

Sample TSP Data Entry Procedures

The following are sample data entry procedures for three forms with relative degrees of difficulty: easy (Form TSP-9, Change of Address), moderately difficult (Form TSP-75, Age-Based Inservice Withdrawal), and difficult (Form TSP-3, Designation of Beneficiary). These procedures are provided as samples only. Organizational references should be ignored.

TSP-9 – Change of Address



Table of Contents

1. INTRODUCTION2
1.1. STEP-BY-STEP DATA ENTRY (KFI) PROCESS3

1. Introduction

This document describes the process for handling Change of Address applications (TSP-9/U-9) sent to the *TSP Operations Branch (OB)*, using *PowerImage (PI) Key-From-Image (KFI)*.

Participants who are no longer employed by the Federal Government can submit a Form TSP-9 to request that their account record be updated with an address change.

The following is a step-by-step description of the overall process:

- A Form TSP-9/U-9 arrives at the OB mailroom.
- The documents are sorted into civilian or uniformed services and scanned.
- Address Change forms are scanned and indexed in the PowerImage **TSP9/U** task type queue.
- In the **Index** action step, the operator assign the participant's Social Security number (SSN) identifier so that the form can be easily retrieved in the future.
- PowerImage then advances the document to the **Await OCR** queue. This action step is where Key From Image (KFI) makes sure the image matches the form template. It also extracts all characters from the form based on the form template. During this step, if a document cannot be identified it will be rerouted to an operator using Form ID Exception software. The operator will choose the appropriate form type, define the document as an attachment, or delete the document from the batch.
- Once the document is identified, it is rerouted to **Data Entry** for processing.
- In **Data Entry**, the first available operator who is authorized to process the form type uses KFI to enter all of the required information.
- If the form is in good order, which means it passed various real-time edits against information stored within the OmniPlus system and the specific field edits, a transaction is created.
- A T801transaction is added into VTRAN to update the address.
- If the form is not in good order, KFI rejects the form, a reject notice is generated, and the task is completed in PowerImage.
- During the nightly cycle the unified job then processes all accepted transactions.
- Any rejects due to various system errors are rerouted to PowerImage for special handling.

- Any rejects due to batch edits are completed in PowerImage and a copy of the reject notice generated by Omni is stored in PowerImage.
- All posted transactions are also completed in PowerImage and a copy of the notice generated by Omni is stored in PowerImage.

1.1. Step-by-Step Data Entry - Key From Image (KFI) Process

1.1.2.

The Key from Image Data Entry (KFI) module is used to process each form and create a transaction in Omni. The following table outlines each data entry field.

Note: See “Data Entry Training Manual” for more details on the Key from Image Data Entry application.

TSP-9 – Data Entry Table

Data Entry Field or Check Box Name	Data Type/Size	DE Required	Data Entry	What happens when information is missing or is invalid: A pop-up error message will appear on the screen. See below the specific error message description for each field. To proceed without correcting the error, select ‘Yes’ and the cursor will move to the next field. The document will reject when the entire form is entered or when 5 errors are found. To correct the error, select ‘No’ and the cursor will remain on the field.
Last Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	Y	Enter the Last Name. You are required to enter a minimum of 2 characters	Last Name must contain at least two characters. Please enter and complete last name. Name on form does not match the TSP record. The name is validated at the end of the page.
First Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the participant’s First Name. This field is optional and can be left blank if the first name is not provided on the form.	
Middle Name	Total number of alphanumeric characters – 30 (– Last, First, Middle)	N	Enter the Middle Name. This field is optional and can be left blank if not provided on the form.	
Social Security Number	Numeric – 9	Y	Enter the SSN.	Participant’s SSN is not in Omni. SSN is missing or invalid. The form is rerouted to the Manual Notice queue.
Date of Birth	Numeric – 10	Y	Enter the participant’s Date of Birth (mm/dd/yyyy). You must enter all 4 digits of the year.	Date of Birth is missing or invalid.

				The date you entered will be evaluated as 'mm/dd/yyyy.' Re-enter the date using a 4-digit year. Date of Birth on form does not match the Date of Birth in the TSP record.
New Address	Alphanumeric – 120	Y	Enter the new Street Address or Box Number. You are required to enter a minimum of 5 characters.	Address is a required field.
City	Alphanumeric – 28	Y	Enter the new City.	City is a required field.
State/Country	Alphanumeric - 2	Y	Enter the new State/Country.	State is a required field.
Zip Code	Numeric – 9	Y	Enter the new Zip Code.	Zip code is a required field.
Form Signed by Participant	Check box - Yes	Y	Check the box if the participant signed the form.	Participant's signature is missing.
Participant's Signature Matches Name?	Check box - Yes/No	Y	Check if the participant's signature matches the name on the form.	Signature does not match the name.
Date Signed	Date - 10	Y	Enter the date the participant signed the form.	Date signed is missing or invalid. Date signed is older than 1 year.
Confirm valid POA/Guardianship/Conservatorship	Check box – Yes/No	N	Legal Review operators check for valid legal documents.	Manual letters are generated by Legal Review for invalid documentation.

The following is an additional PowerImage reject reason that will cause the form to reject before it creates a transaction in Omni:

- 1) The participant is not separated from Federal service.

The Data Entry procedure for Form TSP-9/U-9 is as follows:

- An authorized data entry operator accesses the KFI module and select the **TSP9/U** queue. *See figures 1.1 and 1.2 for Data Entry screen samples.*
- The next available form is then displayed to the operator. The operator enters all of the information from the imaged form to the KFI application. *See above 'TSP-9 Data Entry Table' for more details.*
- Once the operator enters the data and the various real-time edits are performed against the participant's account in Omni, a transaction is created in VTRAN.
- If for any reason the operator cannot complete the data entry, the form can be rerouted to a supervisor queue for further verification.
- Forms that need additional legal authorization are also rerouted to a supervisor queue.
- PowerImage will automatically advance the task to the **Await Post** action step when a transaction is successfully added to VTRAN for posting, and a new image is displayed to the operator for processing.
- When a form is missing information necessary to create a transaction, or the information on the form is invalid, error messages will appear during the data entry of the form. At that time, the operator has the option to review the message and correct the error or to continue entering the form.

- A transaction is not created in VTRAN when an invalid form is data entered. Instead, notices are created with the reason(s) the form rejected and the task is completed in PowerImage.

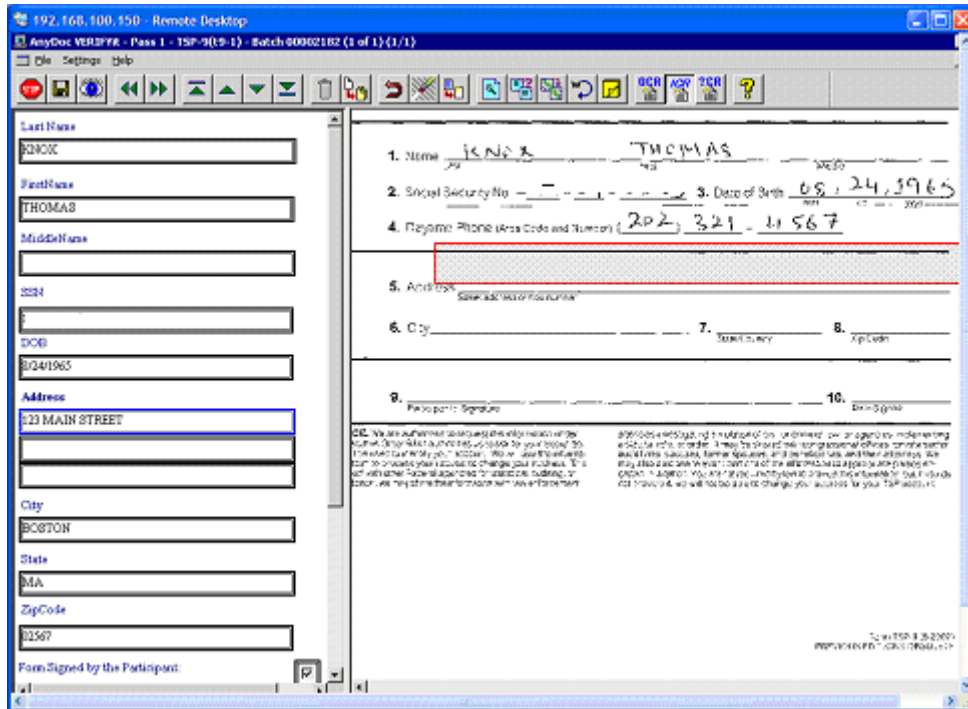


Figure 1.1 Data Entry – TSP-9

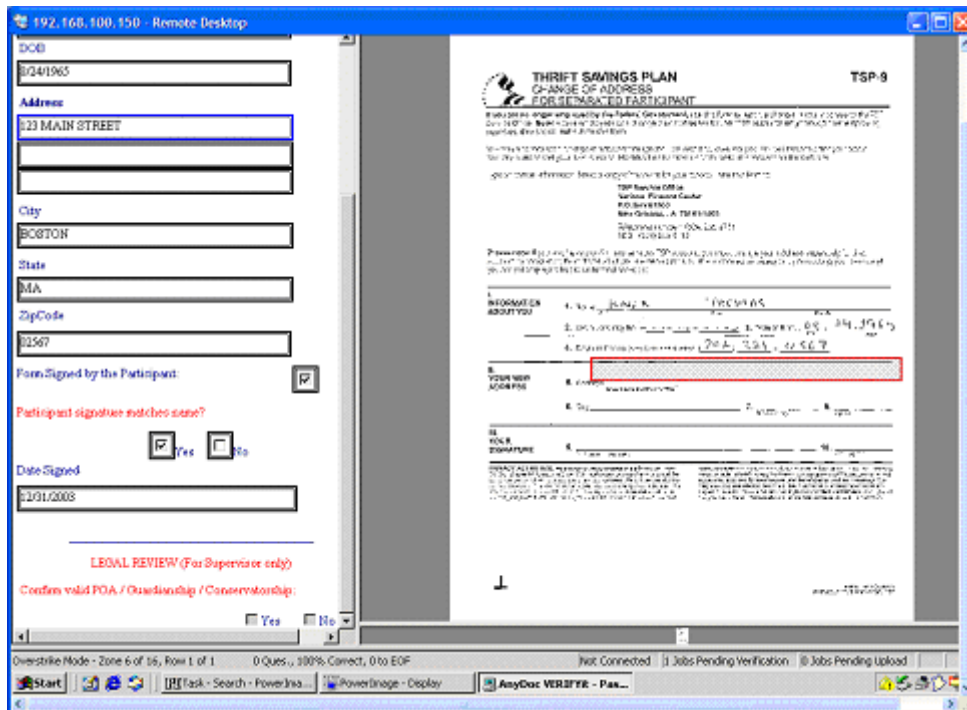


Figure 1.2 Data Entry – TSP-9

TSP-75 – Age-Based In-Service Withdrawal Request



Table of Contents

1. INTRODUCTION2
1.1. STEP-BY-STEP DATA ENTRY (KFI) PROCESS3

2. Introduction

This document describes the process for handling an Age-Based In-Service Withdrawal Request (TSP-75/U-75) sent to the TSP Operations Branch (OB), using *PowerImage (PI) Key-From-Image (KFI)*.

A participant who is 59½ or older can complete this form to make a one-time withdrawal of part or all of his or her vested account balance while still in Federal service.

The following is a step-by-step description of the overall process:

- Form TSP-75/U-75 arrives at the OB mailroom.
- The documents are sorted by plan and scanned.
- Age-Based In-Service Withdrawal Request forms are scanned and indexed in the PowerImage **TSP75/U** task type queue.
- In the **Index** action step, operators assign the participant's Social Security number (SSN) identifier so that the form can be easily retrieved in the future.
- PowerImage then advances the document to the **Await OCR** queue. This action step is where Key From Image (KFI) makes sure the image matches the form template. It also extracts all characters from the form based on the form template. During this step, if a document cannot be identified it will be rerouted to an operator using Form ID Exception software. The operator will choose the appropriate form type, define the document as an attachment, or delete the document from the batch.
- Once the document is identified, it is rerouted to **Data Entry** for processing.
- In **Data Entry**, the first available operator who is authorized to process the form type uses KFI to enter all the required information.
- If the form is in good order, which means it passed various real-time edits against information stored within the OmniPlus system and the specific field edits, a transaction is created.
- A T444 transaction is added into VTRAN to pay out the account.
- During the nightly cycle, the unified job then processes all accepted transactions.
- Any rejects due to various system errors are rerouted to PowerImage for special handling.
- Any rejects due to batch edits are completed in PowerImage and a copy of the reject notice generated by Omni is stored in PowerImage.

- All posted transactions are also completed in PowerImage and a copy of the notice generated by Omni is stored PowerImage.

4.1.2.1. Step-by-Step Data Entry — Key From Image (KFI) Process

4.1.2.

The Key from Image Data Entry (KFI) module is used to process each form and create a transaction in Omni. The following table outlines each data entry field.

Note: See “Data Entry Training Manual” for more details on the Key from Image Data Entry application.

TSP-75 – Data Entry Table

Data Entry Field or Check Box Name	Data Type/Size	DE Required	Data Entry	What happens if information is missing or invalid: A pop-up error message will appear on the screen. See below the specific error message description for each field. To proceed without correcting the error, select ‘Yes,’ and the cursor will move to the next field. The document will reject when the entire form is entered or when 5 errors are found. If you wish to correct the error, select ‘No’ and the cursor will remain on the field.
Last Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	Y	Enter the Last Name. You are required to enter a minimum of 2 characters	Last name must contain at least two characters. Please enter the complete last name. Name on form does not match the TSP record. The name is validated at the end of the page.
First Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the First Name. This field is optional and can be left blank if the first name is not provided n the form.	
Middle Name	Total number of alphanumeric characters – 30 (– Last, First, Middle)	N	Enter the Middle Name. This field is optional and can be left blank if not provided on the form.	
SSN	Numeric – 9	Y	Enter the SSN.	Participant’s SSN is not in Omni. SSN is missing or invalid. The form is rerouted to the Manual Notice queue.
Address	Alphanumeric –120	N	Enter the Street address or Box Number.	
City	Alphanumeric – 28	N	Enter the City	
State/Country	Alphanumeric - 2	N	Enter the State/ Country	
Zip Code	Numeric – 9	N	Enter the Zip Code	

Are you married? (Even if separated)	Checkbox – Yes/No	Y	Check if the participant is married.	A valid marital status is required. You have provided conflicting information about your marital status.
Spouse's SSN	Numeric – 9	N	Enter the Spouse's SSN. This field is required if the participant checked 'Yes' to 'Are you Married' and if the participant doesn't know the spouse's whereabouts.	Participant has indicated he or she is not married and has provided spousal information.
Spouse's Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the Spouse's Last Name. This field is required if the participant checked 'Yes' to 'Are you Married.' Minimum of 2 characters.	Spouse's name is missing. Participant has indicated he or she is not married and has provided spousal information.
CSRS -Is your spouse's address the same as above?	Checkbox – Yes/No	N	Check if the spouse's address is the same as the participant's. This field does not apply to Form TSP-U-75.	Participant has indicated he or she is not married and has provided spousal information. Married CSRS participants must indicate if the spouse's address is the same as the participant's.
Spouse's Address	Alphanumeric –120	N	Enter the Street Address or Box Number. This field is required only if the participant checked 'No' in the check box for 'Is your spouse's address the same as above?' This field does not apply to Form TSP-U-75.	Married CSRS indicated that the spouse's address is different from his or her own, but has not provided a complete address for the spouse.
City	Alphanumeric –28	N	Enter the City. This field is required only if the participant checked 'No' in the check box for 'Is your spouse's address the same as above?' This field does not apply to Form TSP-U-75.	Married CSRS indicated that the spouse's address is different from his or her own, but has not provided a complete address for the spouse.
State/Country	Alphanumeric - 2	N	Enter the State This field is required only if the participant checked 'No' in the check box for 'Is your spouse's address the same as above?' This field does not apply to Form TSP-U-75.	Married CSRS indicated that the spouse's address is different from his or her own, but has not provided a complete address for the spouse.
Zip Code	Numeric – 9	N	Enter the Zip Code. This field is required only if the participant checked 'No' in the check box for 'Is your spouse's address the same as above?' This field does not apply to Form TSP-U-75.	Married CSRS indicated that the spouse's address is different from his or her own, but has not provided a complete address for the spouse.
Check here if you do not know your spouse's address.	Checkbox – Yes	N	Check if the participant doesn't know the spouse's address. This field is required only if the participant checked 'No' in the check box for 'Is your spouse's address the same as above?' This field does not apply to Form TSP-U-75.	You must provide your spouse's social security number because you indicated a need for an exception to spousal requirements.
FERS Spousal Signature present?	Checkbox – Yes	N	Check if the spouse signed the form.	Married FERS participant must provide the spouse's signature or select the option 'could not obtain spouse's signature.' Participant has indicated he or she is not married and has provided spousal

				information.
Spouse Date Signed?	Date -10	N	Enter the date the spouse signed the form	Date spouse signed is missing or invalid. Participant has indicated he or she is not married and has provided spousal information.
Spouse's Signature Notarized	Checkbox – Yes/No	N	Check if the spouse's signature is notarized.	Notary's signature missing. Participant has indicated he or she is not married and has provided spousal information.
Could not get spouse's signature	Checkbox – Yes	N	Check if the spouse's signature cannot be obtained.	Participant has provided spouse's signature and date spouse signed and has indicated that he or she cannot obtain spouse's signature. Participant has indicated he or she is not married and has provided spousal information.
Withdrawal Amount	Numeric - 5	N	Enter the requested withdrawal amount.	The withdrawal amount must be exact and in whole dollars. You must request a whole dollar amount of at least \$1000.00 or your entire vested account balance for an age-based withdrawal.
Withdraw entire account balance	Checkbox – Yes/No	N	Check if the participant is requesting to withdraw the entire vested account balance. This field is required if the withdrawal amount is not filled in.	Participant has opted to withdraw entire amount and has also provided the exact amount.
Transfer to IRA	Numeric – 3	N	Enter the percentage the participant is transferring to an IRA or eligible employer plan.	The transfer percentage must be a whole number between 1% and 100%.
SSN	Numeric – 9	Y	Enter the participant's SSN	SSN referenced in current page conflicts with participant's SSN referenced initially.
Name	Total number of alphanumeric characters – 30	N	Enter the name of the participant.	
Last Name	Alphanumeric (2 Character minimum)	N	Enter the participant's Last Name. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	Participant selected a Transfer Option. Information for Transfer and Information from the IRA or EEP is not complete or is invalid.
First Name	Alphanumeric	N	Enter the participant's First Name	
Middle Name	Alphanumeric	N	Enter the participant's Middle Name	
SSN	Numeric – 9	N	Enter the participant's SSN. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	Information for the transfer SSN conflicts with the information provided about the participant in Section I, Information About You.

				Participant selected a Transfer Option. Information for Transfer and Information from the IRA or EEP is not complete or is invalid.
Address – Street Address or Box #	Alphanumeric - 120	N	Enter the Street Address or Box Number. You are required to enter a minimum of 5 characters. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	
City	Alphanumeric –28	N	Enter the City. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	
State/Country	Alphanumeric - 2	N	Enter the State/ Country. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	
Zip Code	Numeric – 9	N	Enter the Zip Code. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	
Type of Account	Check box – Traditional IRA/ Other Eligible Employer Plan	N	Check the type of account the to which the participant is transferring part or all of the withdrawal. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	The type of account for your transfer or rollover (IRA or Eligible Employer Plan) is missing or invalid. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Account No.	Alphanumeric-17	N	Enter the IRA or EEP account number.	
Plan Name	Alphanumeric-	N	Enter the EEP plan name. This field is required if the participant is transferring part of all of the withdrawal to an EEP.	The Plan Name is missing or invalid. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Tax –exempt balance	Check box – Yes/No	N	Check for tax-exempt balance. This field only applies to Form TSP-U-75. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	Plan acceptance of tax-exempt balance is missing or invalid. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Check payable To	Alphanumeric -30	N	Enter the name of the Trustee or Plan Administrator. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	The name of the Plan Trustee must be provided. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Mail to	Alphanumeric -	N	Enter the name or institution name. This field is only required if it's different than the Trustee or Plan Administrator. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Address – Street Address or Box #	Alphanumeric – 40	N	Enter the institution's Street address or Box Number. You are required to enter a minimum of 5 characters. This field is required if the participant is transferring part	The address for the financial institution is not valid.

			of all of the withdrawal to an IRA or EEP.	Participant provided conflicting information: requested a direct single payment or monthly payment and also provided information in the transfer section of form.
City	Alphanumeric –28	N	Enter the institution’s City. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	The address for the financial institution is not valid. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
State/Country	Alphanumeric - 2	N	Enter the institution’s State/Country. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	The address for the financial institution is not valid. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Zip Code	Numeric – 9	N	Enter the institution’s Zip Code. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	The address for the financial institution is not valid. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Certifying Representative Name	Alphanumeric -30	N	Enter the name of the institution’s representative.	
Signed by Certifying Representative	Check box – Yes	N	Check if the institution’s representative signed the form. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	The form does not contain the signature of the certifying representative from your financial institution. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Date Signed	Date – 10	N	Enter the date the institution’s representative signed the form. This field is required if the participant is transferring part of all of the withdrawal to an IRA or EEP.	The date of the certifying representative's signature is missing or invalid. Participant provided conflicting information: He or she requested a direct single payment or monthly payment and also provided information in the transfer section of the form.
Name of Financial Institution	Alphanumeric – 32	N	Enter the name of the Direct Deposit Financial Institution.	Name of the financial institution for direct deposit is missing or invalid. Participant has requested that 100% of assets be transferred to a financial institution, and has provided direct deposit information.
Routing No.	Numeric – 9	N	Enter the Direct Deposit Routing Number. You must enter all 9 numbers. This field is required if the participant entered the name of the financial institution.	The routing number provided is missing or invalid. Participant has requested that 100% of assets be transferred to a financial institution, and

				has provided direct deposit information.
Account Type	Check box – Savings / Checking	N	Check the Direct Deposit Account Type. This field is required if the participant entered the name of the financial institution.	Direct deposit Account type (Checking/Savings) is missing or invalid. Participant has requested that 100% of assets be transferred to a financial institution, and has provided direct deposit information.
Account Number	Alphanumeric - 17	N	Enter the Direct Deposit Account Number. . This field is required if the participant entered the name of the financial institution.	Direct deposit Account Number is not provided. Participant has requested that 100% of assets be transferred to a financial institution, and has provided direct deposit information.
Participant's signature present?	Check box - Yes	Y	Check if the participant signed the form.	Participant's signature is missing.
Participant's Signature Matches name?	Check box - Yes/No	Y	Check if the participant's signature matches the name on the form.	Signature does not match the name.
Date Signed	Date - 10	Y	Enter the date the participant signed the form.	Date signed is missing or invalid. The date signed is older than 1 year.
Confirm valid POA/Guardianship/Conservatorship	Check box – Yes/No	N	Legal Review operators check for valid legal documents.	Manual letters are generated by Legal Review for invalid documentation.
W-4P form attached?	Check box - Yes/No	Y	Check if a W-4P is attached	Please check if W-4P is attached or not. There are no additional pages in the document package. Please correct that there is no W-4P attached.

The following are additional PowerImage reject reasons that will cause the form to reject or suspend before it creates a transaction in Omni:

- 1) According to our records, you are not yet 59½ years of age, and therefore are not eligible for an age-based withdrawal.
- 2) Our records show that you are no longer actively employed by the Federal Government. Separated and retired participants are not eligible for TSP in-service withdrawals. Employee status should be Active for an age-based in-service withdrawal.
- 3) No Exception from Spousal Requirements (TSP-16) on file.
- 4) The Exception to Spousal Requirements (Form TSP-16) has been disapproved.
- 5) A hold has been placed on the account.

- 6) A hold has been placed on the account because of an allegation of fraud or forgery.
- 7) Our records indicate that this participant is deceased. Therefore, the TSP cannot process this form. If this information is not correct, contact the agency employing office.
- 8) Page 2 is missing.

The Data Entry procedure for Form TSP-75/U-75 is as follows:

- Authorized data entry operators access the KFI module and select the **TSP75/U** queue. *See figure 1.1 to 1.7 for Data Entry screen sample.*
- The next available form is then displayed to the operator. The operator enters all of the information from the imaged form to the KFI application. *See above 'TSP-75 Data Entry Table' for more details.*
- Once the operator enters the data and the various real-time edits are performed against the participant's account in Omni, a transaction is created in VTRAN.
- If for any reason the operator cannot complete the data entry, the form can be rerouted to a supervisor queue for further verification.
- Forms that need additional legal authorization are also rerouted to a supervisor queue.
- PowerImage will automatically advance the task to the **Await Post** action step when a transaction is successfully added to VTRAN for posting, and a new image is displayed to the operator for processing.
- When a form is missing information necessary to create a transaction, or the information on the form is invalid, error messages will appear during the data entry of the form. At that time, the operator has the option to review the message and correct the error or to continue entering the form.
- A transaction is not created in VTRAN when an invalid form is data entered. Instead, notices are created with the reason(s) it rejected and the task is completed in PowerImage.

This screenshot shows the initial data entry screen for Form TSP-75. The form is titled "Completing this form" and includes instructions. The left side contains input fields for the user's name (Last, First, Middle), SSN, and address (123 MAIN STREET, WORWOOD, MA 01062). The right side contains numbered sections for spouse information, including name, address, and consent to withdrawal. A red box highlights the address field in section 4.

1. Name: LAST: GAYLE, FIRST: EVERETT, MIDDLE: [blank]
2. Social Security Number: [blank]
4. Address: [red box]
5. City: [blank] 6. State: [blank] 7. Zip Code: [blank]
8. Are you married (even if separated from your spouse)? Yes (Go on to Item 9) No (Skip to Section IV)
9. Spouse's Social Security Number: [blank]
10. Spouse's Name: LAST: [blank] FIRST: [blank] MIDDLE: [blank]
11. Is your spouse's address the same as above? Yes (Skip to Section IV) No (Complete Items 12 - 15)
12. Spouse's Address: [blank]
13. City: [blank] 14. State: [blank] 15. Zip Code: [blank]
16. Check Here if you do not know your spouse's address.
17. Spouse: By signing below, I give my consent to this in-service withdrawal from my spouse's Thrift Savings Plan account. I understand that any amounts disbursed from the account will not be available for the purchase of a joint and survivor annuity after any remaining balance is disbursed after my spouse separates from service.
18. Spouse's Signature: [blank]
19. Notary: On this _____ Day of _____, 2004, the person who signed Item 17, _____, who is known to or was identified by me, personally appeared and acknowledged to me that he or she signed this form. In witness whereof, I have signed hereon on this date.

Figure 1.1 Data Entry – TSP-75

This screenshot shows the continuation of the TSP-75 form. The left side contains fields for spouse name (JOHN EVERETT), address, and signature date (03/04/04). The right side contains a notary section with a signature line and jurisdiction field, and a section for withdrawal options. A red box highlights the notary signature line.

FOR MARRIED CSRS PARTICIPANTS ONLY
Is your spouse's address same as above?
 Yes No
Spouse's Address: [blank]
City: [blank]
State: [blank] Zip Code: [blank]
Check here if you do not know your spouse's address:
FOR MARRIED FERS PARTICIPANTS ONLY
Spouseal Signature Present? Yes
Spouse Date Signed: 03/04/04
Notarization Date: Day: 17, Month: 03, Year: 2004
Date Signed: _____
_____, the person who signed Item 17, _____, personally appeared and acknowledged to me that he or she have signed below on this date.
Notary Public's Signature: [red box]
Jurisdiction: _____
I cannot obtain your spouse's signature.
\$1,000 or more, or check the box to withdraw your entire vested balance all or any portion of your withdrawal to a traditional IRA or eligible employer plan to indicate the percentage you want transferred. If you do not want skip to Section VII, and sign and date Section VIII.
OR Entire vested account balance
to a traditional IRA or eligible employer plan (Go on to Section V)
Form TSP-75 (8/2002)
PREVIOUS EDITIONS OBSOLETE

Figure 1.2 Data Entry – TSP-75

192.168.100.150 - Remote Desktop
AnyDoc VERIFYR - Pass 1 - TSP-75(175-1) - Batch 00000307 (1 of 1) (1/1)

File Settings Help

Spouse Date Signed: 03/04/04

Notarization Date: Day 12, Month 03, Year 2004

Commission Expiry Date: 12/31/04

Notary Signature Present? Yes

Could not get spouse's signature Yes

Jurisdiction: MASSACHUSETTS

WITHDRAWAL REQUEST

Withdrawal Amount: 5000

Withdraw entire account balance Yes

Transfer Percent: [Empty]

Date Signed: _____, the person who signed Item 17.
Month _____ Year _____
me, personally appeared and acknowledged to me that he or she have signed below on this date

Notary Public's Signature: [Redacted]

Jurisdiction: _____

cannot obtain your spouse's signature

\$1,000 or more, or check the box to withdraw your entire vested balance all or any portion of your withdrawal to a traditional IRA or eligible employer plan (Go on to Section V) to indicate the percentage you want transferred. If you do not want skip to Section VII, and sign and date Section VIII

OR Entire vested account balance

Form TSP-75 (8/2002)
PREVIOUS EDITIONS OBSOLETE

Figure 1.3 Data Entry – TSP-75

192.168.100.150 - Remote Desktop
AnyDoc VERIFYR - Supervisor - TSP-75(175-2) - Batch 00000306 (2 of 2) (2/2)

File Settings Help

TSP 75 Page 2

SSN: [Empty]

Name: DAYLE EVERETT

TRANSFER INFORMATION

Last Name: EVERETT

First Name: DAYLE

Middle Name: [Empty]

SSN: [Empty]

Address: 223 MAIN STREET

City: NORWOOD

State: MA Zip: 02062

TSP-75 Page 2

Name: [Empty] Social Security Number: [Empty]

INFORMATION TRANSFER

30. Type: [Empty]

31. Transfer to: [Empty]

32. [Empty]

33. [Empty]

34. [Empty]

35. [Empty]

36. [Empty]

37. [Empty]

38. [Empty]

39. [Empty]

40. [Empty]

41. [Empty]

42. [Empty]

43. [Empty]

44. [Empty]

45. [Empty]

46. [Empty]

47. [Empty]

48. [Empty]

49. [Empty]

50. [Empty]

51. [Empty]

52. [Empty]

53. [Empty]

54. [Empty]

55. [Empty]

56. [Empty]

57. [Empty]

58. [Empty]

59. [Empty]

60. [Empty]

61. [Empty]

62. [Empty]

63. [Empty]

64. [Empty]

65. [Empty]

66. [Empty]

67. [Empty]

68. [Empty]

69. [Empty]

70. [Empty]

71. [Empty]

72. [Empty]

73. [Empty]

74. [Empty]

75. [Empty]

76. [Empty]

77. [Empty]

78. [Empty]

79. [Empty]

80. [Empty]

81. [Empty]

82. [Empty]

83. [Empty]

84. [Empty]

85. [Empty]

86. [Empty]

87. [Empty]

88. [Empty]

89. [Empty]

90. [Empty]

91. [Empty]

92. [Empty]

93. [Empty]

94. [Empty]

95. [Empty]

96. [Empty]

97. [Empty]

98. [Empty]

99. [Empty]

100. [Empty]

Figure 1.4 Data Entry – TSP-75

The screenshot shows a remote desktop window titled "192.168.100.150 - Remote Desktop" with the application "AnyDoc VERIFYr - Supervisor - TSP-75(175-2) - Batch 00000306 (2 of 2) (2/2)". The form is titled "TSP-75 Page 2" and includes the following sections:

- NEW INFORMATION FROM BACK OR FROTHING LUMP SUM DETECT**
- Type of Account:**
 - Traditional IRA
 - Other Eligible Employer Plan
- Account No.:** 4747237294
- Plan Name:** RETIREMENT PLAN
- Check Payable To:** SAVINGS PLAN
- Mail To:** [Empty field]
- Address:** 830 BOYLSTON STREET
- City:** CHESTNUT HILL
- State:** MA **Zip:** 02467
- Certifying Representative Name:** [Empty field]

On the right side, the form contains numbered sections (33-46) for "V. INFORMATION FOR YOUR TRANSFER", "VI. INFORMATION FROM THE IRA OR ELIGIBLE EMPLOYER PLAN", "VII. REQUEST FOR DIRECT DEPOSIT", and "VIII. CERTIFICATION".

Figure 1.5 Data Entry – TSP-75

The screenshot shows the same remote desktop window, but the form is now filled out with the following information:

- Certifying Representative Name:** JOHN SMITH
- Signed by Certifying Representative:** Yes
- Date Signed:** 4/14/2004
- REQUEST FOR DIRECT DEPOSIT:**
 - Name of Financial Institution:** BANK OF AMERICA
 - Routing No.:** 010192837
 - Account Type:** Checking Savings
 - Account No.:** 19284030393838383
- CERTIFICATION:** Participant Signature Present?

On the right side, sections 35-45 are visible, including a signature line for the certifying representative (38) and a signature line for the participant (44). A red box highlights the signature line for the certifying representative.

Figure 1.6 Data Entry – TSP-75

The screenshot displays a remote desktop window titled "192.168.100.150 - Remote Desktop". The application is "AnyDoc VERIFYit - Supervisor - TSP-75(75-2) - Batch 00000306 (2 of 2) (2/2)".

Left Pane (Form Fields):

- Account Type:** Checking, Savings
- Account No:** 19884930393838383
- CERTIFICATION:**
- Participant Signature Present?** Yes
- Participant's signature matches name?** Yes, No
- Date Signed:** 14/2004
- LEGAL REVIEW (Supervisor Only):**
- Confirm Valid POA / Guardianship / Conservatorship:** Yes, No
- W4P Attached?** Yes, No

Right Pane (Scanned Document):

TSP-75 Page 2

Form fields on the right include:

- Account Type:** 35. Checking, Savings
- Amount:** 26. \$10000.00
- Date:** 27. 14/2004
- Participant Signature Present:** 30. Yes
- Participant's signature matches name:** 31. Yes, No
- Legal Review:** 32. Yes, No
- W4P Attached:** 33. Yes, No

Figure 1.7 Data Entry – TSP-75

TSP-3 – Designation of Beneficiary



Table of Contents

1. INTRODUCTION2
1.1. STEP-BY-STEP DATA ENTRY (KFI) PROCESS3

3. Introduction

This document describes the process for handling Designation of Beneficiary forms (TSP-3 /U-3) sent to the *TSP operations Branch (OB)*, using *PowerImage (PI) Key-From-Image (KFI)*.

Form TSP-3 (-U-3) is used to designate a beneficiary or beneficiaries.

The following is a step-by-step description of the overall process:

- A TSP-3/U-3 arrives at the OB mailroom.
- The documents are sorted into civilian or uniformed services and scanned. [?]
- Designation of Beneficiary forms are scanned and indexed in the PowerImage **TSP3/U** task type queue.
- In the **Index** action step, the operator assigns the participant's Social Security number (SSN) identifier so that the form can be easily retrieved in the future.
- PowerImage then advances the document to the **Await OCR** queue. This action step is where Key From Image (KFI) makes sure the image matches the form template. It also extracts all characters from the form based on the form template. During this step, if a document cannot be identified, it will be rerouted to an operator using Form ID Exception software. The operator will choose the appropriate form type, define the document as an attachment, or delete the document from the batch.
- Once the documents are identified, the documents are rerouted to **Data Entry** for processing.
- In **Data Entry**, the first available operator who is authorized to process the form type uses KFI to enter all the required information.
- If the form is in good order, which means it passed various real-time edits against information stored within the OmniPlus system and the specific field edits, a transaction is created.
- T966 and T840 transactions are added into VTRAN to update the records.
- If the form is not in good order, KFI rejects the form, a reject notice is generated, and the task is completed in PowerImage.
- During the nightly cycle the unified job then processes all accepted transactions.
- Any rejects due to various system errors are rerouted to PowerImage for special handling.

- Any rejects due to batch edits are completed in PowerImage and a copy of the reject notice generated by Omni is stored in the task work packet.
- All posted transactions are also completed in PowerImage and a copy of the notice generated by Omni is stored in PowerImage.

3.1. Step-by-Step Data Entry Key From Image (KFI) Process

4.1.2.

The Key from Image Data Entry (KFI) module is used to process each form and create a transaction in Omni. The following table outlines each data entry field.

Note: See “Data Entry Training Manual” for more details on the Key from Image Data Entry application.

TSP-3 – Data Entry Table

Data Entry Field or Check Box Name	Data Type/Size	DE Required	Data Entry	What happens when information is missing or invalid: A pop-up error message will appear on the screen. See below the specific error message description for each field. To proceed without correcting the error, select ‘Yes,’ and the cursor will move to the next field. The document will reject when the entire form is entered or 5 errors are found. To correct the error, select ‘No’ and the cursor will remain on the field.
Last Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	Y	Enter the Last Name. You are required to enter a minimum of 2 characters	Last name must contain at least two characters. Please enter the complete last name. Name on form does not match the TSP record. The name is validated at the end of the page..
First Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the First Name. This field is optional and can be left blank if the first name is not provided on the form.	
Middle Name	Total number of alphanumeric characters – 30 (– Last, First, Middle)	N	Enter the Middle Name. This field is optional and can be left blank if not provided on the form.	
Social Security Number	Numeric – 9	Y	Enter the SSN.	Participant’s SSN is not in Omni. SSN is missing or invalid. The form is rerouted to the Manual Notice queue.
The form has been altered	Checkbox – Yes	N	Check this box if the information on the form has been altered.	Your form was received; however, we are unable to accept an altered form. As indicated in the instructions, do not alter the form or the information you enter. If you need to make a correction or change your entries, start over on a new form.
Date of Birth	Numeric – 10	Y	Enter the Date of Birth.	Date of Birth is missing or invalid. Date on form does not match the date of birth in the

				TSP record.
Address	Alphanumeric – 120	N	Enter the Street Address or Box Number.	
City	Alphanumeric – 28	N	Enter the City	
State/Country	Alphanumeric - 2	N	Enter the State or Country	
Zip Code	Numeric – 9	N	Enter the Zip Code	
Is this TSP-3 to cancel prior designation of beneficiaries?	Checkbox – Yes/No	Y	Check this box if the participant wrote 'Cancel prior designations' in the 'Designating your Beneficiaries' section.	Does this Form TSP-3 cancel a prior designation?
Beneficiary 1's Last Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	Y	Enter the Beneficiary's Last Name. You are required to enter a minimum of 2 characters. This is a required field unless the participant chose to cancel prior designations.	BE did not provide the full name(s) for named beneficiary(ies). The Last Name requires a minimum of 2 characters.
Beneficiary's First Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the Beneficiary's First Name. This field is optional and can be left blank if the first name is not provided on the form.	
Beneficiary's Middle Name	Total number of alphanumeric characters – 30 (– Last, First, Middle)	N	Enter the Beneficiary's Middle Name. This field is optional and can be left blank if not provided on the form.	
Shares	Numeric – 3	Y	Enter the share amount. You are required to enter a minimum of 1 character unless the participant chose to cancel prior designations.	Share value is missing or invalid for one or more of the beneficiaries. The beneficiary shares do not add up to 100 (if percentages) or to 1 (if fractions).
Address	Alphanumeric – 120	N	Enter the Beneficiary's Street Address or Box Number.	
City	Alphanumeric – 28	N	Enter the Beneficiary's City	
State/Country	Alphanumeric - 2	N	Enter the Beneficiary's State or Country	
Zip Code	Numeric – 9	N	Enter the Beneficiary's Zip Code	
SSN	Numeric – 9	Y	Enter the Beneficiary's SSN. This is a required field if the DOB is blank.	SSN is missing or invalid. Required information not provided for named beneficiary(ies). At least one of the following items must be provided for each beneficiary: Social Security number/Employer or Taxpayer Identification Number, or date of birth.
Date of Birth	Numeric – 10	N	Enter the Beneficiary's Date of Birth. This is a required field if the SSN is blank.	The beneficiary's Date of Birth is invalid. Required information not provided for named beneficiary(ies). At least one of the following items must be provided for each beneficiary: Social Security number/Employer or Taxpayer Identification Number, or date of birth.
Relationship	Alphanumeric – 20	N	Enter the Beneficiary's Relationship.	
2 nd Beneficiary's Last Name	Total number of alphanumeric	N	Enter the Beneficiary's Last Name. You are required to enter a minimum of 2 characters.	The Last Name requires a minimum of 2 characters.

	characters – 30 (Last, First, Middle)		This field is a required if the participant designated a second beneficiary.	
Beneficiary's First Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the Beneficiary's First Name. This field is optional and can be left blank if the first name is not provided n the form.	
Beneficiary's Middle Name	Total number of alphanumeric characters – 30 (– Last, First, Middle)	N	Enter the Beneficiary's Middle Name. This filed is optional and can be left blank if not provided on the form.	
Shares	Numeric – 3	N	Enter the share amount. You are required to enter a minimum of 1 character if the participant designated a second beneficiary.	The beneficiary shares do not add up to 100 percent (if percentages) or to 1 (if fractions). Share value is missing or invalid for one or more of the beneficiaries. Beneficiary(ies) shares should reflect either all percentages totaling 100, or all fractions totaling 1. Your contingent beneficiary shares do not add up to 100% (if percentages) or 1 (if fractions)**
Address	Alphanumeric – 120	N	Enter the Beneficiary's Street Address or Box Number. You are required to enter a minimum of 5 characters if the participant designates a second beneficiary.	
City	Alphanumeric – 28	N	Enter the Beneficiary's City	
State/Country	Alphanumeric - 2	N	Enter the Beneficiary's State or Country	
Zip Code	Numeric – 9	N	Enter the Beneficiary's Zip Code	
SSN	Numeric – 9 Full field	Y	Enter the Beneficiary's SSN. This is a required field if the DOB is blank and the participant designates a second beneficiary.	SSN is missing or invalid. Required information not provided for named beneficiary(ies). At least one of the following items must be provided for each beneficiary: Social Security number/Employer or Taxpayer Identification Number, or date of birth.
Date of Birth	Numeric – 10	Y	Enter the Beneficiary's Date of Birth. This is a required field if the SSN is blank and the participant designates a second beneficiary.	The beneficiary's Date of Birth is invalid. Required information not provided for named beneficiary(ies). At least one of the following items must be provided for each beneficiary: Social Security number/Employer or Taxpayer Identification Number, or date of birth.
Relationship	Alphanumeric – 20	N	Enter the Beneficiary's Relationship.	
Type of Beneficiary	Checkbox – Primary/Contingent	N	Check the type of beneficiary. This field is a required if the participant designates a second beneficiary.	Please enter type of beneficiary for Beneficiary 2 – Primary or Contingent
Contingent To	Total number of alphanumeric characters – 30	N	Enter the Contingent Beneficiary number. For example, 1 to indicate contingent to Beneficiary One on the form. This field is required if the type of beneficiary is set to	Contingent To is a required field since this is a contingent beneficiary.

			'Contingent.'	You may only use whole numeric values in this field.
3 rd Beneficiary's Last Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the Beneficiary's Last Name. You are required to enter a minimum of 2 characters. This field is a required if the participant designates a third beneficiary.	
Beneficiary's First Name	Total number of alphanumeric characters – 30 (Last, First, Middle)	N	Enter the First Name. This field is optional and can be left blank if the first name is not provided n the form.	
Beneficiary's Middle Name	Total number of alphanumeric characters – 30 (– Last, First, Middle)	N	Enter the Middle Name. This field is optional and can be left blank if not provided on the form.	
Shares	Numeric – 3	N	Enter the share amount. You are required to enter a minimum of 1 character if the participant designates a third beneficiary.	The beneficiary shares do not add up to 100 percent (if percentages) or to 1 (if fractions). Share value is missing or invalid for one or more of the beneficiaries. Beneficiary(ies) shares should reflect either all percentages totaling 100, or all fractions totaling 1. Your contingent beneficiary shares do not add up to 100% (if percentages) or 1 (if fractions)**
Address	Alphanumeric – 120	N	Enter the Beneficiary's Street Address or Box Number. You are required to enter a minimum of 5 characters if the participant designates a third beneficiary.	
City	Alphanumeric – 28	N	Enter the Beneficiary's City	
State/Country	Alphanumeric - 2	N	Enter the Beneficiary's State or Country	
Zip Code	Numeric – 9	N	Enter the Beneficiary's Zip Code	
SSN	Numeric – 9 Full field	N	Enter the Beneficiary's SSN. This is a required field if the DOB is blank and the participant designates a third beneficiary.	SSN is missing or invalid. Required information not provided for named beneficiary(ies). At least one of the following items must be provided for each beneficiary: Social Security number/Employer or Taxpayer Identification Number, or date of birth.
Date of Birth	Numeric – 10	N	Enter the Beneficiary's Date of Birth. This is a required field if the SSN is blank and the participant designates a third beneficiary.	The beneficiary's Date of Birth is invalid. Required information not provided for named beneficiary(ies). At least one of the following items must be provided for each beneficiary: Social Security number/Employer or Taxpayer Identification Number, or date of birth.

Relationship	Alphanumeric – 20	N	Enter the Beneficiary's Relationship.	
Type of Beneficiary	Checkbox – Primary/Contingent	N	Check the type of beneficiary. This field is a required if the participant designates a third beneficiary.	Please enter type of beneficiary for Beneficiary 3 – Primary or Contingent
Contingent To:	Total number of alphanumeric characters – 30	N	Enter the Contingent beneficiary number. For example, 1 to indicate contingent to Beneficiary 1 on the form. This field is required if the type of beneficiary is set to 'Contingent'.	Contingent To is a required field since this is a contingent beneficiary. You may only use whole numeric values in this field.
Additional pages included?	Checkbox – Yes	N	Check if additional pages are attached.	
Number of additional pages	Numeric - 2	N	Enter the number of additional pages. This is a required field if 'Additional pages included' is 'Yes.'	
Form Signed by Participant	Check box - Yes	Y	Check the box if the participant signed the form.	Participant's signature is missing.
Signature Matches Name?	Check box - Yes/No	Y	Check if the participant's signature matches the name on the form.	Signature does not match the name.
Date Signed	Date - 10	Y	Enter the date the participant signed the form.	Date Signed is missing or invalid.
Witness 1's Name	Alphanumeric – 40 Minimum - 10	Y	Enter the Name of the first witness.	Two witnesses did not sign Form TSP-3.
Witness 1 Signed?	Checkbox – Yes	Y	Check the box if the first witness signed the form.	Two witnesses did not sign Form TSP-3.
Witness 2's Name	Alphanumeric – 40 Minimum – 10	Y	Enter the Name of the second witness.	Two witnesses did not sign Form TSP-3.
Witness 2 Signed?	Checkbox- Yes	Y	Check the box if the second witness signed the form.	Two witnesses did not sign Form TSP-3.
Is one of the witnesses a beneficiary?	Checkbox – Yes/No	Y	Check if the one of the witnesses matches a beneficiary.	Witnesses to the Participant Signature may not be designated as Beneficiaries.
Confirm valid POA/Guardianship/Conservatorship	Check box – Yes/No	N	Legal Review operators check for valid legal documents.	Manual letters are generated by Legal Review for invalid documentation.

The Data Entry procedure for a Form TSP-3 is as follows:

- Authorized data entry operator accesses the KFI module and selects the **TSP3/U** queue. *See figure 1.1 to 1.6 for Data Entry screen samples.*
- The next available form is displayed to the operator. The operator enters all the information from the imaged form to the KFI application. *See above 'TSP-3 Data Entry Table' for more details.*
- Once the operator enters the data and the various real-time edits are performed against the participant's account in Omni, a transaction is created in VTRAN.
- If for any reason the operator cannot complete the data entry, the form can be rerouted to a supervisor queue for further verification.
- Forms that need additional legal authorization are also rerouted to a supervisor queue.

- PowerImage will automatically advance the task to the **Await Post** action step when a transaction is successfully added to VTRAN for posting, and a new image is displayed to the operator for processing.
- When a form is missing information necessary to create a transaction, or the information on the form is invalid, error messages will appear during the data entry of the form. At that time, the operator may review the message and correct the error or continue entering the form.
- A transaction is not created in VTRAN when an invalid form is data entered. Instead, notices are created with the reason(s) the form rejected and the task is completed in PowerImage. However, this form has three scenarios in which a transaction is created and 'Accept Imperfect' notices are generated even though the form is missing information: 1) If one of the beneficiaries is also a witness, 2) if the Designating Your Beneficiaries section is not filled out completely, or 3) if the contingent beneficiary shares do not add up to 100% or 1.

Figure 1.1 Data Entry – TSP-3

192.168.100.150 - Remote Desktop
AnyDoc VERIFIT - Pass 1 - TSP-3(13-1) - Batch 00002183 (1 of 1) (1/1)

Is this TSP-3 to cancel prior designation of beneficiaries? Yes

Beneficiary 1

Last Name _____
First Name _____
Middle Name _____ Share _____
Address _____
City _____
State _____ Zip Code _____
SSN _____ Date of birth _____
Relationship _____

your TSP account to be paid to each beneficiary

(Middle) Share: _____

State/Country _____ Zip Code _____

/dd/yyyy) Relationship _____

(Middle) Share: _____

State/Country _____ Zip Code _____

/dd/yyyy) Relationship _____

Share: _____

Figure 1.2 Data Entry – TSP-3

192.168.100.150 - Remote Desktop
AnyDoc VERIFIT - Pass 1 - TSP-3(13-1) - Batch 00002183 (1 of 1) (1/1)

Beneficiary 2

Last Name _____
First Name _____
Middle Name _____ Share _____
Address _____
City _____
State _____ Zip Code _____
SSN _____ Date of Birth _____
Relationship _____
Type of Beneficiary
 Primary Contingent

Beneficiaries

Beneficiary Name (Last) _____ (First) _____
Street address or box number _____
City _____
Social Security Number/EIN _____ Date of Birth _____
2. Beneficiary Name (Last) _____ (First) _____
Street address or box number _____
City _____
Social Security Number/EIN _____ Date of Birth _____
3. Beneficiary Name (Last) _____ (First) _____
Street address or box number _____
City _____

Figure 1.3 Data Entry – TSP-3

The screenshot shows a remote desktop window titled "192.168.100.150 - Remote Desktop" with a toolbar containing icons for file operations and OCR. The main window displays a form titled "AnyDoc VERIFYit - Pass 1 - TSP-3(t3-1) - Batch 00002183 (1 of 1) (1/1)".

Form Fields:

- Relationship:** A dropdown menu.
- Type of Beneficiary:** Radio buttons for Primary and Contingent.
- Contingent To:** A text input field.
- Beneficiary 3:** Fields for Last Name, First Name, Middle Name, and Share.
- Address:** Multiple text input fields.
- City:** A text input field.
- State:** A dropdown menu.
- Zip Code:** A text input field.

Beneficiary Information Section:

- 1.** Beneficiary Name: _____ (First) (Last) **Share:** _____
Street address of beneficiary: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ (Date of Birth: mm/dd/yyyy) Relationship: _____
- 2.** Beneficiary Name: _____ (First) (Last) **Share:** _____
Street address of beneficiary: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ (Date of Birth: mm/dd/yyyy) Relationship: _____
- 3.** Beneficiary Name: _____ (First) (Last) **Share:** _____
Street address of beneficiary: _____
City: _____ State: _____ Zip Code: _____
Social Security Number: _____ (Date of Birth: mm/dd/yyyy) Relationship: _____

Signature Section:

- Check here if additional pages are used. Number of additional pages: _____ (See back of form.)
- Sign and date this section. Your signature must be witnessed in Section V.
- Participant's signature: _____ Date Signed: _____

Witness Section:

- This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. A witness cannot be a beneficiary of any portion of this TSP account. By signing below, the witnesses affirm that the participant: (a) signed Section III in their presence; or (b) informed them that the signature in Section I is the participant's own signature.
- Witness 1: Type of Witness: Name of First Witness: _____ Signature of First Witness: _____
- Witness 2: Type of Witness: Name of Second Witness: _____ Signature of Second Witness: _____

Form TSP-3 (Revised 10/2005)
PREVIOUS EDITIONS OBSOLETE

Figure 1.4 Data Entry – TSP-3

Figure 1.5 Data Entry – TSP-3

Figure 1.6 Data Entry – TSP-3