

Section 1 Member Information

First Name _____ Middle Initial _____ Last Name _____ Birthdate _____ Employee ID Number _____

Street _____ City _____ State _____ Zip Code _____

Date of Termination _____ Home/Cell Phone _____ Personal E-mail Address _____ Marital Status _____

Section 2 Date to Begin Deferred Benefit Payments

Deferred benefit payments may not begin before attained age 55 if you are a member of the Original Benefit Structure or actual age 55 if you are a member with a cash balance account. Payments must begin at or before age 65.

Check one: ☐ I elect to begin payments at age 55 (attained or actual age).

☐ I elect to begin payments on _____.
mm/dd/yyyy

Section 3 Fixed and Variable Funds Election (complete this section only if you have a balance)**Prior to termination of your employment**, you have the option to transfer your total balance to the 401(k) Plan.

If you are married and first became a TVARS member after January 1, 1990, and you choose a withdrawal or rollover below, your spouse must consent to your election in Section 6. Any funds not withdrawn or rolled over will continue to accrue interest until payments begin.

SELECT ONE You should review the Eligible Rollover Notice at www.tvars.com before making your election.**TOTAL MONTHLY BENEFIT**

I elect to receive my TOTAL Fixed and Variable Funds as a monthly benefit.

(Before payments begin, you may transfer between Fixed and Variable Funds once per calendar month by contacting Fidelity Investments.)

TOTAL WITHDRAWALI 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: _____ Account #: _____

Trustee's Rollover 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: _____

TAXABLE: _____ Account #: _____

NONTAXABLE: _____ Account #: _____

Trustee's Rollover 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.**

Section 4 Survivor Benefit Election for Pension and Fixed and Variable Funds

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. If no continuing monthly benefit is elected, your beneficiary will only receive a refund of your balance in the Fixed and Variable Funds, if any.

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 5A. 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.** Only a refund of your balance in the Fixed and Variable Funds would be paid to the most recently designated beneficiary, or, if no beneficiary is designated, to your estate.

SELECT ONE

MAXIMUM * Nothing payable at death

OPTION 1 * Remaining Fixed and Variable Funds (Fixed/Variable) paid at death

OPTION 2 100% Continuing Monthly Benefit to Beneficiary

OPTION 3 50% Continuing Monthly Benefit to Beneficiary

OPTION 4 * _____% Continuing Monthly Benefit to Beneficiary and Full Cash Refund of Fixed/Variable

_____ % Continuing Monthly Benefit to Beneficiary with Pop-Up and Full Cash Refund of Fixed/Variable

_____ % Continuing Monthly Benefit to Beneficiary and Interest Only Through Age 75 for Fixed/Variable

Other – Request Form

*If you are married and first became a TVARS member after January 1, 1990, your spouse must consent to this election in Section 6.

Section 5A Beneficiary Designation for Option 2, 3, or 4 Continuing Monthly Benefit

If you are married and first became a TVARS member after January 1, 1990, you must name your spouse as beneficiary unless your spouse completes Section 6. **Note:** If you elect a continuing monthly benefit for someone who is **not** your spouse and that person is more than 10 years younger than you, please contact TVARS to obtain an estimate of benefits.

The beneficiary you designate in this section to receive a continuing monthly retirement benefit CANNOT be changed after retirement payments begin, even in the event of death or divorce.

First Name	MI	Last Name	SSN (Last 4)	Birthdate	Relationship
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Section 5B Beneficiary Designation for Option 1 and Option 4 Lump-Sums

The beneficiary(ies) you designate in this section can be changed at any time by completing form RS-2A.

First Name	MI	Last Name	SSN (Last 4)	Birthdate	Relationship	Percentage to Each split equally
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Section 6 Spousal Consent

I hereby acknowledge that I am aware of my spouse's retirement election(s) above and understand that the election(s) is not valid unless I consent by signing below. I hereby consent to the election(s) and understand that **my consent is final (not revocable)**.

Printed Name of Spouse

Signature of Spouse

Date

Witness Certification: *(The employee/retiree cannot sign as the witness.)*

Printed Name of Witness

Signature of Witness

Street

City

State Zip Code

Address of Witness

Section 7 Unused Sick Leave and Military Service (Original Benefit Structure Only)

Unused Sick Leave Credit

I want my unused sick leave balance used in the calculation of creditable service and understand that it cannot be recredited to me if I am reemployed by TVA or another Federal agency.

Yes No

Military Service Credit

I want my eligible military service used in the calculation of creditable service and have made the necessary deposit to TVARS.

Yes No

Section 8 Member Certification

I have read this form and its instructions. **I understand that my election of a deferred retirement benefit is final (not revocable)**. I also understand that the **only** changes that I can make before payments begin are to:

- change my payment begin date
- change my survivor option
- change my beneficiary designation
- withdraw or roll over my Fixed and Variable Funds
- transfer between Fixed and Variable Funds

Signature

Date

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>.

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
- withdraw or roll over your Fixed and Variable Funds
- transfer between Fixed and Variable Funds

* Payments cannot begin before attained or actual age 55 or the date your application is received, whichever is later. Payments must begin 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.tvvars.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

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

Other Federal Service

TVARS Rules and Regulations and the Office of Personnel Management directives and guidelines specifically prohibit receiving a benefit from both TVARS and the Civil Service Retirement System (CSRS) or Federal Employees Retirement System (FERS) at the same time based on the same period of service. If at any time you begin receiving payments from CSRS or FERS that include credit for your TVARS service, TVARS payments will cease effective on the date your CSRS or FERS payments begin and you will be obligated to repay TVARS for any overpayment that may occur.

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.