

**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

## INFORMATION AND INSTRUCTIONS

---

### GENERAL INFORMATION

Use this form to provide information about potential beneficiaries of a deceased participant's Thrift Savings Plan (TSP) account or accounts. If the participant had multiple accounts with the TSP, the information here will be applied to each account separately. If a valid Form TSP-3, Designation of Beneficiary, is on file with the TSP recordkeeper for the account, payment of the account will be made according to the designation(s). In that case, the information provided on this form may be used to update beneficiary information (e.g., addresses) on file with the recordkeeper.

Type or print all information on this form. Make a copy for your records and mail the original form to:  
**TSP Death Benefits Processing Unit, P.O. Box 4450, Fairfax, VA 22038-4450.**

For overnight delivery, send the form to: **ATTN: TSP Death Benefits Processing Unit, 12210 Fairfax Town Center, Unit 906, Fairfax, VA 22033.**

Or fax the completed form to: **1-703-592-0170.**

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).

---

### I. INFORMATION ABOUT DECEASED PARTICIPANT

Complete all items in this section. This information is needed to identify the deceased participant's account(s). You **MUST** include a copy of the participant's death certificate with this form. The death certificate must state the cause or manner of death. (Note: Some states do not routinely include cause or manner of death on death certificates, so you may have to request specifically a death certificate with cause or manner of death included.)

---

### II. INFORMATION ABOUT YOU

Complete all items in this section.

- **If you are not a potential beneficiary**, you may leave Item 11 (Social Security number) and Item 12 (Date of Birth) blank.
  - If you are an executor or administrator of the deceased participant's estate, enter "Executor" or "Administrator" in Item 18. **Note:** If there is not a valid Form TSP-3, Designation of Beneficiary, on file and there is no spouse, child, or parent of the deceased participant, **you must provide the estate's Taxpayer Identification Number (TIN)** in Item 11 if payment is expected to be made to the estate. In this case, you **must attach** a copy of your court appointment along with a copy of the TIN. You do not need to provide the requested information again in Section IV.
- 

### 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.



# THRIFT SAVINGS PLAN INFORMATION RELATING TO DECEASED PARTICIPANT

TSP-17

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

1. Name of Deceased Participant \_\_\_\_\_  
Last First Middle
2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)
5. Legal Residence at Time of Death \_\_\_\_\_  
Street Address
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country Zip Code
9.  Check here to indicate that you have attached a copy of the death certificate (as required).

## II. INFORMATION ABOUT YOU

10. Name \_\_\_\_\_  
Last First Middle
11. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 12. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number (or TIN if estate) Date of Birth (mm/dd/yyyy)
13. Address \_\_\_\_\_  
Street Address or Box Number
14. City \_\_\_\_\_ 15. \_\_\_\_\_ 16. \_\_\_\_\_  
State/Country Zip Code
17. Daytime Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ 18. \_\_\_\_\_  
Area Code and Number Relationship to Deceased Participant

## III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

19. **Participant's Spouse**—Was the participant married at the time of death?  
 Yes  No  Don't Know  
If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 20–22 below.
20. **Participant's Children**—  
A. Were there any **living** children of the participant at the time of death?  
 Yes  No  Don't Know  
If "Yes," how many? \_\_\_\_\_  Check here if the number of children you identified is an estimate.  
B. Were there any children of the participant who died **before** the participant died?  
 Yes  No  Don't Know  
If "Yes," please complete the following:  
1. How many children died before the participant? \_\_\_\_\_  Check here if the number of children you identified is an estimate.  
2. Were there any descendants of those deceased children (i.e., the participant's grandchildren) living at the time of the participant's death?  
 Yes  No  Don't Know If "Yes," how many? \_\_\_\_\_  Check here if the number of children you identified is an estimate.
21. **Participant's Parents**—Did the participant have at least one living parent at the time of death?  
 Yes  No  Don't Know
22. **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).  
 Yes  No  Don't Know



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.

# INFORMATION AND INSTRUCTIONS

## 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

III. INFORMATION ABOUT POTENTIAL BENEFICIARIES	19. <b>Participant's Spouse</b> —Was the participant married at the time of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 20–22 below.																																																																																																																				
	20. <b>Participant's Children</b> — A. Were there any <b>living</b> children of the participant at the time of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If "Yes," how many? <u>2</u> <input type="checkbox"/> Check here if the number of children you identified is an estimate.																																																																																																																				
	B. Were there any children of the participant who died <b>before</b> the participant died? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If "Yes," please complete the following: 1. How many children died before the participant? <u>1</u> <input type="checkbox"/> Check here if the number of children you identified is an estimate. 2. Were there any descendants of those deceased children (i.e., the participant's grandchildren) living at the time of the participant's death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if the number of children you identified is an estimate.																																																																																																																				
	21. <b>Participant's Parents</b> —Did the participant have at least one living parent at the time of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know																																																																																																																				
	22. <b>Executor or Administrator of Participant's Estate</b> —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) on IRS letterhead. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know																																																																																																																				
	 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.																																																																																																																				
	<hr/>																																																																																																																				
	IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES	<table border="0"> <tr> <td>Name</td> <td><u>Stanek</u></td> <td><u>Brad</u></td> <td><u>Scott</u></td> <td><u>Son</u></td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td>Middle</td> <td>Relationship to Deceased Participant</td> </tr> <tr> <td>Address</td> <td><u>123 Main Street</u></td> <td><u>Chicago</u></td> <td><u>IL</u></td> <td><u>60612</u></td> </tr> <tr> <td></td> <td>Street Address or Box Number</td> <td>City</td> <td>State/Country</td> <td>Zip Code</td> </tr> <tr> <td>Phone</td> <td>( <u>312</u> ) <u>555</u> - <u>1985</u></td> <td><u>912</u> - <u>34</u> - <u>5678</u></td> <td><u>02 / 24 / 1970</u></td> <td></td> </tr> <tr> <td></td> <td>Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening</td> <td>Social Security Number</td> <td>Date of Birth (mm/dd/yyyy)</td> <td></td> </tr> <tr> <td></td> <td colspan="4">If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u></td> </tr> <tr> <td></td> <td colspan="4"><hr/></td> </tr> <tr> <td>Name</td> <td><u>Jones</u></td> <td><u>Linda</u></td> <td><u>Leslie</u></td> <td><u>Daughter</u></td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td>Middle</td> <td>Relationship to Deceased Participant</td> </tr> <tr> <td>Address</td> <td><u>13 H Street</u></td> <td><u>Pottstown</u></td> <td><u>PA</u></td> <td><u>19464</u></td> </tr> <tr> <td></td> <td>Street Address or Box Number</td> <td>City</td> <td>State/Country</td> <td>Zip Code</td> </tr> <tr> <td>Phone</td> <td>( <u>610</u> ) <u>555</u> - <u>9432</u></td> <td><u>923</u> - <u>45</u> - <u>6789</u></td> <td><u>08 / 18 / 1972</u></td> <td></td> </tr> <tr> <td></td> <td>Check one: <input type="checkbox"/> Daytime <input checked="" type="checkbox"/> Evening</td> <td>Social Security Number</td> <td>Date of Birth (mm/dd/yyyy)</td> <td></td> </tr> <tr> <td></td> <td colspan="4">If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u></td> </tr> <tr> <td></td> <td colspan="4"><hr/></td> </tr> <tr> <td>Name</td> <td><u>Stanek</u></td> <td><u>Thomas</u></td> <td><u>Arthur</u></td> <td><u>Grandson</u></td> </tr> <tr> <td></td> <td>Last</td> <td>First</td> <td>Middle</td> <td>Relationship to Deceased Participant</td> </tr> <tr> <td>Address</td> <td><u>921 North Avenue</u></td> <td><u>Gaithersburg</u></td> <td><u>MD</u></td> <td><u>20878</u></td> </tr> <tr> <td></td> <td>Street Address or Box Number</td> <td>City</td> <td>State/Country</td> <td>Zip Code</td> </tr> <tr> <td>Phone</td> <td>( <u>301</u> ) <u>555</u> - <u>1980</u></td> <td><u>934</u> - <u>56</u> - <u>7890</u></td> <td><u>Don't Know</u></td> <td></td> </tr> <tr> <td></td> <td>Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening</td> <td>Social Security Number</td> <td>Date of Birth (mm/dd/yyyy)</td> <td></td> </tr> <tr> <td></td> <td colspan="4">If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u></td> </tr> </table>	Name	<u>Stanek</u>	<u>Brad</u>	<u>Scott</u>	<u>Son</u>		Last	First	Middle	Relationship to Deceased Participant	Address	<u>123 Main Street</u>	<u>Chicago</u>	<u>IL</u>	<u>60612</u>		Street Address or Box Number	City	State/Country	Zip Code	Phone	( <u>312</u> ) <u>555</u> - <u>1985</u>	<u>912</u> - <u>34</u> - <u>5678</u>	<u>02 / 24 / 1970</u>			Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening	Social Security Number	Date of Birth (mm/dd/yyyy)			If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u>					<hr/>				Name	<u>Jones</u>	<u>Linda</u>	<u>Leslie</u>	<u>Daughter</u>		Last	First	Middle	Relationship to Deceased Participant	Address	<u>13 H Street</u>	<u>Pottstown</u>	<u>PA</u>	<u>19464</u>		Street Address or Box Number	City	State/Country	Zip Code	Phone	( <u>610</u> ) <u>555</u> - <u>9432</u>	<u>923</u> - <u>45</u> - <u>6789</u>	<u>08 / 18 / 1972</u>			Check one: <input type="checkbox"/> Daytime <input checked="" type="checkbox"/> Evening	Social Security Number	Date of Birth (mm/dd/yyyy)			If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u>					<hr/>				Name	<u>Stanek</u>	<u>Thomas</u>	<u>Arthur</u>	<u>Grandson</u>		Last	First	Middle	Relationship to Deceased Participant	Address	<u>921 North Avenue</u>	<u>Gaithersburg</u>	<u>MD</u>	<u>20878</u>		Street Address or Box Number	City	State/Country	Zip Code	Phone	( <u>301</u> ) <u>555</u> - <u>1980</u>	<u>934</u> - <u>56</u> - <u>7890</u>	<u>Don't Know</u>			Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening	Social Security Number	Date of Birth (mm/dd/yyyy)			If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u>			
	Name	<u>Stanek</u>	<u>Brad</u>	<u>Scott</u>	<u>Son</u>																																																																																																																
		Last	First	Middle	Relationship to Deceased Participant																																																																																																																
Address	<u>123 Main Street</u>	<u>Chicago</u>	<u>IL</u>	<u>60612</u>																																																																																																																	
	Street Address or Box Number	City	State/Country	Zip Code																																																																																																																	
Phone	( <u>312</u> ) <u>555</u> - <u>1985</u>	<u>912</u> - <u>34</u> - <u>5678</u>	<u>02 / 24 / 1970</u>																																																																																																																		
	Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening	Social Security Number	Date of Birth (mm/dd/yyyy)																																																																																																																		
	If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u>																																																																																																																				
	<hr/>																																																																																																																				
Name	<u>Jones</u>	<u>Linda</u>	<u>Leslie</u>	<u>Daughter</u>																																																																																																																	
	Last	First	Middle	Relationship to Deceased Participant																																																																																																																	
Address	<u>13 H Street</u>	<u>Pottstown</u>	<u>PA</u>	<u>19464</u>																																																																																																																	
	Street Address or Box Number	City	State/Country	Zip Code																																																																																																																	
Phone	( <u>610</u> ) <u>555</u> - <u>9432</u>	<u>923</u> - <u>45</u> - <u>6789</u>	<u>08 / 18 / 1972</u>																																																																																																																		
	Check one: <input type="checkbox"/> Daytime <input checked="" type="checkbox"/> Evening	Social Security Number	Date of Birth (mm/dd/yyyy)																																																																																																																		
	If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u>																																																																																																																				
	<hr/>																																																																																																																				
Name	<u>Stanek</u>	<u>Thomas</u>	<u>Arthur</u>	<u>Grandson</u>																																																																																																																	
	Last	First	Middle	Relationship to Deceased Participant																																																																																																																	
Address	<u>921 North Avenue</u>	<u>Gaithersburg</u>	<u>MD</u>	<u>20878</u>																																																																																																																	
	Street Address or Box Number	City	State/Country	Zip Code																																																																																																																	
Phone	( <u>301</u> ) <u>555</u> - <u>1980</u>	<u>934</u> - <u>56</u> - <u>7890</u>	<u>Don't Know</u>																																																																																																																		
	Check one: <input checked="" type="checkbox"/> Daytime <input type="checkbox"/> Evening	Social Security Number	Date of Birth (mm/dd/yyyy)																																																																																																																		
	If this person died <b>after</b> the participant, provide the date of death. <u>          </u> / <u>          </u> / <u>          </u>																																																																																																																				

**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.

**Name** \_\_\_\_\_  
Last First Middle Relationship to Deceased Participant

Address \_\_\_\_\_  
Street Address or Box Number

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

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one:  Daytime  Evening 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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one:  Daytime  Evening 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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one:  Daytime  Evening 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 (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Check one:  Daytime  Evening 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 \_\_\_\_\_.

## **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.**