Form TSP-3
Designation of Beneficiary

October 2013

For Federal civilian employees, members of the uniformed services, and beneficiary participants

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 statutory order of precedence, do not complete this form. (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 the original 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.
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 any other benefits you may have such as a FERS Basic Annuity, a CSRS annuity, or military retired pay.

Complete this form only if you want payment to be made in a way other than 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.

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. 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 review how you have designated your beneficiaries from time to time — 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 properly designated beneficiary under all circumstances. For example, if you designate your spouse as a beneficiary of your TSP account, that spouse will be entitled to death benefits, 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(s). Consequently, if your life situation changes, you may want to file a new Form TSP-3 that changes or cancels your current beneficiary designation.

Unless you designate a contingent beneficiary, 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, the order of precedence will be followed.

SECTION I — Participant Information. For this and all sections of this form, carefully type or print the requested information inside the boxes using black or dark blue ink.

EXAMPLE OF FOREIGN ADDRESS

<table>
<thead>
<tr>
<th>Street Address Line 1</th>
<th>Street Address Line 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>2045 RUE ROYALE</td>
<td>06570 PARIS</td>
</tr>
<tr>
<td>City : PARIS</td>
<td>State : FRANCE</td>
</tr>
</tbody>
</table>

SECTION II — Cancellation. To cancel a Form TSP-3 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.
This form is designed to be read by an optical scanner. To ensure that your request is not delayed, carefully type or print the information requested using black or dark blue ink. Leave a space between words, but not between the digits in your account number. Type or print legibly inside the boxes. If you print by hand, use simple block letters. Limit your responses to the number of available boxes. Do not alter this form or the information you enter. Altered forms may be rejected.

I. PARTICIPANT INFORMATION

This applies to my:  
☐ Civilian Account  ☐ Uniformed Services Account  ☐ Beneficiary Participant Account

1. Last Name

2. TSP Account Number

3. Date of birth (mm/dd/yyyy)

4. Daytime Phone (Area Code and Number)

5. ☐ Foreign address?  
   Check here.

6. Street Address or Box Number  (For a foreign address, see information and instructions for Page 1.)

7. City

8. State

9. Zip Code

II. CANCELLATION — To cancel all previous designations without designating new beneficiaries, check the box below.

In the event of your death, payment from the TSP will be made according to the order of precedence set by the United States Code (5 U.S.C. § 8424(d)). (If cancelling, submit only Page 1.)

10. ☐ Check here only to cancel all prior beneficiary designations without naming new beneficiaries [see instructions for additional information and complete Section III].

III. SIGNATURES — You and your witnesses must complete this section. This entire form is valid only if this page is witnessed by two persons. A witness must be age 21 or older and cannot be a primary or contingent beneficiary of any portion of this TSP account. By signing below, the witnesses affirm that the participant: [a] signed in their presence, or (b) informed them that the signature is the participant’s own signature.

Participant’s Signature

Date Signed (mm/dd/yyyy)

Witness 1: Signature

Date Signed (mm/dd/yyyy)

Witness 1: Print Full Name

Witness 2: Signature

Date Signed (mm/dd/yyyy)

Witness 2: Print Full Name

REMEMBER TO:

- Enter your full Name and TSP Account Number at the top of each page.
- Provide your signature and your witnesses’ signatures above, along with the dates signed.
- Sign and date each page that you submit to the TSP.
- Have the same two witnesses sign and date all pages that you submit to the TSP.
- Complete each section in accordance with the instructions.
- Make a copy of this form for your records.
- Mail the completed form to the TSP. Do not submit this form to your agency or service.

Do Not Write Below This Line
SECTION IV — Primary Beneficiary Designations. You may name any person, a trust, your estate, or a legal entity/corporation as a beneficiary. Note: If the beneficiary is a minor child, benefits will be made payable directly to the child. Enter the share for each beneficiary as a whole percentage. Percentages for the primary beneficiaries must total 100%. Do not use fractions or decimals.

To name a primary beneficiary:

- Check the box that indicates the beneficiary’s relationship to you.
- For each individual you designate, enter the full name, share, address, and date of birth or Social Security number (SSN) or other tax ID (such as an Employer Identification Number (EIN)). If providing a foreign address, see Information and Instructions for Page 1.
- 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 address of birth boxes blank. Note: Filling out this form will not create a trust; you must have a trust that is already established.

If you are naming more than 3 primary beneficiaries, photocopy Page 2 of this form. 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 Page 1 must also sign and date all pages, including any extra pages, that you submit to the TSP.

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

EXAMPLES. Below are examples of how to designate primary beneficiaries.

### DESIGNATING MULTIPLE PRIMARY BENEFICIARIES

<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>GREENSTEIN ELEANOR RUTH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33%</td>
</tr>
<tr>
<td>Name of Individual(s) (Last, First, Middle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Trustee/Executor (if applicable)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>12/22/1984</td>
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<tr>
<td>Foreign address?</td>
<td>Check here.</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Street Address Line 1</td>
<td><strong>1051 CHURCHILL LANE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td><strong>TUCSON</strong></td>
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<td></td>
<td></td>
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<td></td>
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<tr>
<td>State</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>85735-3003</td>
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<table>
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<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PARKET JOLLY MOLLY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>33%</td>
</tr>
<tr>
<td>Name of Individual(s) (Last, First, Middle)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Name of Trustee/Executor (if applicable)</td>
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<td></td>
<td></td>
<td></td>
<td>10/11/1960</td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Street Address Line 1</td>
<td><strong>21 NORTH LAKewood DRIVE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td><strong>NEW ORLEANS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>LA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>70124-1928</td>
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<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share</th>
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</thead>
<tbody>
<tr>
<td><strong>ABBOTT HOWARD KENNETH JR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>34%</td>
</tr>
<tr>
<td>Name of Individual(s) (Last, First, Middle)</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name of Trustee/Executor (if applicable)</td>
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<td></td>
<td></td>
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<td></td>
<td>6/13/1991</td>
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<td>Street Address Line 1</td>
<td><strong>1506 ARBOR ROAD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>City</td>
<td><strong>MIRAMAR</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>FL</td>
<td></td>
<td></td>
<td></td>
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<td>33028-1234</td>
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### DESIGNATING A TRUST

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<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JOHN P MANO TRUST</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Name of Individual(s) (Last, First, Middle)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Name of Trustee/Executor (if applicable)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>11/11/1982</td>
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<tr>
<td>Street Address Line 1</td>
<td><strong>150 ROSSMOYNE DRIVE</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td><strong>ALAMEDA</strong></td>
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<td></td>
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</tr>
<tr>
<td>State</td>
<td>CA</td>
<td></td>
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<td>94510-7481</td>
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</table>

### DESIGNATING AN ESTATE

<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ESTATE OF RUTH R JONAH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Name of Individual(s) (Last, First, Middle)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Trustee/Executor (if applicable)</td>
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<td></td>
<td></td>
<td></td>
<td>11/11/1982</td>
</tr>
<tr>
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</tr>
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<td>Street Address Line 1</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td><strong>ALAMEDA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>CA</td>
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<td></td>
<td></td>
<td></td>
<td>94510-7481</td>
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</tbody>
</table>

### DESIGNATING A LEGAL ENTITY/CORPORATION

<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THE XYZ FOUNDATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Name of Individual(s) (Last, First, Middle)</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Trustee/Executor (if applicable)</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td>6/13/1991</td>
</tr>
<tr>
<td>Foreign address?</td>
<td>Check here.</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Street Address Line 1</td>
<td><strong>64730 CONNECTICUT AVENUE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td><strong>SUITE 204A</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State</td>
<td>MD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>20815-0637</td>
</tr>
</tbody>
</table>

### 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.

Form TSP-3 (11/2013)
PREVIOUS EDITIONS OBSOLETE
### IV. PRIMARY BENEFICIARY DESIGNATIONS

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

<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share:</th>
<th>%</th>
</tr>
</thead>
</table>

Name of Individual (Last, First, Middle) /Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable)

Foreign address? Check here.

Street Address or Box Number (For a foreign address, see Information and Instructions for Page 1.)

Street Address Line 2

City

State

Zip Code

<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share:</th>
<th>%</th>
</tr>
</thead>
</table>

Name of Individual (Last, First, Middle) /Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable)

Foreign address? Check here.

Street Address or Box Number (For a foreign address, see Information and Instructions for Page 1.)

Street Address Line 2

City

State

Zip Code

<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>Share:</th>
<th>%</th>
</tr>
</thead>
</table>

Name of Individual (Last, First, Middle) /Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable)

Foreign address? Check here.

Street Address or Box Number (For a foreign address, see Information and Instructions for Page 1.)

Street Address Line 2

City

State

Zip Code

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

Participant’s Signature

Date Signed

Witness 1: Signature

Date Signed

Witness 2: Signature

Date Signed
EXAMPLES OF DESIGNATING CONTINGENT BENEFICIARIES

EXAMPLE 1

**Relationship to you:** Spouse

**Name of Contingent:** Individual (Last, First, Middle)

**Primary Beneficiary's Name**

**City**

**State**

**Zip Code**

**Contingent to which primary beneficiary?**

**Share:** %

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:** Other Individual

**Name of Contingent:** Individual (Last, First, Middle)

**Primary Beneficiary's Name**

**City**

**State**

**Zip Code**

**Contingent to which primary beneficiary?**

**Share:** %

In the above example, if the primary beneficiary, Joe Brown, dies before you do, Richard Alan Halt and Melissa Elaine Halt would each receive 50% of her share. In other words, if Molly Jane Parket's share is 33% of your account, they would each get 50% of what Molly would have received. If you name one or more contingent beneficiaries for the primary beneficiary, the combined share values for those contingent beneficiaries must equal 100%.

**EXAMPLE 3**

**Relationship to you:** Spouse

**Name of Contingent:** Individual (Last, First, Middle)

**Primary Beneficiary's Name**

**City**

**State**

**Zip Code**

**Contingent to which primary beneficiary?**

**Share:** %

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

**EXAMPLE 4**

**Relationship to you:** Other Individual

**Name of Contingent:** Individual (Last, First, Middle)

**Primary Beneficiary's Name**

**City**

**State**

**Zip Code**

**Contingent to which primary beneficiary?**

**Share:** %

In the above example, if the primary beneficiary, the Jerome Wheels Trust, is terminated before your death, Janice Maria Robson would receive the entire share that you designated for the Jerome Wheels Trust.
V. CONTINGENT BENEFICIARY DESIGNATIONS

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

<table>
<thead>
<tr>
<th>Relationship to you:</th>
<th>Spouse</th>
<th>Other Individual</th>
<th>Trust</th>
<th>Estate</th>
<th>Legal Entity/Corporation</th>
<th>SHARE of Primary’s Portion:</th>
<th>%</th>
</tr>
</thead>
</table>

Name of Contingent: Individual /Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable)

Foreign address? Check here.

Street Address or Box Number (For a foreign address, see Information and Instructions for Page 1.)

Contingent to which primary beneficiary?

Name of Trustee/Executor (if applicable)

Name of Contingent: Individual /Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable)

Foreign address? Check here.

Street Address or Box Number (For a foreign address, see Information and Instructions for Page 1.)

Contingent to which primary beneficiary?

Name of Trustee/Executor (if applicable)

Name of Contingent: Individual /Trust/Estate/Legal Entity or Corporation

Participant’s Signature

Date Signed

Witness 1: Signature

Date Signed

Witness 2: Signature

Date Signed

Do Not Write In This Section

FORM TSP-3, Page 3 (10/2013)

PREVIOUS EDITIONS OBSOLETE
Check to make sure that:

✓ You have provided your name and account number on each page that you submit to the TSP.

✓ 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