



Thrift Savings Plan

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.

FORM TSP-3, INFORMATION AND INSTRUCTIONS FOR PAGE 2

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 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." 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 legal entity or corporation, 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 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.

EXAMPLES OF DESIGNATING PRIMARY BENEFICIARIES

DESIGNATING MULTIPLE PRIMARY BENEFICIARIES

Relationship to you: Spouse Other Individual Trust Estate Legal Entity/Corporation Share: 33 %

GREENSTEIN ELEANOR RUTH SSN/EIN/Tax ID 926 35 8072
 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 Information and Instructions for Page 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: 33 %

PARKET MOLLY JANE SSN/EIN/Tax ID 915 99 2135
 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 Information and Instructions for Page 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: 34 %

ABBOTT HOWARD KENNETH JR SSN/EIN/Tax ID 902 37 6633
 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 Information and Instructions for Page 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: 100 %

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 Information and Instructions for Page 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: 100 %

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 Information and Instructions for Page 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: 100 %

THE XYZ FOUNDATION SSN/EIN/Tax ID 79 9999 9999
 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 Information and Instructions for Page 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.

FORM TSP-3, 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(ies) 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. 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 want to name the same contingent beneficiary for multiple primary beneficiaries, you should list your contingent beneficiary multiple times in order to link it to each primary beneficiary.

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 all pages, including any extra pages, that you submit to the TSP.**

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 SSN/EIN/Tax ID
GREENSTEIN AMY JOAN 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 Information and Instructions for Page 1.)

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: 50%

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID
HALT RICHARD ALAN 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 Information and Instructions for Page 1.)

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%

Name of Contingent: Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID
HALT MELISSA ELAINE 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 Information and Instructions for Page 1.)

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 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 SSN/EIN/Tax ID
ESTATE OF BETSY A LUCAS

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

Foreign address? Check here. 92 OAK STREET
Street Address or Box Number (For a foreign address, see Information and Instructions for Page 1.)

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 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 SSN/EIN/Tax ID
ROBSON JANICE MARIA 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 Information and Instructions for Page 1.)

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 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 Information and Instructions for Page 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 Information and Instructions for Page 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 Information and Instructions for Page 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 (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**