



**THRIFT SAVINGS PLAN  
CHANGE IN NAME  
FOR SEPARATED PARTICIPANT**

**TSP-15**

**If you are no longer employed by the Federal Government**, use this form to report a change in your name to the Thrift Savings Plan (TSP). This form will also update your address in your TSP account record; if you submit this form, you do not need to submit Form TSP-9, Change of Address for Separated Participant. **Note:** Active employees can change their names for their TSP accounts **only** through their employing agencies. Active employees should **not** submit this form.

Type or print all information. Make a copy of this form for your records. Mail this form to:

**Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238**

Or fax the completed form to our toll-free fax number:

**1-866-817-5023**

If you have questions, call the (toll free) ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or TDD: 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400.

Do not send any documentation; it is not required.

**Please note:** If you also have a uniformed services TSP account, you must change your name separately for that account by completing Form TSP-U-15 (if you are separated from the uniformed services) or by contacting your service (if you are still a member of the uniformed services).

**I.  
INFORMATION  
ABOUT YOU**

1. Your New Name \_\_\_\_\_  
Last First Middle
2. TSP Account No. \_\_\_\_\_
3. Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mm dd yyyy
4. Address \_\_\_\_\_  
Street address or box number
5. City \_\_\_\_\_
6. \_\_\_\_\_ 7. \_\_\_\_\_  
State/Country Zip Code
8. Daytime Phone (Area Code and Number) ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**II.  
YOUR  
FORMER  
NAME**

9. Former Name \_\_\_\_\_  
Last First Middle

**III.  
YOUR  
SIGNATURE  
AND  
CERTIFICATION**

I certify that the information I have provided is true to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).

10. \_\_\_\_\_  
Participant's Signature
11. \_\_\_\_\_  
Date Signed

**PRIVACY ACT NOTICE.** We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process your transaction. In addition, this information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. We may share the information with law enforcement agencies investigating a violation of civil or criminal law, or agencies implementing

a statute, rule, or order. It may be shared with congressional offices, private sector audit firms, spouses, former spouses, and beneficiaries, and their attorneys. We may disclose relevant portions of the information to appropriate parties engaged in litigation and for other routine uses as specified in the Federal Register. You are not required by law to provide this information, but if you do not provide it, we will not be able to process your request.

