



Thrift Savings Plan BULLETIN

for Agency TSP Representatives

Subject: Revision of Form TSP-3, Thrift Savings Plan Designation of Beneficiary

Date: July 30, 2002

The Federal Retirement Thrift Investment Board (Board) has revised the [Thrift Savings Plan \(TSP\) Designation of Beneficiary \(Form TSP-3\)](#) for use in the new record keeping system. A copy of this revision, dated August 2002, is attached to this bulletin. This revision will also be available from the **civilian section** of the TSP Web site at www.tsp.gov beginning August 23, 2002.

Although the information that must be completed on the form has not changed, the explanatory information provided on the form has been updated to reflect changes that will occur when the new record keeping system is implemented in September 2002 (e.g., participant statements will be issued quarterly).

Distribution of Form TSP-3. The Board will send a supply of the revised Form TSP-3 to agencies' central distribution points. By August 23, 2002, each central distribution point should receive a number equal to about 10 percent of its population. Central distribution points should then distribute these forms proportionately to personnel or administrative offices within the agency.

Agency responsibilities. Agencies must provide Form TSP-3 to their employees upon request. Agencies may obtain the form by downloading it from the Web site, or they may order a supply by following the procedures contained in TSP Bulletin 95-1, dated January 3, 1995.

PAMELA-JEANNE MORAN
Deputy Director
Office of External Affairs

Attachment: Form TSP-3, Designation of Beneficiary

Inquiries: Questions regarding the provisions of this bulletin should be directed to the Federal Retirement Thrift Investment Board at **202-942-1460**.

Chapter: This bulletin may be filed in Chapter 10, Death Benefits.

Supersedes: This bulletin supersedes TSP Bulletin 96-31, Revision of Thrift Savings Plan Designation of Beneficiary (Form TSP-3), dated October 28, 1996.



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. (____) _____ - _____
Social Security 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 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 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:

TSP Service Office
National Finance Center
P.O. Box 61135
New Orleans, LA 70161-1135
Telephone number: (504) 255-8777
TDD: (504) 255-5113

Your quarterly participant statement will 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 or 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 more space, use a blank sheet of paper. Enter your name, Social Security 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 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.

- 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 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 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 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 date of birth blank. Enter "Trust" on the relationship line. Note: Filling out this form will not create a trust.
- If the beneficiary is an 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 date of birth blank. Enter "Estate" on the relationship line.
- You may cancel a designation of beneficiary by printing "Cancel prior designation" 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 this TSP 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 **6 / 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 Oregano Street
 Street address or box number
Cincinnati **OH** **45239**
 City State/Country Zip Code
934-56-7890 **9 / 7 / 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 Oregano Street
 Street address or box number
Cincinnati **OH** **45239**
 City State/Country Zip Code
945-67-8901 **4 / 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, Social Security 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
950-78-9012 **12 / 2 / 1960** **Friend**
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

C. DESIGNATING ONE OR MORE CONTINGENT BENEFICIARIES

1. **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 **3 / 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.

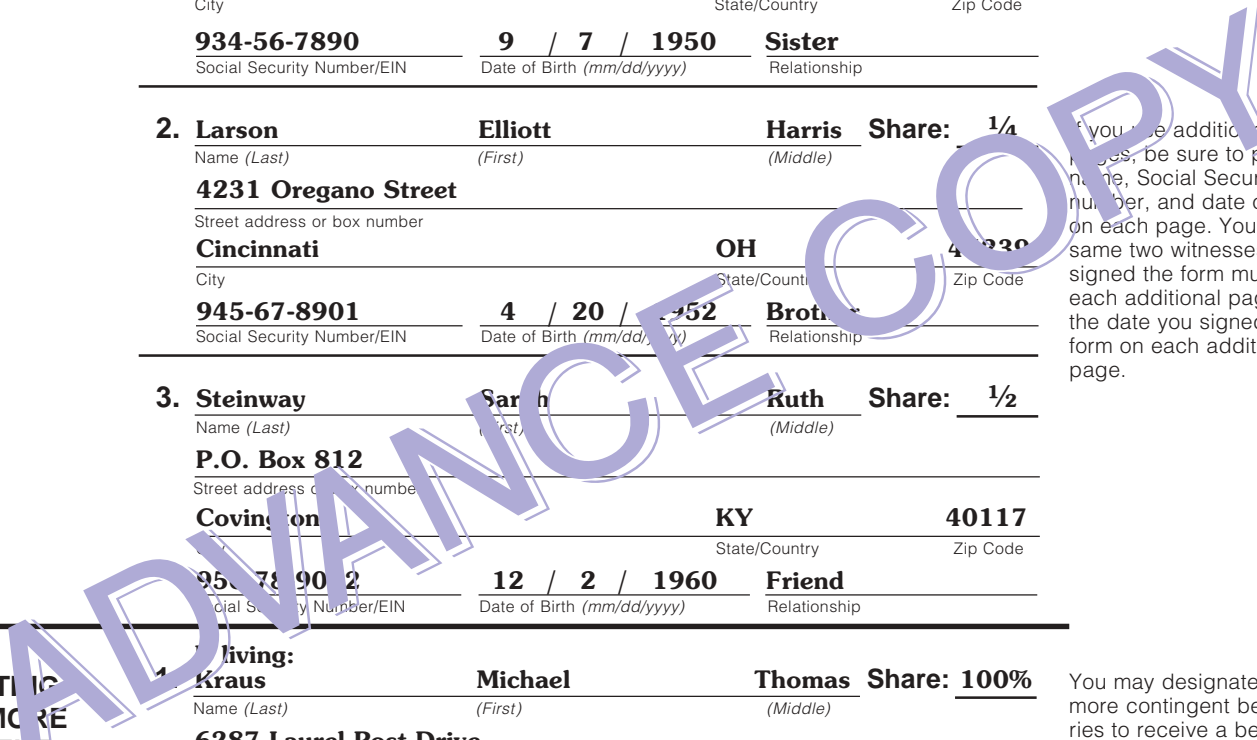
2. **Otherwise to:**
Kraus **Cecilia** **Jean** **Share: 50%**
 Name (Last) (First) (Middle)
6287 Laurel Post Drive
 Street address or box number
Stone Mountain **GA** **30058**
 City State/Country Zip Code
978-90-1234 **8 / 16 / 1968** **Daughter**
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) 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 / 6 / 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).

Detach here



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 this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide on this form to document your choice of beneficiary or beneficiaries to receive your account after your death. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, 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 also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to document your choice of beneficiary(ies).



THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

TSP-3

Use this form to designate a beneficiary or beneficiaries to receive your 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.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle

2. _____ - _____ - _____ 3. _____ / _____ / _____ 4. (_____) _____ - _____
Social Security Number Date of Birth (Month/Day/Year) Daytime Phone (Area Code and Number)

5. Address _____
Street address or box number

6. City _____ 7. _____ 8. _____
State 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 Zip Code

Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

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

Street address or box number

City State Zip Code

Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

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

Street address or box number

City State Zip Code

Social Security Number/EIN Date of Birth (Month/Day/Year) 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 Service Office
National Finance Center
P.O. Box 61135
New Orleans, LA 70161-1135
Telephone number: (504) 255-6000
TDD: (504) 255-5113

Your semiannual Participant Statement will show the date of your most recent designation.

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

It is only necessary to designate a beneficiary 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 and an adopted child, but does not include a stepchild whom you have not adopted; parent does not include a stepparent, unless your stepparent has adopted you. "By representation" means that if one of your children dies before you do, that child's share will be divided equally among his or her children.

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. Do not submit a will to designate beneficiaries for your TSP account; a will is not valid for the disposition of a TSP account. You may, however, designate an estate or trust on Form TSP-3.

You are responsible for ensuring that your Form TSP-3 is properly completed, signed, and witnessed (see the Instructions for Section II 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.

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, Social Security 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 add up to 100 percent; fractions must add up to 1.

The examples show you how to name a beneficiary or cancel prior Designations of Beneficiary.

- 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 SSN or date of birth.
- You may designate one or more contingent beneficiaries, but **only** to receive a beneficiary's share if that beneficiary dies before you do.
- 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 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 date of birth blank. Enter "Trust" on the relationship line. Note: Filling out this form will not create a trust.
- If the beneficiary is an 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 date of birth blank. Enter "Estate" on the relationship line.

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 TSP beneficiary who is also a witness cannot receive his or her share.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. Chapter 84. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you provide to determine who your beneficiaries are for amounts due and payable from your TSP account. This information may also be shared with other Federal agencies to administer your account or for statistical, auditing, or archiving purposes. In addition, we may share the information with law enforcement agencies investigating, prosecuting, or enforcing a violation of civil or criminal law or with other

agencies for the purpose of implementing a statute, rule, or order. It may also be shared with Congressional offices, the TSP annuity vendor, retirement plan sponsors, auditing firms, spouses, former spouses, beneficiaries, persons responsible for your care, and representatives of your estate. It may also be released in response to a court subpoena or to appropriate parties preparing for or engaged in litigation affecting your TSP account. You are not required by law to provide this information, but if you do not provide it, it may not be possible to process your Beneficiary Designation.

EXAMPLES OF DESIGNATING A BENEFICIARY

I. 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 Zip Code
923-45-6789 6/22/42 Sister
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

Do not write name as K.A. Morgan or as Mrs. Keith H. Morgan

II. DESIGNATING MORE THAN ONE BENEFICIARY

1. **Larson Susan Maria** Share: **1/4**
 Name (Last) (First) (Middle)
4231 Oregano Street
 Street address or box number
Cincinnati, OH 45239
 City State Zip Code
934-56-7890 9/7/50 Sister
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

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

2. **Larson Elliott Harris** Share: **1/4**
 Name (Last) (First) (Middle)
4231 Oregano Street
 Street address or box number
Cincinnati, OH 45239
 City State Zip Code
945-67-8901 4/20/52 Brother
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

If you use additional pages, be sure to put your name, Social Security number, and date of birth on each page. You and the same two witnesses (who are not beneficiaries) must sign each 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 Zip Code
956-78-9012 12/2/60 Friend
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

III. DESIGNATING A CONTINGENT BENEFICIARY

If living:
 1. **Kraus Michael Thomas** Share: **70%**
 Name (Last) (First) (Middle)
6287 Laurel Post Drive
 Street address or box number
Stone Mountain, GA 30058
 City State Zip Code
967-89-0123 3/12/36 Father
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

You may designate one or more contingent beneficiaries, but **only** to receive a beneficiary's share if that beneficiary dies before you do. Note: If a named beneficiary dies, you may prefer to submit another Form TSP-3 to change your designation(s).

Otherwise to:
 2. **Kraus Cecilia Jean** Share: **70%**
 Name (Last) (First) (Middle)
6287 Laurel Post Drive
 Street address or box number
Stone Mountain, GA 30058
 City State Zip Code
978-90-1234 8/16/44 Stepmother
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

In this example, Cecilia Kraus is the contingent beneficiary for Michael Kraus only.

3. **Richardson Melissa Anne** Share: **30%**
 Name (Last) (First) (Middle)
9842 Magnolia Drive
 Street address or box number
Columbus, GA 30161
 City State Zip Code
989-01-2345 11/6/70 Sister
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

If Cecilia Kraus is also to receive the share of Melissa Richardson in the event that Melissa dies before you do, Cecilia should be named as the contingent beneficiary for Melissa Richardson in the same manner as she was for Michael Kraus.

Detach here

EXAMPLES OF DESIGNATING A BENEFICIARY (continued)

**IV.
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 Zip Code
99-0123456 [Leave blank] [Leave blank]
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

**V.
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 Zip Code
92-3456789 [Leave blank] **Trust**
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

**VI.
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 Zip Code
[If available] [Leave blank] **Estate**
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

**VII.
CANCELLING A
DESIGNATION OF
BENEFICIARY**

1. Cancel prior designations Share: _____
Name (Last) (First) (Middle)
Street address or box number
City State Zip Code
Social Security Number/EIN / / Date of Birth (Month/Day/Year) Relationship

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