



# Thrift Savings Plan BULLETIN for Agency TSP Representatives

**Subject:** Consolidation of Forms TSP-3, Designation of Beneficiary (Civilian), and TSP-U-3, Designation of Beneficiary (Uniformed Services)

**Date:** July 29, 2010

The Federal Retirement Thrift Investment Board (Agency) has combined Forms TSP-3, Designation of Beneficiary (Civilian), and TSP-U-3, Designation of Beneficiary (Uniformed Services), into a single form. This combined [Form TSP-3](#), Designation of Beneficiary, will supersede all prior versions. A copy of the consolidated form and instructions, which is available for download from the TSP website, is attached to this bulletin.

This bulletin explains why the forms were consolidated and how the TSP will apply the participant's designations on Form TSP-3 to the participant's account(s). This bulletin also provides information about the form and how it will be processed. Any Forms TSP-3, Designation of Beneficiary (Civilian) and TSP-U-3, Designation of Beneficiary (Uniformed Services), currently on file with the Thrift Savings Plan (TSP) record keeper will remain in effect and participants **do not** need to submit the new form unless they wish to change beneficiary(ies) or cancel a prior designation. For a limited period of time, the TSP record keeper will accept both the old Form TSP-3 dated 12/2008 and the TSP-U-3 dated 12/2008. However, we are asking agencies and services to provide the new form and to destroy (recycle) any copies of the old form they may possess. (See Section V below.)

This bulletin supersedes TSP Bulletin 09-3, Revision of Instructions for Form TSP-3, Designation of Beneficiary, and TSP Bulletin 09-U-3, Revision of Instructions for Form TSP-U-3, Designation of Beneficiary. The prior bulletins were reminders to agency personnel offices and service representatives that participants must submit Forms TSP-3 and TSP-U-3 directly to the TSP record keeper and that the TSP will not honor a form received after the participant's date of death, even if it was transmitted from the agency or service. This information has been incorporated in this bulletin.

## I. Purpose of Form TSP-3

- A. Form TSP-3 provides active and separated participants the ability to designate a beneficiary(ies) to receive their TSP accounts after their deaths. If the TSP record

*(continued on next page)*

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**Inquiries:** Questions concerning 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 09-3, Revision of Instructions for Form TSP-3, Designation of Beneficiary

keeper has a valid Form TSP-3 on file on or before the date of the participant's death, the TSP will use the form to identify the participant's beneficiary(ies) and disburse the death benefit payments from his or her TSP account(s). The consolidation of the TSP-3 and the TSP-U-3 allows participants with two TSP accounts who designate the same beneficiary(ies) for both accounts, to submit one designation of beneficiary form, saving the participant both time and paper. The form consolidation also eliminates the reproduction of a redundant form and reduces file storage within the TSP record keeping system.

- B. Participants are not required to complete Form TSP-3. If a **valid** form (signed, witnessed, and received by the TSP) is not on file on or before the date of death of the participant, the TSP will disburse the account according to the statutory order of precedence found at 5 U.S.C. § 8424(d):
- (1) To the participant's widow or widower;
  - (2) If none, to the participant's child or children equally, and descendants of deceased children by representation;
  - (3) If none, to the participant's parents equally or to the surviving parent;
  - (4) If none, to the appointed executor or administrator of the participant's estate;
  - (5) If none, to the participant's next of kin entitled to his or her estate under the laws of the state in which the participant resided at the time of his or her death.
- C. Since September 1995, the TSP has required that, in order to be considered, all completed Forms TSP-3 must be received by the TSP record keeper on or before the date of the participant's death. This includes those Forms TSP-3 which agencies were instructed to purge and mail to the TSP record keeper for processing.

**The TSP reminds agency representatives that it will NOT honor a Form TSP-3 received after the participant's date of death, even if it was on file with the agency on or before the participant's date of death and then transmitted from the agency.** The participant must submit Form TSP-3 directly to the TSP record keeper, **and** agencies must ensure that all Forms TSP-3, including those that were previously filed in the OPF, are purged and forwarded to the TSP record keeper.

## **II. Agency Responsibilities**

- A. Agencies must provide Form TSP-3 upon a participant's request. Agencies that enclose Form TSP-3 in the orientation packet of a new employee who does not have an established TSP account are advised to inform the employee who wishes to complete a designation of beneficiary form that he or she should mail or fax Form TSP-3 to the TSP record keeper after the first TSP contribution is deducted from his or her pay. If the TSP record keeper receives a designation of beneficiary form from the employee who does not yet have a TSP account, the form will be returned to the employee.

Although agencies are required to provide Form TSP-3 upon request, agencies must **not** accept the completed form from the participant. Instead, they must direct the participant to mail, or preferably fax, the completed form to the TSP record keeper for processing.

- B. This Agency again reminds agencies that, to comply with 5 CFR § 1651.3 (c) (1), they must purge Forms TSP-3 that remain in the OPF or within the personnel or payroll office files and transmit them to the TSP as soon as possible. Agencies need not mail these forms; they can transmit them via fax to the TSP record keeper. The address and fax number agencies, services, and participants may use is provided below. If Form TSP-3 is faxed, the agency does not have to mail the original designation of beneficiary form to the TSP record keeper.

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

**Fax: 1-866-817-5023**

- C. Agency representatives should refer questions from potential beneficiaries or family members of a deceased participant to the address above or to the TSP:  

1-TSP-YOU-FRST (1-877-968-3778)

1-TSP-THRIFT5 (1-877-847-4385)  
(for hearing-impaired participants)
- D. Agency representatives are instructed to destroy (recycle) any blank Forms TSP-3 they may have with the date of 12/2008 or earlier. These forms are obsolete and should no longer be used.

### **III. Participant Responsibilities**

- A. The participant is responsible for following the instructions provided with the form to ensure that his or her Form TSP-3 is completed correctly and that it accurately reflects his or her beneficiary designations. The participant is also responsible for transmitting Form TSP-3 to the TSP record keeper for processing. The participant has the option of mailing Form TSP-3 to the address above, or faxing it to the fax number above. This information is also provided in the instructions on Form TSP-3.

In addition to telling participants that the TSP will not accept any Form TSP-3 received after their dates of death, the TSP has expanded the instructions for participants, encouraging them to make the appropriate beneficiary changes or to cancel a prior designation if their life situations change. If these forms are not kept up-to-date, the death benefit payments may not be made according to the participant's current wishes. For example, if the participant is married at the time of his or her death but has a valid Form TSP-3 on file designating someone other than his or her

spouse, the TSP will pay the death benefit based on the Form TSP-3 on file. This means that if the beneficiary designated on the Form TSP-3 is a former spouse, the TSP will pay the former spouse even if the former spouse relinquished rights to the participant's retirement or TSP account in a settlement or divorce decree.

- B. If the participant has both a civilian and uniformed services account and wants to designate the same beneficiary(ies) for both accounts, he must mark both the civilian account and uniformed services account boxes in Section I, Participant Information. If the participant wants to designate different beneficiaries for each account, he needs to complete a separate Form TSP-3 for each account. If the participant completes Form TSP-3 and marks the box for either the civilian account or the uniformed services account, but not both, and does not submit a separate Form TSP-3 for the other account, the TSP-3 will only apply to the selected account and the other account will be disbursed according to the statutory order of precedence as stated earlier. If the participant does not mark either the civilian account box or the uniformed services account box, the Form TSP-3 will be rejected.
- C. If the participant has only a civilian account and in Section I, Participant Information, does not mark either the civilian account box or the uniformed services account box, or erroneously marks the uniformed services account box, the Form TSP-3 will still be considered valid for the civilian account.
- D. If an employee does not yet have a TSP account when a Form TSP-3 is received for processing, the TSP record keeper will return the form to the employee with instructions to submit it once the TSP account has been established.

#### **IV. TSP Responsibilities**

- A. The TSP record keeper is the sole recipient and processing point for all Forms TSP-3. When Form TSP-3 is processed, the TSP record keeper will mail a letter to the participant confirming that it has been received and processed. Although the participant is responsible for the accuracy of the information provided on the designation of beneficiary form, the TSP record keeper will review the form to identify any errors which could invalidate or complicate the execution of the form (e.g., scratched out names of beneficiaries or percentages for primary beneficiary(ies) that do not add up to 100%). The TSP record keeper will contact the participant either by phone or by mail to notify him or her of the errors and to request the submission of a correctly completed Form TSP-3.
- B. In addition to sending a confirmation letter listing the designated beneficiary(ies), the TSP provides quarterly TSP participant statements which show whether a Form TSP-3 is on file and, if so, when it was signed. The annual TSP participant statement mailed in February of each year also provides this information and includes the names of up to 12 primary beneficiaries and the percentages of the death benefit to which each is entitled.

- C. Upon notification of the death of a participant (generally through the receipt of a Form TSP-17, Information Regarding Deceased Participant (Civilian), or Form TSP-U-17, Information Regarding Deceased Participant (Uniformed Services), along with the participant's death certificate), the TSP will examine the copies of all Forms TSP-3 on file to determine which of the Forms TSP-3 received is the most recent correctly completed form on file. This is the form that will be used to identify the beneficiary(ies) to be notified regarding the death benefit payment. If the TSP does not have a valid Form TSP-3 on file, the TSP will disburse the participant's TSP account according to the statutory order of precedence. If the participant has both a civilian and uniformed services account, the TSP only needs one Form TSP-17 or one Form TSP-U-17 to process the death benefit payments for both accounts.

## **V. Obtaining Forms TSP-3**

Agency representatives may obtain the most recent version of Form TSP-3 by downloading it from the TSP website at [www.tsp.gov](http://www.tsp.gov). This version of Form TSP-3 will be available for a limited period of time, and will not be printed or available for order by designated representatives through the TSP forms and publications process. The TSP will revise Form TSP-3 to incorporate a designation of beneficiary for the new Beneficiary Participant TSP accounts which are being introduced in December 2010. When the final version of Form TSP-3 is issued, it will become available through the TSP forms and publications ordering process, and the current Form TSP-3 will be discontinued. A copy of the new Form TSP-3 is attached to this bulletin.

## **VI. Final Reminder**

The Agency reminds agencies that if they discover a Form TSP-3 they have had in their possession after a participant's date of death, or if they mishandle the transmission of the designation of beneficiary form to the TSP record keeper, neither the TSP record keeper nor the Agency will honor the form to pay the deceased participant's TSP account. Since, by law, Form TSP-3 must be received on or before the participant's date of death, there is no appeal process to the Agency if either of these scenarios occurs.



PAMELA-JEANNE MORAN  
Director  
Office of Participant Services

Attachment: Form TSP-3, Designation of Beneficiary



# Thrift Savings Plan

## Form TSP-3 Designation of Beneficiary

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August 2010

For Federal civilian employees **and** members of the uniformed services

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Use this form to designate a beneficiary or beneficiaries to receive your Thrift Savings Plan (TSP) account after your death. If you would like your TSP account to be distributed according to the order of precedence, do not designate beneficiaries. (See the instructions inside for an explanation of the order of precedence.) This Designation of Beneficiary form will stay in effect until you submit another valid Form TSP-3 or you cancel it. The beneficiary designation(s) you provide on this form will automatically cancel all previous designations you submitted. Complete this form in accordance with the instructions. **Do not alter or change any information you provide on the form.** Make a copy of this form for your records and send it to the TSP. Do not give this form to your agency or service.

**Mail the original to: Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238**

**Or fax to: 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).

You will receive a confirmation of your designation once your form is processed. Your quarterly participant statements will show the date of your most recent designation. Your primary beneficiaries (if any) are also named in your annual participant statement.

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Name:

[Name input box]

(Last, First, Middle)

TSP Account Number:

[TSP Account Number input box]

### V. CONTINGENT BENEFICIARY DESIGNATIONS

To designate more than three contingent beneficiaries, make a copy of this page.

Relationship to you:  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation

SHARE of Primary's Portion: [ ] [ ] [ ] %

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Foreign address? Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

City State Zip Code

Contingent to which primary beneficiary?

Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

Relationship to you:  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation

SHARE of Primary's Portion: [ ] [ ] [ ] %

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Foreign address? Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

City State Zip Code

Contingent to which primary beneficiary?

Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

Relationship to you:  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation

SHARE of Primary's Portion: [ ] [ ] [ ] %

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Foreign address? Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

City State Zip Code

Contingent to which primary beneficiary?

Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

Participant's Signature Date Signed

Witness 1: Signature Date Signed

Check here if naming more than three contingent beneficiaries (see instructions for submitting additional pages).

Witness 2: Signature Date Signed

Do Not Write in This Section

FORM TSP-3, Page 3 (8/2010)

PREVIOUS EDITIONS OBSOLETE

# INFORMATION AND INSTRUCTIONS FOR PAGE 1

**This form stays in effect until** you submit another valid Form TSP-3 naming other beneficiaries or cancelling all prior designations. It does not affect the disposition of your FERS Basic Annuity, your CSRS annuity, your military retired pay, or any other benefits.

Complete this form 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 would be 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 your natural child was adopted by someone other than your spouse, that child is not entitled to a share of your TSP account under the statutory order of precedence. "By representation" means that if a child of yours dies before you do, that child's share will be divided equally among his or her children. "Parent" does not include a stepparent, unless the stepparent adopted you.

**Making a valid designation.** To name specific 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** a Form TSP-3 is valid for designating beneficiaries to your TSP account(s); a will or court order (i.e., divorce decree) 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 **each page** of your Form TSP-3 is properly completed, signed, and witnessed. Do not submit an altered form; it may be deemed invalid. 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 form 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, follow the instructions for Section II.

Keep your designation (and your beneficiaries' addresses) current. It is a good idea to periodically review how you have designated your beneficiaries — particularly when your life situation changes (e.g., through marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).

By law, the TSP must pay your designated beneficiary under all circumstances. For example, if you designated your spouse as your beneficiary, your TSP account must be paid to the spouse designated on Form TSP-3, even if you are separated or divorced from that spouse or have remarried. This is true even if the spouse you designated gave up all rights to your TSP account. Consequently, if your life situation changes, you may want to file a new Form TSP-3 to update or cancel your current beneficiary designation.

**The share of any primary beneficiary who dies before you do** will be distributed proportionally among the surviving designated TSP beneficiaries. If none of your designated beneficiaries is alive at the time of your death, or if you did not designate any other beneficiary, the order of precedence described above will be followed.

**SECTION I — Participant Information.** For this and all sections of this form, carefully type or print the requested information, using black or dark blue ink. If you print by hand, use simple block letters and numbers. Leave a space between words, but not between the digits in your account number. Type or print legibly **inside** the boxes.

## EXAMPLES

### CORRECT

C O R R E C T

3 / 6 / 1 9 8 2

### INCORRECT

*Incorrect*

3 / 6 / 1 9 <sup>82</sup>

Check the box that indicates whether you intend your beneficiary(ies) to receive funds from your civilian or your uniformed services TSP account. If you have both types of TSP accounts and would like to designate the same beneficiaries to receive the same share of both accounts, you need to check **both** boxes and provide the information requested. If you have both types of accounts and you do not check any box, your form will be rejected.

**If you use an Air/Army Post Office (APO) or Fleet Post Office (FPO) address,** enter your address in the two available address lines (include the unit designation). Enter APO or FPO, as appropriate, in the City field. In the State field, enter AE as the state abbreviation for Zip Codes beginning with 090-098, AA for Zip Codes beginning with 340, and AP for Zip Codes beginning with 962-966. Then enter the appropriate Zip Code.

**If you have a foreign address,** check the box to indicate that this is a foreign address and enter the address as follows:

First address line: Enter your street address or post office box number, and any apartment number.

Second address line: Enter the city or town name, other principal subdivision (e.g., province, state, county) and postal code, if known. (The postal code may precede the city or town.)

City/State/Zip Code Fields: Enter the entire country name in the City field; leave the State and Zip Code fields blank.

## EXAMPLE OF FOREIGN ADDRESS

Foreign address? Check here.

2 0 4 5 R U E R O Y A L E

Street Address or Box Number

0 6 5 7 0 P A R I S

Street Address Line 2

F R A N C E

City State Zip Code

**SECTION II — Cancellation.** To **cancel** a previous Designation of Beneficiary already on file **without naming new beneficiaries**, check the box in Item 10, **sign and date the form, and have it witnessed**. If you check this box, your account will be paid according to the order of precedence described earlier. Do **not** complete this section if you intend to name new beneficiaries in Section IV. Your new designation(s) will automatically cancel any previous designation(s) on file with the TSP.

**SECTION III — Signatures.** Sign and date the form on all pages on the same date. Do not ask the individuals you name as beneficiaries of your TSP account to witness your Form TSP-3. A person named as a primary or contingent beneficiary of your TSP account who is also a witness **cannot** receive a share of the account. A witness must be age 21 or older.

# INFORMATION AND INSTRUCTIONS FOR PAGE 2

**SECTION IV — Primary Beneficiary Designations.** You may name as a beneficiary any person, trust, corporation, or legal entity, or your estate. **Note:** If the beneficiary is a minor child, benefits will be made payable directly to the child.

To name a **primary** beneficiary:

- Check the box that indicates the beneficiary's relationship to you.
- Enter the share for each beneficiary as a whole percentage. Percentages for the primary beneficiaries **must total 100 percent**. Do **not** use fractions or decimals.
- For each individual you designate, enter the full name, share, and address. Also enter the date of birth and Social Security number (SSN) or other Taxpayer Identification Number (such as an Employer Identification Number (EIN)). If providing a foreign address, follow the instructions on Page I-1.

If you do not have all of the requested information, you must provide at least the beneficiary's name and share. If the beneficiary is an individual, you must also provide his or her date of birth or SSN or the form will be rejected.

- If the beneficiary is a trust, check the box marked "Trust." Enter the name of the trust and the trustee's name and address in the boxes indicated. Enter the EIN, if available. Leave

the date of birth boxes blank. **Note:** Filling out this form will not create a trust; you must have a trust that is already established.

- If the beneficiary is your estate, check the box marked "Estate" and enter the name of the estate and the executor's name and address in the boxes indicated. Enter the EIN, if available. Leave the date of birth boxes blank.
- If the beneficiary is a corporation or other legal entity, check the box marked "Legal Entity/Corporation." Enter the name of the entity in the boxes indicated. Enter the legal representative's name in the boxes marked "Trustee/Executor," and provide the legal representative's address. Enter the EIN, if known. Leave the date of birth boxes blank.

**If you are naming more than three primary beneficiaries,** photocopy Page 2 of this form prior to completing. Enter your name and TSP account number on the top of each page and follow the instructions for completing Section IV. **You must sign and date all additional pages; the same two witnesses who signed the form must also sign and date each additional page.**

If you want to designate contingent beneficiaries, complete Section V on Page 3.

## EXAMPLES OF DESIGNATING PRIMARY BENEFICIARIES

### DESIGNATING MULTIPLE PRIMARY BENEFICIARIES

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 33 %

**GREENSTEIN ELEANOR RUTH** SSN/EIN/Tax ID 926 35 807 2  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) 12/22/1984

Foreign address? Check here. 1066 CHURCHILL LANE  
 Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2 \_\_\_\_\_

**TUCSON** **AZ** 85735-3003  
 City State Zip Code

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 33 %

**PARKET MOLLY JANE** SSN/EIN/Tax ID 915 99 213 5  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) 10/11/1960

Foreign address? Check here. 21 NORTH LAKEWOOD DRIVE  
 Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2 \_\_\_\_\_

**NEW ORLEANS** **LA** 70124-1920  
 City State Zip Code

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 34 %

**ABBOTT HOWARD KENNETH JR** SSN/EIN/Tax ID 902 37 663 3  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable) \_\_\_\_\_ Date of Birth (mm/dd/yyyy) 6/13/1991

Foreign address? Check here. 1506 ARBOR ROAD  
 Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2 \_\_\_\_\_

**MIRAMAR** **FL** 33028-1234  
 City State Zip Code

### DESIGNATING A TRUST

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100 %

**JOHN P MANO TRUST** SSN/EIN/Tax ID \_\_\_\_\_  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

**ERIC P MANO** \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Name of Trustee/Executor (if applicable)

Foreign address? Check here. 1111 DELAWARE LANE  
 Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2 \_\_\_\_\_

**NEW YORK** **NY** 14607-8295  
 City State Zip Code

### DESIGNATING AN ESTATE

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100 %

**ESTATE OF RUTH R JONAH** SSN/EIN/Tax ID \_\_\_\_\_  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

**MARLA MCCLAIN** \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Name of Trustee/Executor (if applicable)

Foreign address? Check here. 150 ROSSMOYNE DRIVE  
 Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2 \_\_\_\_\_

**ALAMEDA** **CA** 94510-7481  
 City State Zip Code

### DESIGNATING A LEGAL ENTITY/CORPORATION

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100 %

**THE XYZ FOUNDATION** SSN/EIN/Tax ID 79 99999999  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

**ELEANOR JARVIS** \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_  
 Name of Trustee/Executor (if applicable)

Foreign address? Check here. 64730 CONNECTICUT AVENUE  
 Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2 SUITE 240A

**BETHESDA** **MD** 20815-0637  
 City State Zip Code

**PRIVACY ACT NOTICE.** We are authorized to request the information you provide on this form under 5 U.S.C. chapter 84, Federal Employees' Retirement System. We will use this information to identify your TSP account and to process your request. 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.

# INFORMATION AND INSTRUCTIONS FOR PAGE 3

**SECTION V — Contingent Beneficiary Designations.** Only complete this page if you are naming contingent beneficiaries. You may designate one or more contingent beneficiaries for each primary beneficiary you name on Page 2. The contingent beneficiary or beneficiaries you name will **share the portion of the TSP account that you designated for a specific primary beneficiary who dies before you do** — not a percentage of your entire account. For example, Joe Brown is one of your two primary beneficiaries, and his share is 30% of your account. If you designate Mary Brown and Sue Brown (Joe's daughters) as his contingent beneficiaries, and each is to get 50%, each would get 50% of Joe's portion. Since Joe's share is 30% of your account, each will get 15% of your account. (You cannot designate contingent beneficiaries for contingent beneficiaries. In this case, you cannot designate contingent beneficiaries for Mary or Sue Brown.) For another example of this situation, see Example 3 below.

Check the box that indicates the contingent beneficiary's relationship to you. If you are only naming one contingent beneficiary for a primary beneficiary, the share for that contingent beneficiary must be 100%. If you name more than one contingent beneficiary for a primary beneficiary, the combined share values for those contingent beneficiaries must equal 100%.

Provide the identifying information for contingent beneficiaries according to the instructions for designating primary beneficiaries in Section IV. For each contingent beneficiary you designate, enter the full name, share, address, and Social Security number (SSN) or other tax ID (such as Employer Identification Number (EIN)). If you do not have all the requested information, you must provide at least the contingent beneficiary's name and share. If the beneficiary is an individual, you must also provide his or her date of birth or SSN or the form will be rejected. If providing a foreign address, follow the instructions on Page I-1. You must also provide the primary beneficiary's name and tax ID information (e.g., SSN or EIN, if available) or date of birth.

**If you are naming more than three contingent beneficiaries,** photocopy Page 3 of this form prior to completing. Enter your name and TSP account number on the top of each page and follow the instructions for completing Section V. You must sign and date **all** additional pages; **the same two witnesses** who signed the form must also sign and date each additional page.

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

## EXAMPLES OF DESIGNATING CONTINGENT BENEFICIARIES

### EXAMPLE 1

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100%

**GREENSTEIN AMY JOAN** 974 02 3941  
 Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable) 3/18/2003  
 Date of Birth (mm/dd/yyyy)

Foreign address? 1066 CHURCHILL LANE  
 Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2

**TUCSON** AZ 85735-3003  
 City State Zip Code

**Contingent to which primary beneficiary?**  
**GREENSTEIN ELEANOR RUTH** 926 35 8072  
 Primary Beneficiary's Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

In the above example, if the primary beneficiary, Eleanor Ruth Greenstein, dies before you do, Amy Joan Greenstein would receive 100% of her share. Thus, if Eleanor's share is 33% of your account, Amy would receive all of Eleanor's share.

### EXAMPLE 2

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100%

**ESTATE OF BETSY A LUCAS**  
 Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

**TIMOTHY REELS**  
 Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Foreign address? 92 OAK STREET  
 Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2

**BOISE** ID 83709-2143  
 City State Zip Code

**Contingent to which primary beneficiary?**  
**ZACHARIA SIDNEY STEVEN** 903 24 7652  
 Primary Beneficiary's Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

In the above example, if the primary beneficiary, Sidney Zacharia, dies before you do, the estate of Betsy A. Lucas would receive 100% of the amount you designated for Sidney Zacharia.

### EXAMPLE 3

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 50%

**HALT RICHARD ALAN** 999 88 7777  
 Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable) 5/26/1955  
 Date of Birth (mm/dd/yyyy)

Foreign address? 1492 MARIGOLD AVENUE  
 Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2

**ROCKLAWN** CA 94510-9876  
 City State Zip Code

**Contingent to which primary beneficiary?**  
**PARKET MOLLY JANE** 915 99 2135  
 Primary Beneficiary's Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 50%

**HALT MELISSA ELAINE** 942 26 7892  
 Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable) 12/6/1962  
 Date of Birth (mm/dd/yyyy)

Foreign address? 2007 IRIS COURT  
 Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2

**ROCKLAWN** CA 94510-9877  
 City State Zip Code

**Contingent to which primary beneficiary?**  
**PARKET MOLLY JANE** 915 99 2135  
 Primary Beneficiary's Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

In the above example, if the primary beneficiary, Molly Jane Parket, dies before you do, Richard and Melissa Halt would each receive 50% of her share. In other words, if Molly Jane Parket's share is 33% of your account balance, they would each get 50% of what Molly would have received — not 50% of your account.

### EXAMPLE 4

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100%

**JANICE ROBSON** 971 08 6234  
 Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable) 11/30/1983  
 Date of Birth (mm/dd/yyyy)

Foreign address? 6543 ARKANSAS DRIVE  
 Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

Street Address Line 2

**CHICAGO** IL 60601-1748  
 City State Zip Code

**Contingent to which primary beneficiary?**  
**JEROME WHEELIS TRUST**  
 Primary Beneficiary's Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID or Date of Birth

In the above example, if the primary beneficiary, the Jerome Wheelis Trust, is not in existence at the time of your death, Janice Robson would receive the entire share that you designated for the Jerome Wheelis Trust.

**Check to make sure that:**

- ✓ You have provided your name and account number on each page.
- ✓ You have signed all pages you completed (including any extra pages you may have added) on the **same** date.
- ✓ You have had the same two witnesses sign and date all pages, including any extra pages, **after** you have signed and dated the form.
- ✓ You have not altered this form or any information you provided on it.
- ✓ Your primary beneficiaries' shares add up to 100%.
- ✓ If you named contingent beneficiaries, you named a primary beneficiary for each contingent beneficiary.
- ✓ If you named contingent beneficiaries, the shares for all contingent beneficiaries for **each** primary beneficiary add up to 100%.
- ✓ You have kept a copy of your completed form (and any pages you may have added) for your records.
- ✓ You have addressed this form to:

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