



# Thrift Savings Plan BULLETIN for Agency TSP Representatives

**Subject:** Form TSP-3, Designation of Beneficiary, for Federal Civilian Employees, Members of the Uniformed Services, and Beneficiary Participants

**Date:** February 2, 2011

The Federal Retirement Thrift Investment Board (Agency) has added the beneficiary participant to the Form TSP-3, Designation of Beneficiary. A beneficiary participant account (BPA) is an account inherited by the spouse beneficiary of a deceased TSP participant (for additional information see TSP Bulletin 11-2, Thrift Savings Plan Enhancement Act of 2009—New Benefit for Spouse Beneficiaries of Thrift Savings Plan Accounts). In August 2010, the TSP combined Forms TSP-3, Designation of Beneficiary (Civilian), and TSP-U-3, Designation of Beneficiary (Uniformed Services), into a single form to be used for a limited time until the introduction of the TSP beneficiary participant accounts in December 2010. The new Form TSP-3, Designation of Beneficiary, dated 12/2010 supersedes all prior versions of the Form TSP-3. A copy of Form TSP-3 and instructions, which is available for download from the TSP website, is attached to this bulletin.

This bulletin explains why the forms were consolidated and how the TSP will apply the designations on Form TSP-3 to the participant's account(s). This bulletin also provides information about the form and how it will be processed. Any Forms TSP-3, Designation of Beneficiary (Civilian), TSP-U-3, Designation of Beneficiary (Uniformed Services), and TSP-3, Designation of Beneficiary (for Federal civilian employees and members of the uniformed services) currently on file with the Thrift Savings Plan (TSP) will remain in effect and participants **do not** need to submit the new form unless they wish to change beneficiary(ies) or cancel a prior designation. For a limited period of time, the TSP will accept both the old Form TSP-3 dated 12/2008 or 8/2010, and the TSP-U-3 dated 12/2008. However, we are asking agencies and services to provide the new form and to destroy (recycle) any blank copies of the old forms they may possess. (See Section V below.)

*(continued on next page)*

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**Inquiries:** Questions concerning this bulletin should be directed to the Federal Retirement Thrift Investment Board at **202-942-1460**.

**Chapter:** This bulletin may be filed in Chapter 10, Death Benefits.

**Supersedes:** This bulletin supersedes TSP Bulletin 10-9, Consolidation of Forms TSP-3, Designation of Beneficiary (Civilian), and TSP-U-3, Designation of Beneficiary, (Uniformed Services) and TSP Bulletin 10-U-6, Consolidation of Forms TSP-3, Designation of Beneficiary (Civilian), and TSP-U-3, Designation of Beneficiary, (Uniformed Services).

This bulletin supersedes TSP Bulletin 10-9, Consolidation of Forms TSP-3, Designation of Beneficiary (Civilian), and TSP-U-3, Designation of Beneficiary, (Uniformed Services). This bulletin reminded agency personnel offices and service representatives that participants must submit Forms TSP-3 and TSP-U-3 *directly to the TSP and that the TSP will not honor a form received after the participant's date of death, even if it was transmitted from the agency or service.*

## **I. Purpose of Form TSP-3**

- A. Form TSP-3 provides active, separated, and beneficiary participants the ability to designate a beneficiary(ies) to receive their TSP accounts after their deaths. If the TSP has a valid Form TSP-3 on file on or before the date of the participant's death, the TSP will use the form to identify the participant's beneficiary(ies) and disburse the death benefit payments from his or her TSP account(s). The Form TSP-3 allows participants with both civilian and uniformed service TSP accounts who designate the same beneficiary(ies) for both accounts, to submit one designation of beneficiary form, saving the participant both time and paper. The form consolidation also eliminates the reproduction of a redundant form and reduces file storage within the TSP record keeping system. Form TSP-3 is also used by beneficiary participants to designate beneficiary(ies).
- B. Participants are not required to complete Form TSP-3. If a valid form (signed, witnessed, and received by the TSP on or before date of death) is not on file with the TSP on or before the date of death of the participant, the TSP will disburse the account according to the statutory order of precedence found at 5 U.S.C. § 8424(d):
  - (1) To the participant's widow or widower;
  - (2) If none, to the participant's child or children equally, and descendants of deceased children by representation;
  - (3) If none, to the participant's parents equally or to the surviving parent;
  - (4) If none, to the appointed executor or administrator of the participant's estate; or
  - (5) If none, to the participant's next of kin entitled to his or her estate under the laws of the state in which the participant resided at the time of his or her death.
- C. Since September 1995, the TSP has required that, in order to be considered, all completed Forms TSP-3 must be received by the TSP on or before the date of the participant's death. This includes those Forms TSP-3 which agencies were instructed to purge and mail to the TSP for processing.

**The TSP reminds agency/service representatives that it will NOT honor a Form TSP-3 received after the participant's date of death, even if it was on file with the agency/service on or before the participant's date of death and then transmitted from the agency/service.** The participant must submit Form TSP-3 directly to the TSP, and agencies/services must ensure that all Forms TSP-3, including those that were previously filed in the OPF, are purged and forwarded to the TSP.

We strongly recommend that if you locate an old Form TSP-3 in the OPF that you notify the participant that you are forwarding it to the TSP. That way, the participant has the opportunity to update the form if necessary.

## **II. Agency/Service Responsibilities**

- A. Agencies/services must provide Form TSP-3 upon a participant's request. Agencies/services that enclose Form TSP-3 in the orientation packet of a new employee who does not have an established TSP account are advised to inform the employee who wishes to complete a designation of beneficiary form that he or she should mail or fax Form TSP-3 to the TSP after the first TSP contribution is deducted from his or her pay. If the TSP receives a designation of beneficiary form from the employee who does not yet have a TSP account, the form will be returned to the employee.

Although agencies/services are required to provide Form TSP-3 upon request, agencies/services must **not** accept the completed form from the participant. Instead, they must direct the participant to mail, or preferably fax, the completed form to the TSP for processing.

- B. This Agency again reminds agencies/services that, to comply with 5 CFR § 1651.3(c)(1), they must purge Forms TSP-3 that remain in the OPF or within the personnel or payroll office files and transmit them to the TSP as soon as possible. Agencies/services need not mail these forms; they can transmit them via fax to the TSP. The address and fax number agencies/services and participants may use is provided below. If Form TSP-3 is faxed, the agency/service does not have to mail the original designation of beneficiary form to the TSP.

**Thrift Savings Plan  
P.O. Box 385021  
Birmingham, AL 35238  
Fax: 1-866-817-5023**

- C. Agency/service representatives should refer questions from potential beneficiaries or family members of a deceased participant to the address above or to the TSP:

**1-TSP-YOU-FRST (1-877-968-3778)**

**1-TSP-THRIFT5 (1-877-847-4385)  
(for hearing-impaired participants)**

- D. Agency/service representatives are instructed to destroy (recycle) any blank Forms TSP-3 they may have with the date of 8/2010 or earlier. These forms are obsolete and should no longer be used.

### **III. Participant Responsibilities**

- A. The participant is responsible for following the instructions provided with the form to ensure that his or her Form TSP-3 is completed correctly and that it accurately reflects his or her beneficiary designations. The participant is also responsible for transmitting Form TSP-3 to the TSP for processing. The participant has the option of mailing Form TSP-3 to the address above, or faxing it to the fax number above. This information is also provided in the instructions on Form TSP-3.

In addition to telling participants that the TSP will not accept any Form TSP-3 received after their dates of death, the TSP has expanded the instructions for participants, encouraging them to make the appropriate beneficiary changes or to cancel a prior designation if their life situations change. If these forms are not kept up-to-date, the death benefit payments may not be made according to the participant's current wishes. For example, if the participant is married at the time of his or her death but has a valid Form TSP-3 on file designating someone other than his or her spouse, the TSP will pay the death benefit based on the Form TSP-3 on file. This means that if the beneficiary designated on the Form TSP-3 is a former spouse, the TSP will pay the former spouse even if the former spouse relinquished rights to the participant's retirement or TSP account in a settlement or divorce decree.

- B. If the participant has both a civilian and uniformed services account and wants to designate the same beneficiary(ies) for both accounts, he must mark both the civilian account and uniformed services account boxes in Section I, Participant Information. If the participant wants to designate different beneficiaries for each account, he needs to complete a separate Form TSP- 3 for each account. If the participant completes Form TSP-3 and marks the box for either the civilian account or the uniformed services account, but not both, and does not submit a separate Form TSP-3 for the other account, the TSP-3 will only apply to the selected account and the other account will be disbursed according to the statutory order of precedence as stated earlier. If the participant has both a civilian and a uniformed services account and does not mark either the civilian account box or the uniformed services account box, the Form TSP-3 will be rejected.
- C. If the participant has a civilian and/or uniformed services account in addition to a beneficiary participant account, he will need to complete a *separate* Form TSP-3 to designate beneficiaries for the beneficiary participant account because it has its own unique account number. If a participant has more than one beneficiary participant account, he will need to complete a separate Form TSP-3 for each account, again because every beneficiary participant account has its own account number.

- D. If the participant has only a civilian, or a uniformed services, or a beneficiary participant account, and in Section I, Participant Information, does not mark any box, or erroneously marks the wrong account box, the Form TSP-3 will still be considered valid and applied to the existing TSP account.
- E. If an employee does not yet have a TSP account when a Form TSP-3 is received for processing, the TSP will return the form to the employee with instructions to submit it once the TSP account has been established.

#### **IV. TSP Responsibilities**

- A. The TSP is the sole recipient and processing point for all Forms TSP-3. When a Form TSP-3 is processed, the TSP will mail a notice to the participant confirming that it has been received and processed. Although the participant is responsible for the accuracy of the information provided on the designation of beneficiary form, the TSP will review the form to identify any errors which could invalidate or complicate the execution of the form (e.g., scratched out names of beneficiary(ies) or percentages for primary beneficiary(ies) that do not add up to 100%). The TSP will contact the participant either by phone or by mail to notify him or her of the errors and to request the submission of a correctly completed Form TSP-3.
- B. In addition to sending a confirmation letter listing the designated beneficiary(ies), the TSP provides quarterly TSP participant statements which show whether a Form TSP-3 is on file and, if so, when it was signed. The annual TSP participant statement mailed in February of each year also provides this information and includes the names of up to 12 primary beneficiaries and the percentages of the death benefit to which each is entitled.
- C. Upon notification of the death of a participant (generally through the receipt of a Form TSP-17, Information Regarding Deceased Participant (Civilian), or Form TSP-U-17, Information Regarding Deceased Participant (Uniformed Services), along with the participant's death certificate), the TSP will examine the copies of all Forms TSP-3 on file to determine which of the Forms TSP-3 received is the most recent valid form on file. This is the form that will be used to identify the beneficiary(ies) to be notified regarding the death benefit payment. If the TSP does not have a valid Form TSP-3 on file, the TSP will disburse the participant's TSP account according to the statutory order of precedence. If the participant has both a civilian and uniformed services account, the TSP only needs one Form TSP-17 or one Form TSP-U-17 to process the death benefit payments for both accounts. If the participant has a beneficiary participant account, the Form TSP-17 should be used. If the beneficiary participant has more than one account, the TSP needs either one Form TSP-17 or one Form TSP-U-17.

## **V. Obtaining Form TSP-3**

Agency/service representatives may obtain the most recent version of Form TSP-3 by downloading it from the TSP website at [www.tsp.gov](http://www.tsp.gov). The Form TSP-3 will also be available to order by designated representatives through the TSP forms and publications process. A copy of the new Form TSP-3 is attached to this bulletin.

## **VI. Final Reminder**

The Agency reminds agencies/services that if they discover a Form TSP-3 they have had in their possession after a participant's date of death, or if they mishandle the transmission of the designation of beneficiary form to the TSP, neither the TSP nor the Agency will honor the form to pay the deceased participant's TSP account. Since, by law, Form TSP-3 must be received on or before the participant's date of death, there is no appeal process to the Agency if either of these scenarios occurs.



PAMELA-JEANNE MORAN  
Director  
Office of Participant Services

Attachment: [Form TSP-3, Designation of Beneficiary](#)



# Thrift Savings Plan

## Form TSP-3 Designation of Beneficiary

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December 2010

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

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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.

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# 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

Relationship to you:  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation Share:  %

GREENSTEIN ELEANOR RUTH  SSN/EIN/Tax ID  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation  
 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.)  
 Street Address Line 2  
 City  State  Zip Code

Relationship to you:  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation Share:  %

PARKET MOLLY JANE  SSN/EIN/Tax ID  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation  
 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.)  
 Street Address Line 2  
 City  State  Zip Code

Relationship to you:  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation Share:  %

ABBOTT HOWARD KENNETH JR  SSN/EIN/Tax ID  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation  
 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.)  
 Street Address Line 2  
 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  
 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.)  
 Street Address Line 2  
 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  
 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.)  
 Street Address Line 2  
 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  
 Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation  
 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.)  
 SUITE 240A  
 Street Address Line 2  
 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.** 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 for 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

### EXAMPLE 1

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100%

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation: GREENSTEIN AMY JOAN SSN/EIN/Tax ID: 974 02 3941

Name of Trustee/Executor (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): 3/18/2003

Foreign address? Check here. 1066 CHURCHILL LANE Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

TUCSON AZ 85735-3003 City State Zip Code

**Contingent to which primary beneficiary?**  
GREENSTEIN ELEANOR RUTH SSN/EIN/Tax ID or Date of Birth: 926 35 8072

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:** 50%

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation: HALT RICHARD ALAN SSN/EIN/Tax ID: 999 88 7777

Name of Trustee/Executor (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): 5/26/1955

Foreign address? Check here. 1492 MARIGOLD AVENUE Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

ROCKLAWN CA 94510-9876 City State Zip Code

**Contingent to which primary beneficiary?**  
PARKET MOLLY JANE SSN/EIN/Tax ID or Date of Birth: 915 99 2135

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 50%

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation: HALT MELISSA ELAINE SSN/EIN/Tax ID: 942 26 7892

Name of Trustee/Executor (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): 12/6/1962

Foreign address? Check here. 2007 IRIS COURT Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

ROCKLAWN CA 94510-9877 City State Zip Code

**Contingent to which primary beneficiary?**  
PARKET MOLLY JANE SSN/EIN/Tax ID or Date of Birth: 915 99 2135

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.

### EXAMPLE 3

**Relationship to you:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100%

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation: ESTATE OF BETSY A LUCAS SSN/EIN/Tax ID: \_\_\_\_\_

Name of Trustee/Executor (if applicable): TIMOTHY REELS Date of Birth (mm/dd/yyyy): \_\_\_\_\_

Foreign address? Check here. 92 OAK STREET Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

BOISE ID 83709-2143 City State Zip Code

**Contingent to which primary beneficiary?**  
ZACHARIA SIDNEY STEVEN SSN/EIN/Tax ID or Date of Birth: 903 24 7652

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:**  Spouse  Other Individual  Trust  Estate  Legal Entity/Corporation **Share:** 100%

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation: ROBSON JANICE MARIA SSN/EIN/Tax ID: 971 08 6234

Name of Trustee/Executor (if applicable): \_\_\_\_\_ Date of Birth (mm/dd/yyyy): 11/30/1983

Foreign address? Check here. 6543 ARKANSAS DRIVE Street Address or Box Number (For a foreign address, see instructions on Page I-1.)

CHICAGO IL 60601-1748 City State Zip Code

**Contingent to which primary beneficiary?**  
JEROME WHEELIS TRUST SSN/EIN/Tax ID or Date of Birth: \_\_\_\_\_

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.

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 (12/2010)

PREVIOUS EDITIONS OBSOLETE

**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**