



# THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY



# TSP-3

Use this form to designate a beneficiary or beneficiaries to receive your Thrift Savings Plan (TSP) account after your death. **Read the instructions on the back to assist you in completing this form.** Type or print the information requested. Do not alter this form or the information you enter; if you need to make a correction or change your entries, start over on a new form.

## I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle

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

5. Address \_\_\_\_\_  
Street address or box number

6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State Zip Code

## II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages or fractions the share of your TSP account to be paid to each beneficiary.

1. \_\_\_\_\_ **Share:** \_\_\_\_\_  
Beneficiary Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State Zip Code

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

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

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State Zip Code

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

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

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State Zip Code

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

Check here if additional pages are used. Number of additional pages \_\_\_\_\_. (See back of form.)

## III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

\_\_\_\_\_  
Participant's Signature Date Signed

## IV. WITNESSES TO SIGNATURE

This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of your TSP account.) By signing below, the witnesses affirm that the participant (a) signed Section III in their presence, or (b) informed them that the signature in Section III is the participant's own signature.

Witness 1 \_\_\_\_\_  
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 \_\_\_\_\_  
Typed or Printed Name of Second Witness Signature of Second Witness

# INFORMATION AND INSTRUCTIONS

Make a copy of this form for your records. Mail the original to:

**Thrift Savings Plan Service Office**  
**National Finance Center**  
**P.O. Box 61135**  
**New Orleans, LA 70161-1135**  
Telephone number: 504-255-6000  
TDD: 504-255-5113

The TSP will send you a copy of this form indicating the date of receipt.

**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 order of precedence described below.

If you die without designating a beneficiary, your TSP account balance will be payable to the person or persons who are alive at the date of your death, in the following order of precedence:

1. To your widow or widower.
2. If none, to your child or children equally, and descendants of deceased children by representation.
3. If none, to your parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of your estate.
5. If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death.

In this order of precedence, a child includes a natural child and an adopted child, but does not include a stepchild whom you have not adopted; parent does not include a stepparent, unless your stepparent has adopted you.

**Note:** A will or any other document that has not been witnessed and filed with the TSP in the manner required by the Federal Retirement Thrift Investment Board before your date of death will not be valid for the disposition of your TSP account.

**Making a valid designation.** This form must be properly completed and witnessed, **with no erasures or alterations**, and must be received by the National Finance Center before your death; otherwise it will not be valid. Do not put off submitting Form TSP-3 if you do not know Social Security numbers, dates of birth, addresses, etc., of your beneficiaries; the form will be accepted without such information. However, you should submit another Form TSP-3 when you have that information. Otherwise, the TSP may not be able to locate and pay your beneficiaries.

**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. You may cancel or change your designation at any time by submitting another Form TSP-3.

Keep your designation (and your beneficiaries' addresses) current. If your family status changes due to marriage, birth 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. This Designation of Beneficiary will be void if none of the designated beneficiaries is alive at the time of your death. In that case, 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 with your name, Social Security number, and date of birth on it. If you use additional pages, you must number each page and use the same date on each page. You and the same two witnesses who signed the form must sign and date **all** pages.

Enter the share for each beneficiary as a whole percentage or a fraction. Do not mix percentages and fractions. Percentages must add up to 100 percent; fractions must add up to 1. Otherwise, your form will be rejected. **Note:** The last beneficiary named will receive the rounding up of fractional shares (e.g., the final  $\frac{1}{3}$  will be converted to 33.334% and allocated to the last beneficiary).

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

- For each beneficiary, enter the full name, share, address, Social Security number (SSN), date of birth, and relationship to you.
- You may designate one or more contingent beneficiaries 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.** Witnesses should not be named as beneficiaries. However, if you do so, it will not make your Designation of Beneficiary invalid. Any witness named as a beneficiary cannot receive his or her share.

**PRIVACY ACT NOTICE.** We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. 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 give us to determine who your beneficiaries are for amounts due and payable from your TSP account. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent Locator Service,

Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.

# EXAMPLES OF DESIGNATING A BENEFICIARY

## I. DESIGNATING ONE BENEFICIARY

1. **Morgan Katherine Anne** Share: **100%**  
 Name (Last) (First) (Middle)

**1279 Lake Avenue**  
 Street address or box number

**New Orleans, LA 70124**  
 City State/Country Zip Code

**123-45-6789 6/22/42 Sister**  
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

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

## II. DESIGNATING MORE THAN ONE BENEFICIARY

1. **Larson Susan Maria** Share: **1/4**  
 Name (Last) (First) (Middle)

**4231 Oregon Street**  
 Street address or box number

**Cincinnati, OH 45239**  
 City State/Country Zip Code

**234-56-7890 9/7/50 Sister**  
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

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

2. **Larson Elliott Harris** Share: **1/4**  
 Name (Last) (First) (Middle)

**4231 Oregon Street**  
 Street address or box number

**Cincinnati, OH 45239**  
 City State/Country Zip Code

**345-67-8901 4/20/52 Brother**  
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

If you use additional pages, be sure to put your name, Social Security number, and date of birth on each page. You and the same two witnesses (who are not beneficiaries) must sign and date each page, using the same date on each page and the form.

3. **Steinway Sarah Ruth** Share: **1/2**  
 Name (Last) (First) (Middle)

**P.O. Box 812**  
 Street address or box number

**Covington, KY 40117**  
 City State/Country Zip Code

**456-78-9012 12/2/60 Friend**  
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

## III. DESIGNATING A CONTINGENT BENEFICIARY

**If living:**

1. **Kraus Michael Thomas** Share: **70%**  
 Name (Last) (First) (Middle)

**6287 Laurel Post Drive**  
 Street address or box number

**Stone Mountain, GA 30058**  
 City State/Country Zip Code

**567-89-0123 3/12/36 Father**  
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

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

**Otherwise to:**

2. **Kraus Cecilia Jean** Share: **70%**  
 Name (Last) (First) (Middle)

**6287 Laurel Post Drive**  
 Street address or box number

**Stone Mountain, GA 30058**  
 City State/Country Zip Code

**678-90-1234 8/16/44 Stepmother**  
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

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

3. **Richardson Melissa Anne** Share: **30%**  
 Name (Last) (First) (Middle)

**9842 Magnolia Drive**  
 Street address or box number

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

**789-01-2345 11/6/70 Sister**  
 Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

If Cecilia Kraus is also to receive the share of Melissa Richardson, she should be named as the contingent beneficiary for Melissa Richardson in the same manner as for Michael Kraus.

Detach here

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

**IV.  
DESIGNATING A  
CORPORATION  
OR LEGAL  
ENTITY**

**1. The XYZ Foundation** **Share: 100%**  
Name [Name of corporation or legal entity]  
**c/o Eleanor Jarvis, Legal Representative 64730 Connecticut Ave.**  
Street address or box number [Name of Legal Representative and Legal Representative's address]  
**Bethesda, MD 20815**  
City State/Country Zip Code  
**89-0123456** [Leave blank] [Leave blank]  
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

**V.  
DESIGNATING  
A TRUST**

**1. John P. Manos Trust** **Share: 100%**  
Name [Name of trust]  
**c/o Eric P. Manos, Trustee 1111 Delaware Lane**  
Street address or box number [Name of Trustee and Trustee's address]  
**New York, NY 14607**  
City State/Country Zip Code  
**12-3456789** [Leave blank] **Trust**  
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

**VI.  
DESIGNATING  
AN ESTATE**

**1. Estate of Ruth R. Jones** **Share: 100%**  
Name [Name of estate]  
**c/o Marilyn D. McClain, Executor 150 Rossmoyne Drive**  
Street address or box number [Name of Executor and Executor's address]  
**Alameda, CA 94510**  
City State/Country Zip Code  
[If available] [Leave blank] **Estate**  
Social Security Number/EIN Date of Birth (Month/Day/Year) Relationship

**VII.  
CANCELLING A  
DESIGNATION OF  
BENEFICIARY**

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

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