

## TVA RETIREMENT SYSTEM After-Tax Lump-Sum Contributions to the 401(k) Plan

SECTION 1 - PARTICIPANT INFORMATION			
Name (Last)	(First)	(Middle)	Employee ID
Daytime Phone (Area Code/Number)			For TVARS Use Only

SECTION 2 - INSTRUCTIONS
<ul style="list-style-type: none"> <li>• Designate in Section 3 the lump-sum amount.</li> <li>• Lump-sum contributions to the 401(k) Plan within limits specified below can be made at any time and should be in the form of a <b>cashier's check or money order made payable to Fidelity Investments</b>. Mail the cashier's check or money order along with this form to the TVA Retirement System at the address below.</li> <li>• All contributions to the Fixed Fund, Variable Fund, and 401(k) Plan, including TVA's matching contributions to the 401(k), may not exceed the lesser of the annual IRS retirement contribution limit or 100% of your year-to-date compensation. Your check will be returned if your calendar year-to-date contributions exceed this annual limit. If you are unsure how much you can contribute, please call the TVA Retirement System or e-mail <a href="mailto:retsvcs@tva.gov">retsvcs@tva.gov</a>.</li> <li>• If you have not designated a beneficiary for the 401(k) Plan, you must designate a beneficiary with Fidelity Investments. Simply log in to <a href="http://www.netbenefits.com/tva">www.netbenefits.com/tva</a> and click <i>Your Profile</i>, then <i>Beneficiaries</i>. All beneficiary designations with Fidelity are for your 401(k) Plan ONLY. If you need assistance with your 401(k) beneficiary designation, contact Fidelity at 800-354-7121.</li> </ul>

SECTION 3 - LUMP-SUM ELECTION
<input type="checkbox"/> I elect to make a lump-sum contribution in the amount of \$ _____ to the 401(k) Plan. <b>NOTE:</b> This contribution will be invested according to your current investment election for the after-tax contribution source. To verify or change this election, log in to <a href="http://www.netbenefits.com/tva">www.netbenefits.com/tva</a> or contact Fidelity Investments at 800-354-7121.

SECTION 4 - SIGNATURE
<p>I have read this form and fully understand the election I have made.</p> <p style="text-align: center; margin-top: 20px;">             _____              Signature           </p> <p style="text-align: center; margin-left: 300px; margin-top: 20px;">             _____              Date           </p>

### Privacy Act Statement

The authority for requesting this information is the TVA Act. The information you furnish will be used in administering the TVA Retirement System and in providing the benefits of that System to System members and retirees and their designated surviving beneficiaries. The information you provide may be shared with contractors engaged in helping the System administer its programs and with Federal, state, and local governmental agencies which have a need to know the information. It may also be used to respond to a Congressional referral. In addition, to the extent that this information indicates a possible violation of civil or criminal law, it may be shared with appropriate Federal, state, or local law enforcement agencies. While you are not required to supply the information requested, it may not be possible to process your elections or provide System benefits if you fail to do so.