This Form TSP-17, Information Relating to Deceased Participant, replaces Form TSP-U-17 and previous editions of Form TSP-17.

Form TSP-U-17 and previous editions of Form TSP-17, Information Relating to Deceased Participant, are no longer available. They have been combined into a single Form TSP-17.

This version of Form TSP-17 should be used both by members of the uniformed services and by civilians. (Scroll down to view form.)
Form TSP-17

Information Relating
to Deceased Participant

March 2015
III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

If the participant was married at the time of death (i.e., you answered “Yes” to Item 19), proceed to Section IV; information about other potential beneficiaries is not required. Otherwise, answer all of the remaining questions in this section before proceeding to Section IV.

Beneficiaries will be determined using the following statutory order of precedence:

1. To your spouse;
2. If none, to your child or children equally, and to 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; or
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 or a foster child 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.

In Item 20, if you know that the participant had children but you are uncertain as to the number of children, please provide your best estimate of the number of children and check the adjoining box.

If you are applying on behalf of the participant’s estate, please provide the court papers appointing executor or administrator and a copy of the Estate EIN number on IRS letterhead.
Use this form to provide information about potential beneficiaries of a deceased Thrift Savings Plan (TSP) participant. Read the instructions for each section before completing the form. A copy of the participant’s death certificate must accompany this form.

### I. INFORMATION ABOUT DECEASED PARTICIPANT

<p>| | | | | | | | | |</p>
<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of Deceased Participant</td>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Social Security Number</td>
<td></td>
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<td>3.</td>
<td>Date of Birth (mm/dd/yyyy)</td>
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<tr>
<td>4.</td>
<td>Date of Death (mm/dd/yyyy)</td>
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</tr>
<tr>
<td>5.</td>
<td>Legal Residence at Time of Death</td>
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<td></td>
</tr>
<tr>
<td>6.</td>
<td>City</td>
<td></td>
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<tr>
<td>7.</td>
<td>State/Country</td>
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<td>8.</td>
<td>Zip Code</td>
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<td>9.</td>
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</table>

Check here to indicate that you have attached a copy of the death certificate (as required).

### II. INFORMATION ABOUT YOU

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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Name</td>
<td>Last</td>
<td>First</td>
<td>Middle</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>11.</td>
<td>Social Security Number (or TIN if estate)</td>
<td></td>
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<tr>
<td>12.</td>
<td>Date of Birth (mm/dd/yyyy)</td>
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</tr>
<tr>
<td>13.</td>
<td>Address</td>
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</tr>
<tr>
<td>14.</td>
<td>City</td>
<td></td>
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<tr>
<td>15.</td>
<td>State/Country</td>
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<tr>
<td>16.</td>
<td>Zip Code</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>17.</td>
<td>Daytime Phone (_______)</td>
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</tr>
<tr>
<td>18.</td>
<td>Relationship to Deceased Participant</td>
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</table>

### III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

<p>| | | | | | | | | |</p>
<table>
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</tr>
</thead>
<tbody>
<tr>
<td>19.</td>
<td>Participant’s Spouse—Was the participant married at the time of death?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>Participant’s Children—</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.</td>
<td>Were there any living children of the participant at the time of death?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B.</td>
<td>Were there any children of the participant who died before the participant died?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>Participant’s Parents—Did the participant have at least one living parent at the time of death?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>Executor or Administrator of Participant’s Estate—Is there an executor or administrator for the estate of the participant? If yes, please provide the court documentation appointing the executor or administrator and a copy of the Taxpayer Identification Number (TIN).</td>
<td>Yes</td>
<td>No</td>
<td>Don’t Know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered “Yes” or “Don’t Know” to any of the questions in 20–22, complete the rest of this form. If you answered “No” to every question in Section III, skip to Section VII; you may be contacted for additional information.
**IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES**

The information in this section will be used to locate potential beneficiaries. Be sure to fill in the deceased participant’s name and Social Security number at the top of the page. If you need to list more than four persons, make as many photocopies of the page as you need. Check the box at the bottom of the page and indicate the number of additional pages attached.

If you cannot provide all of the requested information, provide as much information as you can. Write “Don’t Know” on any line for which you do not have information. If the information that you are able to provide is not enough to contact the potential beneficiary (that is, if you cannot provide a full address or telephone number) or if you only have information about some of the beneficiaries, complete Section V also.

When providing information about a potential beneficiary who was living at the time of the participant’s death but who died after the participant, be sure to provide the date of death for that person.

If you are providing information about children of the participant, be sure to include natural children (including those who were born out of wedlock) and those who were adopted by the participant. **Do not provide** information for natural children who were adopted by someone other than the participant’s spouse.

In the following (correctly filled-out) example, the participant was not married at the time of death, but the participant had two living children, a deceased child who had a son, and a surviving father. Because the participant was not married at the time of death, the applicant provided information about the participant’s living children and the grandchild (from the participant’s deceased child) identified in Item 20. There was no need to provide information about the deceased child identified in Item 20B because that child predeceased the participant. There was also no need to provide information about the surviving parent, because the living children and the grandchild will be the beneficiaries according to the statutory order of precedence.

**Example**

<table>
<thead>
<tr>
<th>Name</th>
<th>Stanek</th>
<th>Brad</th>
<th>Scott</th>
<th>Son</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>123 Main Street</td>
<td>Chicago</td>
<td>IL 60612</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>312-555-1985</td>
<td>912-34-5678</td>
<td>02/24/1970</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** If you answered “Yes” or “Don’t Know” to any of the questions in 20–22, complete the rest of this form. If you answered “Yes” to every question in Section III, skip to Section VII; you may be contacted for additional information.

<table>
<thead>
<tr>
<th>Name</th>
<th>Jones</th>
<th>Linda</th>
<th>Leslie</th>
<th>Daughter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>1311 Street</td>
<td>Pottstown</td>
<td>PA 19464</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>610-555-9432</td>
<td>923-45-8767</td>
<td>08/18/1972</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Stanek</th>
<th>Thomas</th>
<th>Arthur</th>
<th>Grandson</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>921 North Avenue</td>
<td>Gaithersburg</td>
<td>MD 20878</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>301-555-1980</td>
<td>934-56-7890</td>
<td>Don’t Know</td>
<td></td>
</tr>
</tbody>
</table>

Form TSP-17 (3/2015)
PREVIOUS EDITIONS OBSOLETE
IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

If the participant was married at the time of death, provide the requested information for the deceased participant's spouse only. Otherwise, provide the requested information for all living children of the participant, all children who died after the participant, and all living children of deceased children whom you identified in Item 20 in Section III. (You do not need to provide this information for any children identified in Item 20B who died before the participant.) When providing a phone number for a person living outside the United States or Canada, enter the number exactly as you would if you were calling it from the United States.

If you answered “No” to all questions related to the spouse and children, provide the requested information for parent(s) of the participant identified as living in Item 21. If there were no living parents, provide information about the executor or administrator identified in Item 22.

Deceased Participant’s Name ___________________________ SSN _______ – _______ – _______

Name

Last ___________ First ___________ Middle ___________ Relationship to Deceased Participant

Address

Street Address or Box Number

City ___________________________ State/Country ___________________________ Zip Code ___________

Phone (_______) ___________________________ – ___________________________ – ___________________________ – ___________________________ Social Security Number ___________________________ Date of Birth (mm/dd/yyyy)

If this person died after the participant, provide the date of death.

mm / dd / yyyy

Name

Last ___________ First ___________ Middle ___________ Relationship to Deceased Participant

Address

Street Address or Box Number

City ___________________________ State/Country ___________________________ Zip Code ___________

Phone (_______) ___________________________ – ___________________________ – ___________________________ – ___________________________ Social Security Number ___________________________ Date of Birth (mm/dd/yyyy)

If this person died after the participant, provide the date of death.

mm / dd / yyyy

Name

Last ___________ First ___________ Middle ___________ Relationship to Deceased Participant

Address

Street Address or Box Number

City ___________________________ State/Country ___________________________ Zip Code ___________

Phone (_______) ___________________________ – ___________________________ – ___________________________ – ___________________________ Social Security Number ___________________________ Date of Birth (mm/dd/yyyy)

If this person died after the participant, provide the date of death.

mm / dd / yyyy

Name

Last ___________ First ___________ Middle ___________ Relationship to Deceased Participant

Address

Street Address or Box Number

City ___________________________ State/Country ___________________________ Zip Code ___________

Phone (_______) ___________________________ – ___________________________ – ___________________________ – ___________________________ Social Security Number ___________________________ Date of Birth (mm/dd/yyyy)

If this person died after the participant, provide the date of death.

mm / dd / yyyy

☐ Check here if additional pages are used. Number of additional pages ___________.

Form TSP-17 (3/2015)
PREVIOUS EDITIONS OBSOLETE
INFORMATION AND INSTRUCTIONS

V. REFERRAL FOR INFORMATION

If you answered “Don’t Know” about potential beneficiaries in Section III, or you cannot provide a name, address, or telephone number for any individual you identified in Section IV, provide in this section the name, address, and telephone number of anyone else whom the TSP can contact to obtain this information. If you cannot provide the address and telephone number, provide any information that you can.

VI. ADDITIONAL INFORMATION

You can use this section to expand upon or clarify any information provided on this form. You can also use this space to provide additional information not covered elsewhere on this form which is relevant to the disposition of the deceased participant’s account. (If you need additional space, continue on a blank sheet of paper.)

VII. CERTIFICATION

You must sign and date this form in Items 23 and 24.
V. REFERRAL FOR INFORMATION

Complete this section if:

- You cannot provide a current address or telephone number for a potential beneficiary whom you listed in Section IV.
- There is no spouse and you believe there may be additional children about whom you have limited knowledge.
- You answered “Don’t Know” about potential beneficiaries in Section III.

Please refer us to someone who may be able to provide this information. (For more space, use Section VI.)

Name ___________________________ (Daytime Phone) __________
Address __________________________
City __________________________ State ________ Zip Code __________
Relationship to Participant __________________________
To which potential beneficiary(ies) does this referral apply? __________________________

VI. ADDITIONAL INFORMATION

Use this space to provide any information that may be relevant to the disposition of the deceased participant's account and that you did not furnish elsewhere on this form.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

VII. CERTIFICATION

I certify that the information I have provided is true and complete to the best of my knowledge. Warning: Any intentional false statement in this form or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years or both (18 U.S.C. 1001).

23. Your Signature __________________________ 24. Date Signed __________

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. We are authorized by Executive Order 9397 to ask for the deceased participant’s Social Security number and your Social Security number and by 26 U.S.C. 6109 to ask for Taxpayer ID Numbers. We will use the information you provide on this form to identify the deceased participant’s account(s) and to process death benefit payments from that account. 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 process this form or make payment.
Remember to attach a copy of the participant’s death certificate when you submit this form. The death certificate must state the cause or manner of death.