** If you have any questions on the completion of your application, please contact TVARS.

60-Day Filing Deadline

Your retirement application must be filed no later than 60 days from your termination date. If your application is not received by TVARS within 60 days of your termination date, you will be subject to a default benefit. Your retirement benefit will default to a deferred retirement benefit with payments scheduled to begin no later than age 65. If you are subject to the spousal consent requirement under the TVARS Rules and Regulations, the default benefit will be in the form of a 100% joint and survivor annuity. Otherwise, it will be in the form of a single life annuity with no survivor benefit.

Changes During Deferral Period Before Payments Begin

Before payments begin, the **only** changes that you can make are to:

- change your payment begin date*
- change your survivor option
- · change your beneficiary designation
 - * Payments cannot begin before age 55 or the date your application is received, whichever is later. Payments must begin at or before age 65.

Federal Employees' Group Life Insurance (FEGLI)/Other Life Insurance

If you have FEGLI, your coverage will be in effect for 31 days after your termination date. If you elect a deferred retirement benefit, you cannot continue FEGLI coverage as a retiree. However, you can convert your coverage to an individual, direct-pay policy. **You must apply for conversion within 31 days of termination** by completing form SF 2819, Notice of Conversion Privilege, available by calling 888-275-8094. For information concerning other life insurance coverage, call 888-275-8094.

Retiree Medical and Dental Insurance

For information on applying for retiree medical and dental insurance, see the *Benefits Summary for Terminating Employees* at www.tvars.com or call 888-275-8094. **Applications MUST be received within 30 days after termination.**

Federal Long-Term Care Insurance

If you have Federal Long-Term Care Insurance, you must contact Long Term Care Partners at 800-LTC-FEDS (800-582-3337) to continue coverage. More information is available at www.ltcfeds.gov.

FOR FUTURE REFERENCE

Updates to Name or Address

After retirement, changes to your name or address should be reported to TVARS in writing to ensure you receive all information regarding your retirement benefit.

Note: Should there be any conflict between the information in this document and the provisions of the various plans, the plan provisions and not this document shall be controlling.

PRIVACY ACT STATEMENT - The information requested on this form becomes part of the TVA Retirement System (TVARS) Privacy Act System of Records (TVA-26). Authority for maintenance of this system of records is provided by the TVA Act of 1933 (16 U.S.C. 831-831ee), Internal Revenue Code, and the TVARS Rules and Regulations. The information solicited on this form may be made available as a "routine use." A complete list of the routine uses can be found in the system of records notice associated with this form, "TVA-26, Retirement System Records-TVA," available at https://www.tva.com/information/about-the-tva-privacy-program.

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Phone: 800-824-3870 Fax: 865-632-8591 PLEASE RETAIN A COPY FOR YOUR RECORDS
Website: www.tvars.com
E-mail: tvars@tva.gov

TVA Retirement System 400 West Summit Hill Drive Knoxville, TN 37902