



THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

TSP-3

Use this form to designate a beneficiary or beneficiaries to receive your civilian Thrift Savings Plan (TSP) account after your death. **Read the instructions on the back to assist you in completing this form.** Type or print the information requested. Do not alter this form or the information you enter; if you need to make a correction or change your entries, start over on a new form. If you have a uniformed services TSP account, you will need to make a separate TSP beneficiary designation for that account on Form TSP-U-3.

I. INFORMATION ABOUT YOU

1. Name _____
Last First Middle

2. _____ - _____ - _____ 3. ____/____/____ 4. (____) ____ - ____
Social Security Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number)

5. Address _____
Street address or box number

6. _____ 7. _____ 8. _____
City State/Country Zip Code

II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages or fractions the share of your TSP account to be paid to each beneficiary.

1. _____ **Share:** _____
Beneficiary Name (Last) (First) (Middle)

Street address or box number

City State/Country Zip Code

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

2. _____ **Share:** _____
Beneficiary Name (Last) (First) (Middle)

Street address or box number

City State/Country Zip Code

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

3. _____ **Share:** _____
Beneficiary Name (Last) (First) (Middle)

Street address or box number

City State/Country Zip Code

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Check here if additional pages are used. Number of additional pages ____ (See back of form.)

III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

Participant's Signature Date Signed

IV. WITNESSES TO SIGNATURE

This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of this TSP account.) By signing below, the witnesses affirm that the participant: (a) signed Section III in their presence, or (b) informed them that the signature in Section III is the participant's own signature.

Witness 1 _____ _____
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 _____ _____
Typed or Printed Name of Second Witness Signature of Second Witness

