CSRS/FERS
REQUEST FOR DEPOSIT
AND/OR REDEPOSIT INFORMATION

A. Employee Information --

Name: _________________________________________________________

Other Names Used: _______________________________________________

Social Security Number: ___________________________________________

Date of Birth: ___________________________________________________

Prior Civilian Service Record:

<table>
<thead>
<tr>
<th>From:</th>
<th>To:</th>
<th>Retirement Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>(CSRS, FERS, FICA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>CSRS Offset, Interim)</td>
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</tbody>
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|       |    | ______________________
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|       |    | ______________________
|       |    | ______________________
|       |    | ______________________
|       |    | ______________________

B. Form OPM Use Only --

   _____ Individual has **NOT** applied for a refund.

   _____ Individual was authorized a full refund in the amount of $ ________________ on _______________ for the following periods of service:

   ___________________________ _________________________
   ___________________________ _________________________
   ___________________________ _________________________

   _____ Individual (   ) has  (  ) has not made a deposit/redeposit for the periods(s) of service claimed. (Indicated in Section A, as appropriate.)

   _____ Individual has contributions of $_______________________________ in the Retirement Fund.

Section 40A2.1-3

Should an employing agency require deposit/redeposit information for annuity estimates, they should submit the form to the Retirement Operations Center staff at Boyers. OPM will provide the information so that the retiring employee can make an informed decision whether or not to pay deposits and/or re-deposits.

Mail the form to:  U.S. Office of Personnel Management
                  Retirement Operations Center
                  Post Office Box 45
                  Boyers, PA 16017

                  Fax # 724-794-4668