Thrift Savings Plan

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.
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. 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/ 6/19 82

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.

2045 RUE ROYALE
Street Address or Box Number

06570 PARIS
Street Address Line 2

FRANCE
City

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.

THRIFT SAVINGS PLAN
DESIGNATION OF BENEFICIARY

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)* __ / __ / 19__ **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).

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

Participant's Signature _____ Date Signed *(mm/dd/yyyy)* __ / __ / 20__

Witness 1: Signature _____ Date Signed *(mm/dd/yyyy)* __ / __ / 20__ Witness 1: Print Full Name _____

Witness 2: Signature _____ Date Signed *(mm/dd/yyyy)* __ / __ / 20__ Witness 2: Print Full Name _____

REMEMBER TO:

- Enter your full **Name** and **TSP Account Number** at the top of **each** page.
- Provide your signature and your witnesses' signatures above, along with the dates signed.
- Sign and date **each** page, and have your witnesses sign and date **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

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

GREENSTEIN ELEANOR RUTH
Name of Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
926 35 8072
SSN/EIN/Tax ID

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
City
AZ
State
85735-3003
Zip Code

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

PARKET MOLLY JANE
Name of Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
915 99 2135
SSN/EIN/Tax ID

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
City
LA
State
70124-1920
Zip Code

Relationship to you: ☐ Spouse ☒ Other Individual ☐ Trust ☐ Estate ☐ Legal Entity/Corporation **Share:** 34 %

ABBOTT HOWARD KENNETH JR
Name of Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
902 37 6633
SSN/EIN/Tax ID

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
City
FL
State
33028-1234
Zip Code

DESIGNATING A TRUST

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

JOHN P MANO TRUST
Name of Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
SSN/EIN/Tax ID

ERIC P MANO
Name of Trustee/Executor (if applicable)
/ /
Date of Birth *(mm/dd/yyyy)*

☐ 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
City
NY
State
14607-8295
Zip Code

DESIGNATING AN ESTATE

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

ESTATE OF RUTH R JONAH
Name of Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
SSN/EIN/Tax ID

MARLA MCCLAIN
Name of Trustee/Executor (if applicable)
/ /
Date of Birth *(mm/dd/yyyy)*

☐ 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
City
CA
State
94510-7481
Zip Code

DESIGNATING A LEGAL ENTITY/CORPORATION

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

THE XYZ FOUNDATION
Name of Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
79 9999999
SSN/EIN/Tax ID

ELEANOR JARVIS
Name of Trustee/Executor (if applicable)
/ /
Date of Birth *(mm/dd/yyyy)*

☐ 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
City
MD
State
20815-0637
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.

Name:

(Last, First, Middle)

TSP Account Number:

IV. PRIMARY BENEFICIARY DESIGNATIONS

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

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

Name of 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.)**

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 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.)**

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 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.)**

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 ***primary*** beneficiaries (see instructions for submitting additional pages).

Witness 2: Signature

Date Signed

Do Not Write In This Section

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%

GREENSTEIN AMY JOAN — Name of Contingent: Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
974 02 3941 — SSN/EIN/Tax ID
Name of Trustee/Executor (if applicable)
3/18/2003 — 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.)**
TUCSON — City
AZ — State
85735-3003 — Zip Code
Contingent to which primary beneficiary?
GREENSTEIN ELEANOR RUTH — Primary Beneficiary's Name *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
926 35 8072 — 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%

HALT RICHARD ALAN — Name of Contingent: Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
999 88 7777 — SSN/EIN/Tax ID
Name of Trustee/Executor (if applicable)
5/26/1955 — Date of Birth *(mm/dd/yyyy)*
☐ Foreign address? Check here.
1492 MARIGOLD AVENUE — Street Address or Box Number **(For a foreign address, see instructions on Page I-1.)**
ROCKLAWN — City
CA — State
94510-9876 — Zip Code
Contingent to which primary beneficiary?
PARKET MOLLY JANE — Primary Beneficiary's Name *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
915 99 2135 — SSN/EIN/Tax ID or Date of Birth

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

HALT MELISSA ELAINE — Name of Contingent: Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
942 26 7892 — SSN/EIN/Tax ID
Name of Trustee/Executor (if applicable)
12/6/1962 — Date of Birth *(mm/dd/yyyy)*
☐ Foreign address? Check here.
2007 IRIS COURT — Street Address or Box Number **(For a foreign address, see instructions on Page I-1.)**
ROCKLAWN — City
CA — State
94510-9877 — Zip Code
Contingent to which primary beneficiary?
PARKET MOLLY JANE — Primary Beneficiary's Name *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
915 99 2135 — 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%

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? Check here.
92 OAK STREET — Street Address or Box Number **(For a foreign address, see instructions on Page I-1.)**
BOISE — City
ID — State
83709-2143 — Zip Code
Contingent to which primary beneficiary?
ZACHARIA SIDNEY STEVEN — Primary Beneficiary's Name *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
903 24 7652 — 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%

ROBSON JANICE MARIA — Name of Contingent: Individual *(Last, First, Middle)*/Trust/Estate/Legal Entity or Corporation
971 08 6234 — SSN/EIN/Tax ID
Name of Trustee/Executor (if applicable)
11/30/1983 — Date of Birth *(mm/dd/yyyy)*
☐ Foreign address? Check here.
6543 ARKANSAS DRIVE — Street Address or Box Number **(For a foreign address, see instructions on Page I-1.)**
CHICAGO — City
IL — State
60601-1748 — 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:

(Last, First, Middle)

TSP Account Number:

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

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

Although you cannot save data typed into this form, by clicking "Submit," you can then save the completed form if you would like a copy for your records.