



# THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

# TSP-3

Use this form to designate a beneficiary or beneficiaries to receive your civilian Thrift Savings Plan (TSP) account after your death. **Read the instructions on the back to assist you in completing this form.** Type or print the information requested. Do not alter this form or the information you enter; if you need to make a correction or change your entries, start over on a new form. If you have a uniformed services TSP account, you will need to make a separate TSP beneficiary designation for that account on Form TSP-U-3.

## I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle

2. \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)

5. Address \_\_\_\_\_  
Street address or box number

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
City State/Country Zip Code

## II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages or fractions the share of your TSP account to be paid to each beneficiary.

1. \_\_\_\_\_ **Share:** \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State/Country Zip Code

\_\_\_\_\_  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

2. \_\_\_\_\_ **Share:** \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State/Country Zip Code

\_\_\_\_\_  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

3. \_\_\_\_\_ **Share:** \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State/Country Zip Code

\_\_\_\_\_  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Check here if additional pages are used. Number of additional pages \_\_\_\_\_ (See back of form.)

## III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

\_\_\_\_\_  
Participant's Signature Date Signed

## IV. WITNESSES TO SIGNATURE

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 your 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 III is the participant's own signature.

Witness 1 \_\_\_\_\_  
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 \_\_\_\_\_  
Typed or Printed Name of Second Witness Signature of Second Witness



# INFORMATION AND INSTRUCTIONS

Make a copy of this form for your records. Mail the original 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 the TDD at 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

Your participant statements show the date of your most recent designation.

**Designating a beneficiary.** This Designation of Beneficiary form applies **only** to the disposition of your civilian Thrift Savings Plan (TSP) account after your death. It does not affect the disposition of your FERS Basic Annuity, your CSRS annuity, your uniformed services TSP account (if you have one), or any other benefits.

It is necessary to designate a beneficiary only if you want payment to be made in a way other than the following order of precedence:

1. To your widow or widower.
2. If none, to your child or children equally, and descendants of deceased children by representation.
3. If none, to your parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of your estate.
5. If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death.

In this order of precedence, a child includes a natural child (even if the child was born out of wedlock) and a child adopted by the participant; it does not include a stepchild who was not adopted.

**Note:** If the participant's natural child was adopted by someone other than the participant's spouse, that child is not entitled to a share of the participant's TSP account under the statutory order of precedence. "By representation" means that if a child of the participant dies before the participant dies, that child's share will be divided equally among his or her children. "Parent" does not include a stepparent, unless the stepparent adopted the participant.

**Making a valid designation.** To name beneficiaries to receive your TSP account after you die, you must complete this form, and it must be received by the TSP on or before the date of your death.

**Only** Form TSP-3 is valid for designating a beneficiary to your civilian TSP account; a will is not valid for the disposition of a TSP account. You may, however, designate your estate or a trust as a beneficiary on Form TSP-3.

You are responsible for ensuring that your Form TSP-3 is properly completed, signed, and witnessed (See the Instructions for Sections II and IV in the right-hand column). Do not submit an altered form; if you need to correct or change the information you have entered on the form, start over on a new form.

**Changing or cancelling your Designation of Beneficiary.** This Designation of Beneficiary will stay in effect until you submit another valid Form TSP-3 naming other beneficiaries or cancelling prior designations. To cancel a Form TSP-3 already on file, write "Cancel prior designations" in Section II of a new Form TSP-3, sign and date the form, and have it witnessed.

Keep your designation (and your beneficiaries' addresses) current. If your family status changes due to marriage, birth or adoption of a child, divorce, or death, you may want to change your designation.

**If your beneficiaries predecease you.** The share of any beneficiary who dies before you die will be distributed proportionally among the surviving designated TSP beneficiaries unless a designated contingent beneficiary is alive at your death. If none of your designated beneficiaries is alive at the time of your death, the standard order of precedence will be followed.

**INSTRUCTIONS FOR SECTION II.** You may name as a beneficiary any person, corporation, trust, or legal entity, or your estate.

**Note:** If the beneficiary is a minor child, benefits will be made payable directly to the child.

**If you need additional space,** use a blank sheet of paper. Enter your name, TSP account number, and date of birth, and number the pages. You must sign and date **all** additional pages; the same two witnesses who signed the form must also sign each additional page.

Enter the share for each beneficiary as a whole percentage or a fraction. Percentages must total 100 percent; fractions must total 1.

The examples show you how to name a beneficiary or cancel prior designations of beneficiary(ies).

- For each person you designate as a beneficiary, enter the full name, share, address, Social Security number (SSN), date of birth, and relationship to you. If you do not have all the requested information, you must provide at least the beneficiary's name, the beneficiary's share, and either the beneficiary's SSN or date of birth.
- You may designate one or more contingent beneficiaries for each primary beneficiary you name on Form TSP-3. The contingent beneficiary(ies) will receive the primary beneficiary's share if the primary beneficiary dies before you do. (You cannot designate contingent beneficiaries for contingent beneficiaries.)
- If the beneficiary is a corporation or other legal entity, enter the name of the entity on the name line. Enter the legal representative's name and address on the address lines. Enter the Employer Identification Number (EIN). Leave the date of birth and relationship lines blank.
- If the beneficiary is a trust, enter the name of the trust on the name line. Enter the trustee's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Trust" on the relationship line. **Note:** Filling out this form will not create a trust.
- If the beneficiary is your estate, enter the name of the estate on the name line. Enter the executor's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Estate" on the relationship line.
- You may cancel a designation of beneficiary by printing "Cancel prior designations" on the name line. **Note:** If you do not submit another Form TSP-3, your account will be paid according to the order of precedence.

**INSTRUCTIONS FOR SECTION IV.** Do not ask the individuals you name as beneficiaries of your TSP account to witness your Form TSP-3. A person named as a beneficiary of this TSP account who is also a witness cannot receive his or her share of the account.

# EXAMPLES OF DESIGNATING A BENEFICIARY

## A. DESIGNATING ONE BENEFICIARY

1. **Morgan Katherine Anne** Share: **100%**  
 Name (Last) (First) (Middle)  
**1279 Lake Avenue**  
 Street address or box number  
**New Orleans LA 70124**  
 City State/Country Zip Code  
**923-45-6789 06 / 22 / 1942 Sister**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Enter the full name of the beneficiary. Do not write name as K. A. Morgan or as Mrs. Keith H. Morgan.

## B. DESIGNATING MORE THAN ONE BENEFICIARY

1. **Larson Susan Maria** Share: **1/4**  
 Name (Last) (First) (Middle)  
**4231 Oregon Street**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**934-56-7890 09 / 07 / 1950 Sister**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Be sure that the shares to be paid to the beneficiaries total 100 percent if using percentages, or 1 if using fractions.

2. **Larson Elliott Harris** Share: **1/4**  
 Name (Last) (First) (Middle)  
**4231 Oregon Street**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**945-67-8901 04 / 20 / 1952 Brother**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

If you use additional pages, be sure to put your name, TSP account number, and date of birth on each page. You and the same two witnesses who signed the form must sign each additional page. Put the date you signed the form on each additional page.

3. **Steinway Sarah Ruth** Share: **1/2**  
 Name (Last) (First) (Middle)  
**P.O. Box 812**  
 Street address or box number  
**Covington KY 40117**  
 City State/Country Zip Code  
**956-78-9012 12 / 02 / 1960 Friend**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

## C. DESIGNATING ONE OR MORE CONTINGENT BENEFICIARIES

1. **If living: Kraus Michael Thomas** Share: **100%**  
 Name (Last) (First) (Middle)  
**6287 Laurel Post Drive**  
 Street address or box number  
**Stone Mountain GA 30058**  
 City State/Country Zip Code  
**967-89-0123 03 / 12 / 1936 Father**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

You may designate one or more contingent beneficiaries to receive a beneficiary's share if the primary beneficiary dies before you do. To identify the primary and contingent beneficiaries, you must write in "If living:" above the primary beneficiary's name and "Otherwise to:" above the contingent beneficiary's name. If there is more than one contingent beneficiary for a primary beneficiary, write in "And to:" above the second (and subsequent) beneficiary's name.

2. **Otherwise to: Kraus Cecilia Jean** Share: **50%**  
 Name (Last) (First) (Middle)  
**6287 Laurel Post Drive**  
 Street address or box number  
**Stone Mountain GA 30058**  
 City State/Country Zip Code  
**978-90-1234 08 / 16 / 1968 Daughter**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

In this example, Melissa Richardson and Cecilia Kraus are both contingent beneficiaries for Michael Kraus.

3. **And to: Richardson Melissa Anne** Share: **50%**  
 Name (Last) (First) (Middle)  
**9842 Magnolia Drive**  
 Street address or box number  
**Columbus GA 30161**  
 City State/Country Zip Code  
**989-01-2345 11 / 06 / 1970 Daughter**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**Note:** If a named beneficiary dies, you may prefer to submit another Form TSP-3 to change your designation(s).

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**EXAMPLES OF DESIGNATING A BENEFICIARY** (continued)

**D.  
DESIGNATING A  
CORPORATION OR LEGAL  
ENTITY**

**1. The XYZ Foundation** **Share: 100%**  
Name [Name of corporation or legal entity]  
**c/o Eleanor Jarvis, Legal Representative 64730 Connecticut Ave.**  
Street address or box number [Name of Legal Representative and Legal Representative's address]  
**Bethesda MD 20815**  
City State/Country Zip Code  
**99-0123456** [Leave blank] [Leave blank]  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**E.  
DESIGNATING  
A TRUST**

**1. John P. Manos Trust** **Share: 100%**  
Name [Name of trust]  
**c/o Eric P. Manos, Trustee 1111 Delaware Lane**  
Street address or box number [Name of Trustee and Trustee's address]  
**New York NY 14607**  
City State/Country Zip Code  
**92-3456789** [Leave blank] **Trust**  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**F.  
DESIGNATING  
AN ESTATE**

**1. Estate of Ruth R. Jones** **Share: 100%**  
Name [Name of estate]  
**c/o Marilyn D. McClain, Executor 150 Rossmoyne Drive**  
Street address or box number [Name of Executor and Executor's address]  
**Alameda CA 94510**  
City State/Country Zip Code  
**93-1234567** [Leave blank] **Estate**  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**G.  
CANCELLING A  
DESIGNATION OF  
BENEFICIARY**

**1. Cancel prior designations** **Share: \_\_\_\_\_**  
Name (Last) (First) (Middle)  
Street address or box number  
City State/Country Zip Code  
Social Security Number/EIN / / Date of Birth (mm/dd/yyyy) Relationship

This will cause your account to be paid according to the order of precedence (unless you submit another Form TSP-3).

Be sure your form cancelling prior designations is signed, dated, and witnessed.

**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 this form. 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.