

**This Form TSP-3, Designation of Beneficiary, Replaces
Form TSP-U-3 and Previous Editions of Form TSP-3**

Form TSP-U-3 and previous editions of Form TSP-3, Designation of Beneficiary, are no longer available. They have been combined into a single Form TSP-3. This version of Form TSP-3 should be used both by members of the uniformed services and by civilians. (Scroll down to view the form.)



Thrift Savings Plan

Form TSP-3 Designation of Beneficiary

August 2010

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

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.

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 ⁸²

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: %

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) 12/22/1984
 Date of Birth (mm/dd/yyyy)

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: %

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) 10/11/1960
 Date of Birth (mm/dd/yyyy)

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: %

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) 6/13/1991
 Date of Birth (mm/dd/yyyy)

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: %

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: %

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: %

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.)

SUITE 240A
 Street Address Line 2

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**