

Form TSP-3 Designation of Beneficiary

January 2011

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 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.

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 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 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.
- If none, to the appointed executor or administrator of your estate.
- 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. 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.

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. You can also complete this form online in the My Account section of the TSP website at www.tsp.gov.

EXAMPLES

CORRECT INCORRECT CORRECT Incorrect 3/6/1982 3/6/1982

Check the box that indicates whether you intend your beneficiary(ies) to receive funds from your civilian, uniformed services, or beneficiary participant account (i.e. an account inherited by the spouse of a deceased TSP participant). If you have a civilian and uniformed services account and want to designate the same beneficiaries and shares for both accounts, check both boxes. If you have a civilian and/or uniformed services account in addition to a beneficiary participant account, you will need to complete a second TSP-3 form to designate beneficiaries for your beneficiary participant account. If you have more than one beneficiary participant account, you will need to complete a separate TSP-3 form for **each** account since every beneficiary participant account has its own account number. **Note:** To avoid the possibility of having your form rejected, be sure to provide the correct account number (civilian/uniformed services or beneficiary participant) and check the correct box(es) that corresponds to the account for which you want to designate beneficiaries.

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, if applicable, 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 0 Y Street Address or Box Number	A L E				
	0 6 5 7 0 P A R I S Street Address Line 2					
FRANCE		State	Zip Code	-		

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. **Page I-1**



TSP-3

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. (See examples in the instructions.) 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 First Name Middle 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 instructions on Page I-1.)
	Street Address Line 2
	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).
II.	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

- Provide your signature and your witnesses' signatures above, along with the dates signed.
- \bullet Sign and date \pmb{each} page, and have your witnesses sign and date \pmb{each} page you complete.
- 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



INFORMATION AND INSTRUCTIONS FOR PAGE 2

SECTION IV — *Primary* **Beneficiary Designations.** You may name any person, trust, corporation, or legal entity, or your estate 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, date of birth or Social Security number (SSN) or other tax ID (such as an Employer Identification Number (EIN)). If providing a foreign address, follow the instructions on Page I-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 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 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 each additional page.

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

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

EXAMPLES OF DESIGNATING PRIMARY BENEFICIARIES

DESIGNATING MULTIPLE PRIMARY BENEFICIARIES	DESIGNATING A TRUST
Relationship to you: Spouse X Other Individual Trust Estate Legal Entity/Corporation Share: 3 3 %	Relationship to you: Spouse Other Individual X Trust Estate Legal Entity/Corporation Share: 100 %
G R E E N S T E I N E L E A N O R R U T H 9 2 6 3 5 8 0 7 2 Name of Individual (Last, First, Middle)Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID	JOHN PMANOTRUST Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID
Name of Trustee/Executor (if applicable) 1 2 / 2 2 / 1 9 8 4 Date of Birth (mm/dd/pyyy)	ERICPMANO Name of Trustee/Executor (if applicable) Date of Birth [Imm/dd/yyyy]
Foreign address? 1066 CHURCHILL ANE Check here. Street Address or Box Number (For a foreign address, see instructions on Page 1-1.)	Foreign address? 1 1 1 1 DELAWARELANE Check here. Street Address or Box Number (For a foreign address, see instructions on Page I-1.)
Street Address Line 2	Street Address Line 2
T U C S O N	N E W Y O R K
Relationship to you: 🛛 Spouse 🗆 Other Individual 🗆 Trust 🗀 Estate 🗆 Legal Entity/Corporation Share: 🔞 🔞 %	DESIGNATING AN ESTATE
PARKET MOLLY JANE 915 99 2135 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID	Relationship to you: Spouse Other Individual Trust Setate Legal Entity/Corporation Share: 100 %
Name of Trustee/Executor [if applicable]	E S T A T E O F R U T H R J O N A H Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID
Foreign address? 2 1 N O R T H L A K E W O O D D R I V E Check here. Street Address or Box Number (For a foreign address, see instructions on Page 1-1.)	MARLAMCCLAIN Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)
Street Address Line 2	Foreign address? Check here. 1 5 0 R 0 S S M 0 Y N E D R I V E Street Address or Box Number (For a foreign address, see instructions on Page I-1.)
$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	Street Address Line 2
Relationship to you: Spouse Stother Individual Trust Estate Legal Entity/Corporation Share: 3 4 %	A L A M E D A
A B B O T T H O W A R D K E N N E T H J R	DESIGNATING A LEGAL ENTITY/CORPORATION
6 / 1 3 / 1 9 9 1 Name of Trustee/Executor (if applicable) Date of Birth (nm/dd/yyyy)	Relationship to you: Spouse Other Individual Trust Estate X Legal Entity/Corporation Share: 100 9
Foreign address? 1 5 0 6 A R B O R R O A D Street Address or Box Number (For a foreign address, see instructions on Page 1-1.)	T H E X Y Z F O U N D A T I O N 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
Street Address Line 2	E L E A N O R J A R V I S Name of Trustee/Executor (If applicable) Date of Birth (Imm/dd/yyyy)
M I R A M A R	Foreign address? Check here. Check here.
	S U I T E 2 4 0 A

BETHESDA

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.

M D

2 0 8 1 5 - 0 6 3 7

	Name:	TSP Account Number:
l		
	(Last, First, Middle)	
		FICIARY DESIGNATIONS
	To designate more than three primary b	eneficiaries, make a copy of this page.
	Relationship to you: Spouse Other Individual	rust Estate Legal Entity/Corporation Share: %
	Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporatio	n 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 fore)	
	Street Address or Box Number (For a fore	ign address, see instructions on Page I-1.)
	Street Address Line 2	
	City	State Zip Code
	Relationship to you: Spouse Other Individual	rust Estate Legal Entity/Corporation Share: %
	Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporatio	n SSN/EIN/Tax ID
	Name of Trustee/Executor (if applicable) Foreign address?	Date of Birth (mm/dd/yyyy)
		ign address, see instructions on Page I-1.)
	Street Address Line 2	
	City	State Zip Code
	Relationship to you: Spouse Other Individual	Trust Estate Legal Entity/Corporation Share: %
	Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporatio	n SSN/EIN/Tax ID
	Name of Trustee/Executor (if applicable)	Date of Birth (mm/dd/yyyy)
	Foreign address?	Date of Birth (Inin/adayyyy)
		ign address, see instructions on Page I-1.)
	Street Address Line 2	
	City	State Zip Code
	Participant's Signature Date Signed	Witness 1: Signature Date Signed
	Check here if naming more than three <i>primary</i> beneficiaries (see instructions for submitting additional pages).	Witness 2: Signature Date Signed

INFORMATION AND INSTRUCTIONS FOR PAGE 3

SECTION V — Contingent Beneficiary Designations. Do not complete this page if you are not 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. 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. In this case, you cannot designate contingent beneficiaries for Mary or Sue Brown.) For another example of this situation, see Example 2 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. 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 3 contingent beneficiaries, photocopy Page 3 of this form. 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 Page 1 must also sign and date each additional page.

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

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

EXAMPLES OF DESIGNATING CONTINGENT BENEFICIARIES

Relationship to you: Sp	oouse 🗶 Other Individual 🔲 Trust 🗀	Estate Legal Entity/Corp	oration Share: U U %
GREENSTEIN Name of Contingent: Individual (Last,	AMYJOAN	9 7 Corporation SSN/E	4 0 2 3 9 4 1 N/Tax ID
Name of Trustee/Executor (if applica	able)	Dat	3 / 1 8 / 2 0 0 3 e of Birth (mm/dd/yyyy)
	O 6 6 C H U R C H I L L et Address or Box Number (For a foreign add	L A N E ress, see instructions on Page	(-1.)
TUCSON	S	A Z 8 5 7 3 Zip Code	3 5 - 3 0 0 3
GREENSTEIN	E L E A N O R R U T H	poration 9 2	6 3 5 8 0 7 2 N/Tax ID or Date of Birth
before you do, Amy J	e, if the primary beneficial loan Greenstein would red 1% of your account, Amy w	eive 100% of her	share. Thus, if
	ouse X Other Individual Trust	Estate Legal Entity/Corp	pration Share: 5 0 %
HALT RICHAR	R D A L A N , First, Middle//Trust/Estate/Legal Entity or C	9 9 SSN/EI	9 8 8 7 7 7 7 N/Tax ID
Name of Trustee/Executor (if applica	ible)	Date	5 / 2 6 / 1 9 5 5 of Birth (mm/dd/yyyy)
	9 2 MARIGOLDA t Address or Box Number (For a foreign addi	Y E N U E	-1.)
ROCKLAWN City Contingent to which primary ben	St	P 4 5 1 Zip Code	0 - 9876
PARKET MOLL			5 9 9 2 1 3 5 N/Tax ID or Date of Birth
Relationship to you: Spe	oouse X Other Individual Trust	Estate Legal Entity/Corp	oration Share: 5 0 %
HALT MELISS Name of Contingent: Individual (Last,	S A E L A I N E	9 4 Corporation SSN/EI	2 2 6 7 8 9 2 N/Tax ID
Name of Trustee/Executor (if applica	able)	1 Date	2 / 6 / 1 9 6 2 e of Birth (mm/dd/yyyy)
	0 0 7 I R I S C 0 U R T t Address or Box Number (For a foreign addr		-1.]
R O C K L A W N	Si	9 4 5 1 Zip Code	0 - 9 8 7 7
Contingent to which primary ben	neficiary?	·	
	_ Y J A N E	poration 9 1	5 9 9 2 1 3 5 N/Tax ID or Date of Birth
In the above evample	if the primary beneficial	ry Mally Jana Barl	est dies before

In the above example, if the primary beneficiary, Molly Jane Parket, 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 balance, they would each get 50% of what Molly would have received — not 50% of your account.

EXA	MF	LE	3

Relationship to you: Spouse Other Individual Trust	Sestate Legal Entity/Corporation Share: 1000
ESTATE OF BETSY A LUCAS Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or	Corporation SSN/EIN/Tax ID
T I M O T H Y R E E L S Name of Trustee/Executor (if applicable)	Date of Birth (mm/dd/yyyy)
Foreign address? Check here. 9 2 0 A K S T R E E T Street Address or Box Number (For a foreign add	ress, see instructions on Page I-1.)
	D 8 3 7 0 9 - 2 1 4 3
Contingent to which primary beneficiary?	
Z A C H A R I A S I D N E Y S T E V E N Primary Beneficiary's Name (Last, First, Middle)/Trust/Estate/Legal Entity or Coi	9 0 3 2 4 7 6 5 2 poration SSN/EIN/Tax ID or Date of Birth

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:	X s	pou	se	o	ther	Indi	vidu	al		Tru	st [Esta	te		Leç	gal	Ent	ity/	Cor	por	atio	n 5	Sha	re	: [1	0 () %
	AN																		9		1		0	8		6	2	3 4	
Name of Contingent: Individ	ual (Las	st, F	irst, I	Middle	2)/Tr	ust/l	Esta	te/L	ega	l Ent	ity or	Co	rpor	atio	on				SS	N/E	IN/	Tax	ID						
N CT I I																				1	1	/	3				9 1	3 3	3
Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)																													
Foreign address?			4 3								6														Т				
Check here.	Stre	et A	ddre	ss or	Box	Num	ber	(For	a f	orei	gn ad	dre:	55, 5	ee	ins	truc	tior	IS O	n Pa	age	I-1	.)							
C H I C A G O											Į	 Stat						6 ip (0	1	-[1 7	7 4	8			
Contingent to which prin	nary be	ene	ficia	ry?																									
JEROME WHEELIS TRUST Primary Beneficiary's Name (Last, First, Middle)/Trust/Estate/Legal Entity or									or Co	rpc	rati	on					SS	N/E	IN,	Tax	ID (or D	ate	of B	irth				

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

Re Nar City Con Nar Nar	la	ame:																TS	P A	\cc	oui	nt I	Nu	mb	er	:	_	_	-		_	,	,																	
(1	Las	t, F	irs	t, ^	1ida	lle)	'																				_																							
										•	٧.	C)(N.	T	IN	IG	E	EN	17	Γı	ВІ	E١	NE	ΞF	10		ΑI	R۱	/ [ЭE	SI	G	N/	ΔT	'IC	N	S											
								То	d	esi																																								
											1 -														1				7				٦.				, .								RE (Г	T	T	_
(e	ιa	tic	n	sh	ıp	to	y	ou	:	L] S	po	us	е	L	_] (Oth	er	Ind	ivib	idu	al]Tr	us	t	L]Es	sta	te	L	L	.ega	al E	ntit	ty/C	Corp	oor	atic	n				on:					
	Γ	Τ				Τ					T			Τ			Γ						Т			Γ													T		Τ			Τ			Τ		Τ	
Var	ne	of	Coi	ntir	nge	nt:	Ind	livid	lua	al (L	ast,	, Fi	rst,	М	iddl	e)/	Tru	st/E	Esta	ate,	/Le	gal	En	tity	or	Co	rpoi	rati	ion									SSI	N/E	IN/	Tax	ID								
																																										/				/				
Var	ne	of	Tru	ste	ee/E	xe	cut	or (if a	appl	ica	ble)	_			_	_	_			_	_			_										_	_		Da	ate c	of B	Sirtl	h (r	nm	n/dc	d/y)	yyyl			
					ac		res	ss?)																																									
		<u>اار</u>	ec	K I	ier	e.					S	itre	et	Ad	dre	SS	or E	3ox	Νι	ıml	ber	(Fo	or a	for	reig	jn a	ıddı	res	s, s	see	inst	ruc	tion	15 01	n Pa	ge :	I-1.	.)				_	Г		_	_	_			
0:1																													Į	Ct .						Ļ							- [
		ng	jei	ıt '	to	wł	hic	h p	ri	ima	ıry	<u>/</u> b	en	ef	ici	ar	у?												_	Stat	ie.						р C _	ode												
Var	ne	(Lá	ıst,	Fir	st, i	Mic	ddle	<i>)/</i> Tr	us	t/Es	stat	te/l	Leg	jal	Ent	ity	or	Cor	-po	rati	ion		_				_						_		_	_	_	SS	N/E	IN/	Tax	ίD	or	Da	ate	of	Birt	h		
ام ا	د	tic	'n	sh	in	to) \/	ייח] c	ро	uc	0		٦,	Oth	nor.	In	4iv	id	ادر] T-	us	t		7 =	sta	to	Г	7,	00.	al E	nti	_{t\} ,/r)Or:	no-	atio	nr.				RE o		Г	Τ	Т	_
, C	٠d	(I)	/113	71 1	ιh	ťŪ	, y	Ju	•) 5	'nΟ	uS	c	L	'	υιſ	ieľ.	111	uIV	ıuU	ıdl			וו	uS	ι	_] c:	ડાતે	ıe	L	_	_eg	al E	.HUI	ıy/l	ן וטכ	μur	all	ווע				on:		L			_
						T				T																		T																						
Var	ne	of	Co	ntir	ige	nt:	Ind	livid	lua	al (L	ast,	, Fi	rst,	М	iddl	e)/	Tru	st/E	Esta	ate,	/Le	gal	En	tity	or	Co	rpoi	rati	ion		_							SSI	N/E	IN/	Tax	ID	_	_			_	_	_	
																																										/				/				_
Nar	,									appl	ica Г	ble	:)					_					_				_	_						_	_	_	_		Da	ate c	of B	Birtl	h (r	nm	n/dic	d/y) T	yyy) T			
_					ac ner		res	ss?	•		_	itro	ρt	Δd.	dre	SC.	Or [Box	Ni	ımı	her	(Fo	or -	fo	rein	In a	July:	res	5.5		inst	ruc	tion	15.0	ı Pr	ne.	 -1	1												
	Γ	Τ	7	_	Т	Т	7		Γ	Т	л Т	, ci e		T	1	ا در	J [T	110	at t t l	Jei	T	, e	. 101	ery	, 0	.uul		., s 		5]		01	ı ı d	, se	· · · ·	, 				٦	_ [Τ	Т				
																														Stat	l te					L Zi	p C	ode				╛.	_ [
		ing	ge	nt	to	w	hic	h Į	pr	ima	ary	y b	er	ne	fic	iar	y?	· ·	- 1			_	-			_	_	-			_	_	_	_	_		_		_				_	_			_	_		_
NI-		(1		r·		14.	1.11)/=		1/-		h. /			_	L) L	L																						NI/F	IN/	Tai	, 15				c.5	D: ···			_
nar	ne	ĮĹά	iSt,	-11	st,	MIC	udle	!] [[rus	st/Es	sta'	ιe/l	Leg	jal	⊏n	uty	or	cor	ро	rat	ion	_		_	_	_	_	_	_	_		_	_		_	_	_	55	IN/E	IIN/	ıax	עוט					DIF	.n	_	
₹e	la	tic	n	sh	ip	to	y	ou	:] S	ро	us	e			Oth	ner	In	div	idu	ıal] Tr	us	t] E:	sta	te		_ L	_ega	al E	nti	ty/0	Corp	por	atio	on		Pr	rim	RE nary ion	y's			T	
	T	_			_	_					_		1	_				_				_	_					_						_			_	_			_			J, (1	.011	_	_	+	_	
							\sqcup					_						1																																_
Nar	ne	of	Col	ntir	nge	nt:	Ind	livid	lua	at (L	ast,	, Fii	rst,	M	ıddl	eJ/	Iru	st/E	Esta	ate,	/Le	gal	En	tity	or	Co	rpoi	rati	ion			Т		_			\neg	SSI	N/E	IN/	Iax T	ID •		_	_	,	_	1	_	_
Nar		Of.	Tru	ctr	0/5		VC/ I+	or (if -	ann!	ica	hla																												ato a	of P	/	h /-		Vd	1/10				_
nd(,						res			որիլ	ica [nre	:1	Т	Т			Τ	Т			Т	Т	П			Τ	Т	\neg			Т	Τ	Τ	\top	\top	Т	\neg	υā	ate d	, B	JIT (11 (/	m	,, uc	1/9)	yyy)			
	_			_	ner			: در			S	Stre	et i	Ad	dre	SS	or E] Box	Nı	ıml	ber	(Fo	or a	ı for	reio	jn a	ddı	res	s, s	see	inst	ruc	tion	 S 01	l 1 Pa	ge :	 I-1.	.)												
	Γ	Т			Τ	Т	П		Γ	Τ	T		Γ.	T	7		Τ	T	T		<u> </u>	T	T					_	[_]			-	Γ	Τ	· 				٦.	_ [T	Т				
									_								_													Stat	L te]				L Zi	p C	ode					L							
)OI	nti	ng	jei	nt '	to '	wł	hic	h p	ri	ima	ary	/ b	en	ef	ici	ar	y? │	\top				\top	Т			Т	\top	$\overline{}$			Т	Т	\top	\top	\top	\neg	\neg		\top	_			Т	$\overline{}$	_		T	\top	\neg	-
Na-		11 -	2004	Ei-	C t	M	441-)/T.		+/E	-+	to/1	100	12	En	Fi+v-			cna	rot	ica																		NI/r	IN/	T~:	۱ I ا	100	- D-	ato	Ct	Ri-	th		_
Nal	пе	ιLά	15l,	ГΙ	υ ί, .	IVIIC	uute	:// 11	us	ot/ E	old)	ιe/l	∟eç	jdl	⊆n)	шу	UI'	cor	μo	ıdí	iOLJ																	22	IIV/E	_IIN/	Ιd)	X IL	י טר	υč	ate	UΙ	"וום	ull		-
<u> </u>	4.5			<u> </u>											_	-		· C.									r.		1 .	c:														- =				1		_
-ar	tic							12m	nin	ıg n	۰۰،	re 1	tha	n ·	thr		Oate				ho	an o	fi-			W	ritne	ess	1:5	Sigi	natu	ıre												ט	ate	e Si	igne	ed		
		ci	ari	es	(se	ee	ins	tru	ıct	ion	s f	or:	sul	bn br	nitt	ing	g ad	ddi	tio	nal	l pa	age	s).			W	/itne	ess	2: 5	Sigi	natu	ıre												- <u>-</u>	ate	e Si	igne	ed		

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