

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)
	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.

- 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



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