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 <u>Plan (TSP)</u> 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

Questions regarding the provisions of this bulletin should be directed to the **Inquiries:** 

Federal Retirement Thrift Investment Board at 202-942-1460.

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

This bulletin supersedes TSP Bulletin 96-31, Revision of Thrift Savings Plan **Supersedes:** 

Designation of Beneficiary (Form TSP-3), dated October 28, 1996.



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	4					
ABOUT YOU	1. Name	First	Middle			
	<b>2.</b> Social Security Number		<b>4.</b> ()			
			Daytille Filone (Area Code and Number			
	5. AddressStreet address or box no					
	6. City	<b>7.</b> §	State/Country 8.			
II. DESIGNATING	· · · · ·	r fractions the share of your TSF	account to be pid to such benciciary.			
YOUR BENEFICIARIES	Beneficiary Name (Last)	(First)	Share:			
	Street address or box number					
	City		Zip Code Zip Code			
	Social Security Number/EIN	Date on lith ( //dd/yyyy)	Relationship			
	Beneficiary The (Lass	(First)	Share:			
	Street Idreoc humsel					
	City	//	tate/Country Zip Code			
	Social Security Number/EIN	Date of Birth (mm/dd/yyyy)	Relationship			
	3. Beneficiary Name (Last)	(First)	Share:			
	Street address or box number					
	City	S	tate/Country Zip Code			
	Social Security Number/EIN	Date of Birth (mm/dd/yyyy)	Relationship			
	Check here if additional pag	es are used. Number of addition	nal pages (See back of form.)			
III. YOUR	Sign and date this section. Your	signature must be witnessed in	Section IV.			
SIGNATURE	Participant's Signature		 Date Signed			
IV. WITNESSES TO SIGNATURE	cannot be a beneficiary of any p	portion of this TSP account.) By s	esses must be age 21 or older. (A witness signing below, the witnesses affirm that th ed them that the signature in Section III is			
	Witness 1 Typed or Printed Name of	First Witness S	ignature of First Witness			
	Witness 2 Typed or Printed Name of	Second Witness S	ignature 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.
- 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 of your death.

In this order of precedence, a child includes a control child (even if the child was born out of wedless) and child opted by the participant; it does not include a stephilo who was not adopted. Note: If the participant is a turn from was adopted by someone other than the participant is pause, that child is not entitled to a share of the participant. The account under the statutory of each of precedence. "By representation" means that if a child of the participant despected 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 page.

Enter the share for each be such a whole percentage or a fraction. Percentages must total 10 be sent; fractions must total 1.

The examples show you how on the a beneficiary or cancel prior Designa ons of Beneficiary.

- For each progression was designate as a beneficiary, enter the ruil name, share, address, Social Security number (SSN), data of birth, and relationship to you. If you do not have all one 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.

City

3. Steinway

living:

934-56-7890

Social Security Number/EIN

A.
<b>DESIGNATING</b>
ONE
<b>BENEFICIARY</b>

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

1/4 1. Larson Susan Maria Share: Name (Last) (First) (Middle) 4231 Oregano Street Street address or box number Cincinnati OH 45239

7

Date of Birth (mm/dd/vvvv)

/ 1950

State/Country

Sister

Ruth

(Middle)

Share:

Relationship

Zip Code

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

2. Larson Harris Share: 1/4 **Elliott** Name (Last) (First) (Middle) 4231 Oregano Street Street address or box number Cincinnati OH 200

Zip Code City State/Count Broti 945-67-8901 4 20 / .952 Social Security Number/EIN Date of Birth (mm/dd), 30 Relationship

you e additid Jes, be sure to put your ne. Social Security nul ber, 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.

Name (Last) P.O. Box 812 Street address of numbe

KY 40117 Covington State/Country Zip Code

78 90 2 95 2 / 1960 Friend y Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Sar h

C. **DESIGNATI** ONE OR MCRE CONTINGEN BENEFICIARIES

Michael Thomas Share: 100% Kraus Name (Last) (First) (Middle)

6287 Laurel Post Drive Street address or box number

30058 Stone Mountain **GA** City State/Country Zip Code 967-89-0123 / **12** / 1936 **Father** 

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship Otherwise to: 2. Kraus Cecilia Share: Jean

Name (Last) 6287 Laurel Post Drive

**50**% (Middle) (First)

Street address or box number

Stone Mountain 30058 GA Zip Code City State/Country 978-90-1234 **16** / 1968 **Daughter** 

Relationship Social Security Number/EIN Date of Birth (mm/dd/yyyy) And to: 3. Richardson

Melissa

(First)

11

Name (Last) 9842 Magnolia Drive

989-01-2345

Street address or box number

**Columbus GA** 30161 City State/Country Zip Code 6

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

1970 **Daughter** Relationship

Anne

(Middle)

**Share: 50%** 

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.

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

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

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

D.	1. The XYZ Foundation	Sha	are: 100%	
DESIGNATING A	Name [Name of corporation or legal entity]			
CORPORATION	c/o Eleanor Jarvis, Legal Representati			
OR LEGAL	Street address or box number [Name of Legal Representative			
ENTITY	Bethesda	MD	20815	
	City	State/Country	Zip Code	
	<b>99-0123456</b> [Leave blank]	[Leave blank]		
	Social Security Number/EIN Date of Birth (mm/dd/yy	yyy) Relationship		
E.	1. John P. Manos Trust	Sha	are: 100%	
DESIGNATING	Name [Name of trust]			
A TRUST	c/o Eric P. Manos, Trustee 1111 De	elaware Lane		
	Street address or box number [Name of Trustee and Trustee	e's address]		
	New York	NY	14607	
	City	State/Country	Zip Code	
	<b>92-3456789</b> [Leave blank]	Trust		
	Social Security Number/EIN Date of Birth (mm/dd/yy	Relationship		
F. DESIGNATING AN ESTATE	1. Estate of Ruth R. Jones  Name [Name of estate]  c/o Marilyn D. McClain, Executor 15	Sha	are: 100%	
	Street address or box number [Name of Executor and Execu-	utor's address]		
	Alameda	CA	94510	
	City	State/Courry		
	<b>93-1234567</b> [Leave blank]	Es ate		
	Social Security Number/EIN Date of Birth (mm/	Rela. hip	7	
G. CANCELLING A DESIGNATION OF	1. Cancel prior designations Name (Last)  (Fil )	Sha (Middle)		This will cause your account to be paid according to the order of precedence (unless
BENEFICIARY	Street address or box null her			you submit another Form TSP-3).
	City	State/Country	Zip Code	Be sure your form cancelling prior designa-
	Sc in St urity umber/EIN Date of Birth (mm/dd/y)	Relationship		tions is signed, dated, an 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).

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.

ABOUT YOU  2. Social Security Number  5. Address Sirved address or box number  6. City	I. INFORMATION	,	1 Nama	lama						
5. Address   Street address or box number   State   St	ABOUT YOU		I. Name	Last			Mi	Middle		
5. Address   Street address or box number   State   St		:	2. Social Se	 ecurity Number	<b>3.</b> /	/ //nonth/Day/Year)	<b>4.</b> () _ Daytime Phone	e (Area Code and Number)		
City					Date of Billing	.6,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Baye i i.e	o ( ned edde and nameer)		
Indicate in whole percentages or fractions the share of your TSP account to be paid to each beneficiary.  1. Beneficiary Nume (Last) (First) (Moddle)  Street address or box number  City State Zip Code  Scalal Sacurity Number/EIN Date of Birth (Month/Day/Year) Relationship  2. Beneficiary Name (Last) (First) (Middle)  Sireet address or box number  City State Zip Code  Scalal Sacurity Number/EIN Date of Birth (Month/Day/Year) Relationship  3. Beneficiary Name (Last) (First) (Middle)  Sireet address or box number  City State Zip Code  Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship  3. Beneficiary Name (Last) (First) (Middle)  Sireet address or box number  City State Zip Code  City State Zip Co										
Indicate in whole percentages or fractions the share of your TSP account to be paid to each beneficiary.  1. Beneficiary Nume (Last) (First) (Moddle)  Street address or box number  City State Zip Code  Scalal Sacurity Number/EIN Date of Birth (Month/Day/Year) Relationship  2. Beneficiary Name (Last) (First) (Middle)  Sireet address or box number  City State Zip Code  Scalal Sacurity Number/EIN Date of Birth (Month/Day/Year) Relationship  3. Beneficiary Name (Last) (First) (Middle)  Sireet address or box number  City State Zip Code  Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship  3. Beneficiary Name (Last) (First) (Middle)  Sireet address or box number  City State Zip Code  City State Zip Co		(	<b>6.</b> City _			<b>7.</b>	<b>8.</b>	o Code		
### Street address or box number    City	II.									
Street address or box number  City State Zip Code  Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship  2.  Beneficiary Name (Last) (First) (Month/Day/Year) Relationship  3.  Beneficiary Name (Last) (First) (Month/Day/Year) Relationship  3.  Beneficiary Name (Last) (First) (Month/Day/Year) Relationship  3.  Beneficiary Name (Last) (First) (Month/Day/Year) Relationship  Street address or box number  City State Zip Code  Street address or box number  City State Zip Code  J Date of Birth (Month/Day/Year) Relationship  Street address or box number  City State Zip Code  Scolal Security Number/EIN Date of Birth (Month/Day/Year) Relationship  Street address or box number  City State Zip Code  J Date of Birth (Month/Day/Year) Relationship  Street address or box number  City State Zip Code  A Relationship  Street address or box number  City State Zip Code  J Date of Birth (Month/Day/Year) Relationship  Relationship  Relationship  Relationship  Relationship  This form is valid only if it is witnessed in Section IV.  YOUR  Sign and date this section. Your signature must be witnessed in Section IV.  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	DESIGNATING		1.					Share:		
City   State   Zip Code	BENEFICIARIES		Beneficia	ary Name ( <i>Last</i> )	(First)		(Middle)	<u></u>		
Social Security Number/EIN  Date of Birth (Month/Day/Year)  Relationship  Share:  City Social Security Number/EIN  Date of Birth (Month/Day/Year)  Street address or box number  City Social Security Number/EIN  Date of Birth (Month/Day/Year)  Relationship  Share:  Share:  City Social Security Number/EIN  Date of Birth (Month/Day/Year)  Relationship  Share:  City Social Security Number/EIN  Date of Birth (Month/Day/Year)  Relationship  Share:  City 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.)  Sign and date this section. Your signature must be witnessed in Section IV.  Participant's 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's own signature.  Witness 1  Typed or Printed Name of First Witness  Signature of First Witness			Street ac	ddress or box number						
2. 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. Beneficiary Name (Last) (First) (Middle)  Street address or box number  City State Zip Code  Street address or box number  City State Zip Code  Scolal 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.)  Sign and date this section. Your signature must be witnessed in Section IV.  YOUR 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			City			State		Zip Code		
Sireet address or box number			Social Se	ecurity Number/EIN	/ Date of Birth (N	/ //onth/Day/Year)	Relationship			
Sireet address or box number										
Scial Security Number/EIN		2	<b>2.</b> Beneficia	ary Name ( <i>Last</i> )	(First)		(Middle)	Share:		
3. Beneficiary Name (Last) (First) (Middle)  Street address or box number  City 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.)  Sign and date this section. Your signature must be witnessed in Section IV.  Participant's 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			Street ac	ddress or box number						
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3. 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.)  Sign and date this section. Your signature must be witnessed in Section IV.  YOUR 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's own signature.  Witness 1  Typed or Printed Name of First Witness  Signature of First Witness					/	/		21p 00de		
Street address or box number  City Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship Check here if additional pages are used. Number of additional pages Check here if additional pages are used. Number of additional pages Signature  Sign and date this section. Your signature must be witnessed in Section IV.  Participant's Signature  Participant's 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		_	Social Se	ecurity Number/EIN	Date of Birth (N	Nonth/Day/Year)	Relationship			
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.)  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		;	3					Share:		
City State / Social Security Number/EIN / Date of Birth (Month/Day/Year) Relationship / Relationship / 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 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 Signature of First Witness			Beneficia	ary Name (Last)	(First)		(Middle)			
Social Security Number/EIN   Date of Birth (Month/Day/Year)   Relationship			Street ac	ddress or box number						
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 IV.  Participant's Signature			City		,	State		Zip Code		
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Typed or Printed Name of First Witness  Signature of First Witness	IV. WITNESSES TO SIGNATURE	(	cannot be participan	e a beneficiary of any p at (a) signed Section III	ortion of your TSP acc	count.) By signing I	oelow, the witne	esses affirm that the		
Witness 2 Typed or Printed Name of Second Witness Signature of Second Witness		1	Witness 1	Typed or Printed Name of	First Witness	Signature	of First Witness			
		١	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
- 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

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.

I. DESIGNATING	1.	Morgan	Katherine	An		Share:	100%	Do not write name as K.A.		
ONE		Name ( <i>Last</i> ) <b>1279 Lake Avenue</b>	(First)	(Mid	ldle)			Morgan or as Mrs. Keith H Morgan		
BENEFICIARY		Street address or box number								
		New Orleans,	La Sta				<b>70124</b> Zip Code			
		923-45-6789	6/22/42		ter		Zip code			
		Social Security Number/EIN	Date of Birth (Month/Day/Year)		tionship	)				
II.	1.	Larson	Susan	Ma	ria	Share:	1/4	Be sure that the shares to		
DESIGNATING MORE THAN ONE		Name (Last)	(First)	(Mid		_		be paid to the beneficiarie add up to 100 percent if		
BENEFICIARY		4231 Oregano Street Street address or box number						using percentages, or to 1 if using fractions.		
		Cincinnati,	0				45239	ii usiiig iiaciioiis.		
		City	Sta 0/7/50		+		Zip Code			
		934-56-7890 Social Security Number/EIN	9/7/50 Date of Birth (Month/Day/Year)		ter tionship	)				
	_						• • •			
	2.	Larson Name (Last)	Elliott (First)	Ha (Mia	rris Idle)	Share:		If you use additional page be sure to put your name,		
		<b>4231 Oregano Street</b>		,	,			Social Security number, and date of birth on each		
		Street address or box number	0	ATT .			45239	page. You and the same		
		Cincinnati,		ate			Zip Code	two witnesses (who are no beneficiaries) must sign		
		945-67-8901	4/20/52		other			each page. Put the date you signed the form on		
		Social Security Number/EIN	Date of Birth (Month/Day/Year)	Rela	tionship	)		each additional page.		
	3.	Steinway	Sarah	Ru	th	Share:	1/2			
		Name (Last)	(First)	(Mia	ldle)					
		P.O. Box 812 Street address or box number								
		Covington,	K				40117			
		City <b>956-78-9012</b>	12/2/60	ate <b>Fri</b>	end		Zip Code			
		Social Security Number/EIN	Date of Birth (Month/Day/Year)		tionship	)				
III.	_	If living:	354.3			01	~~~	You may designate one more contingent benefic		
DESIGNATING A	1.	Kraus Name (Last)	Michael (First)	Tho (Mid		Share:	<u>70%</u>			
CONTINGENT BENEFICIARY		<b>6287 Laurel Post Driv</b>	e					ries, but <b>only</b> to receive beneficiary's share if th		
		Street address or box number  Stone Mountain,	G	Δ			30058	beneficiary dies before do. Note: If a named		
		City	Sta				Zip Code	beneficiary dies, you may		
		967-89-0123	3/12/36	_	t <b>her</b>			prefer to submit another Form TSP-3 to change you		
		Social Security Number/EIN  Otherwise to:	Date of Birth (Month/Day/Year)	Reia	tionsnip	1		designation(s).		
	2.	Kraus	Cecilia	Jea	an	Share:	70%	In this example, Cecilia Kraus is the contingent beneficiary for Michael		
		Name ( <i>Last</i> ) <b>6287 Laurel Post Driv</b>	(First)	(Mia	ldle)					
		Street address or box number	<u>e</u>					Kraus only.		
		Stone Mountain,	G				30058			
		978-90-1234	8/16/44	ate <b>C+</b>	epmo	thor	Zip Code			
		Social Security Number/EIN	Date of Birth (Month/Day/Year)		tionship					
		Dishaud	Maliana			Chara	000/	IF O III - IV		
	ა.	Richardson Name (Last)	Melissa (First)	An (Mid		Share:	<u>30%</u>	If Cecilia Kraus is also to receive the share of Meliss		
		9842 Magnolia Drive						Richardson in the event th Melissa dies before you de		
		Street address or box number		Α			20101	Cecilia should be named a		
		Columbus,	<b>G</b>	ate			<b>30161</b> Zip Code	the contingent beneficiary for Melissa Richardson in		
		989-01-2345	11/6/70	Sic	ter			the same manner as she		
		000 01 ×040	11/0//0	_ 513	-			was for Michael Kraus.		

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

IV. DESIGNATING A	1.	The XYZ Foundation Name [Name of corporation or legal entity]				are: <u>100%</u>	
CORPORATION OR LEGAL		c/o Eleanor Jarvis, I	Legal Representative  Name of Legal Representative and		30 Connecti		
ENTITY		Bethesda,	name of Legal Representative and	Legal Re		20815	
		City		State		Zip Code	
		99-0123456	[Leave blank]			,,	
		Social Security Number/EIN	Date of Birth (Month/Day/Yea	ar)	[Leave blank] Relationship		
V. DESIGNATING A TRUST	1.	John P. Manos Trus	<u>-</u>			are: 100%	
AIROSI		c/o Eric P. Manos, T	Trustee 1111 Delaw		ane		
		New York,		NY		14607	
		City		State	<u> </u>	Zip Code	
		92-3456789	[Leave blank]		Trust		
		Social Security Number/EIN	Date of Birth (Month/Day/Yea	ar)	Relationship	_	
VI. DESIGNATING	1.	Estate of Ruth R. Jo  Name [Name of estate]	nes		Sh_	are: 100%	
AN ESTATE		c/o Marilyn D. McClain, Executor 150 Rossmoyne Drive					
			Name of Executor and Executor's a	,			
		Alameda,		CA		94510	
		City		State		Zip Code	
		[If available]	[Leave blank]		Estate		
		Social Security Number/EIN	Date of Birth (Month/Day/Yea	ar)	Relationship		
VII. CANCELLING A	1.	<u> </u>				are:	This will cause your
DESIGNATION OF BENEFICIARY		Name (Last)	(First)		(Middle)		account to be paid according to the order of precedence (unless
DENEI IOIAINI		Street address or box number					you submit another Form TSP-3).
		City		State		Zip Code	
		Social Security Number/EIN	Date of Birth (Month/Day/Yea	ar)	Relationship		