Thrift Savings Plan

Form TSP-17

Information Relating to Deceased Participant

July 2004

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

Use this form to provide information about potential beneficiaries of a deceased participant's Thrift Savings Plan (TSP) account. If a valid Form TSP-3, Designation of Beneficiary, is on file with the TSP record keeper, payment of the account will be made according to the designation(s). In that case, the information provided on this form may be used to update beneficiary information (e.g., addresses) that is on file with the record keeper.

Type or print all information on this form. Make a copy for your records and mail the original form to:

TSP Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500

If you have questions, call the 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 1-504-255-8777.

I. INFORMATION ABOUT DECEASED PARTICIPANT

Complete all items in this section. This information is needed to identify the deceased participant's account. **You MUST include a copy of the participant's death certificate with this form.** The death certificate must state the cause or manner of death. (**Note:** Some states do not routinely include cause or manner of death on death certificates, so you may have to request specifically a death certificate with cause or manner of death included.)

II. INFORMATION ABOUT YOU

Complete all items in this section.

- **If you are *not* a potential beneficiary,** you may leave Item 11 (Social Security number) blank.
- **If you are an executor or administrator** of the deceased participant's estate, enter "Executor" or "Administrator" in Item 17. **Note:** If there is not a valid Form TSP-3, Designation of Beneficiary, on file and there is no spouse, child, or parent of the deceased participant, **you must provide the estate's Taxpayer Identification Number (TIN)** in Item 11 if payment is expected to be made to the estate. You do not need to provide the requested information again in Section IV. However, you **must attach** a copy of your court appointment.

III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

If the participant was married at the time of death (i.e., you answered "Yes" to Item 18), proceed to Section IV; information about other potential beneficiaries is not required. Otherwise, answer all of the remaining questions in this section before proceeding to Section IV.

The information in this section will be used to determine the appropriate beneficiaries if a valid Form TSP-3, Designation of Beneficiary, is not on file. (A will is not valid for the disposition of a TSP account.) Beneficiaries will be determined using the following statutory order of precedence:

1. First, to the widow or widower.
2. If none, to the child or children equally, and descendants of deceased children by representation.
3. If none, to the parents equally or to the surviving parent.
4. If none, to the appointed executor or administrator of the estate.
5. If none, to the next of kin who is entitled to the estate under the laws of the state in which the deceased participant resided at the time of death.

In the statutory order of precedence:

- A child includes a natural child (whether or not the child was born out of wedlock), a child adopted by the participant, and descendants of deceased children; it does not include a stepchild who was not adopted by the participant. **Note:** If the participant's natural child was adopted by someone other than the participant's spouse, that child is not entitled to a share of the participant's TSP account under the statutory order of precedence.
- "By representation" means that if a child of the participant dies before the participant dies, that child's share will be divided equally among his or her children.
- Parent does not include a stepparent, unless the stepparent adopted the participant.

THRIFT SAVINGS PLAN
INFORMATION RELATING TO DECEASED PARTICIPANT

TSP-17

Use this form to provide information about potential beneficiaries of a deceased Thrift Savings Plan (TSP) participant. Read the instructions for each section before completing the form. **A copy of the participant's death certificate must accompany this form.**

I. INFORMATION ABOUT DECEASED PARTICIPANT

1. Name of Deceased Participant _____
Last First Middle

2. _____ – _____ – _____ Social Security Number

3. _____/_____/_____ Date of Birth *(mm/dd/yyyy)*

4. _____/_____/_____ Date of Death *(mm/dd/yyyy)*

5. Legal Residence at Time of Death _____
Street address

6. City _____

7. _____ State/Country

8. _____ Zip Code

9. ☐ Check here to indicate that you have attached a copy of the death certificate (as required).

II. INFORMATION ABOUT YOU

10. Name _____
Last First Middle

11. _____ – _____ – _____ Social Security Number (or TIN if estate)

12. Address _____
Street address or box number

13. City _____

14. _____ State/Country

15. _____ Zip Code

16. Daytime Phone (_____) _____ – _____
Area Code and Number

17. _____
Relationship to Deceased Participant

III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

18. Participant's Spouse — Was the participant married at the time of death?

☐ Yes ☐ No ☐ Don't Know

If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 19 – 21 below.

19. Participant's Children —

A. Were there any **living** children of the participant at the time of death?

☐ Yes ☐ No ☐ Don't Know

If "Yes," how many? _____ ☐ Check here if unsure of the number of children you entered.

B. Were there any children of the participant who died **before** the participant died?

☐ Yes ☐ No ☐ Don't Know

If "Yes," please complete the following:

1. How many children died before the participant? _____ ☐ Check here if unsure of the number of children you entered.

2. Were there any descendants of those deceased children (i.e., the participant's grandchildren) living at the time of the participant's death?

☐ Yes ☐ No ☐ Don't Know If "Yes," how many? _____ ☐ Check here if unsure of the number of children you entered.

20. Participant's Parents —

A. Was the participant's mother living at the time of the participant's death?

☐ Yes ☐ No ☐ Don't Know

B. Was the participant's father living at the time of the participant's death?

☐ Yes ☐ No ☐ Don't Know

21. Executor or Administrator of Participant's Estate — Is there an executor or administrator for the estate of the participant?

☐ Yes ☐ No ☐ Don't Know

☞ If you answered "Yes" or "Don't Know" to any of the questions in 19 – 21, complete the rest of this form. If you answered "No" to **every** question in Section III, skip to Section VII; you may be contacted for additional information.

IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

The information in this section will be used to locate potential beneficiaries. Be sure to fill in the deceased participant's name and Social Security number at the top of the page. If you need to list more than four persons, make as many photocopies of the page as you need. Check the box at the bottom of the page and indicate the number of additional pages attached.

If you cannot provide all of the requested information, provide as much information as you can. Write "Don't Know" on any line for which you do not have information. If the information that you are able to provide is not enough to contact the potential beneficiary (that is, if you cannot provide a full address or telephone number) or if you only have information about some of the beneficiaries, complete Section V also.

When providing information about a potential beneficiary who was living at the time of the participant's death but who died after the participant, be sure to provide the date of death for that person.

If you are providing information about children of the participant, be sure to include natural children (including those who were born out of wedlock) and those who were adopted by the participant. **Do not provide** information for natural children who were adopted by someone other than the participant's spouse.

In the following (correctly filled-out) example, the participant was not married at the time of death, but the participant had two living children, a deceased child who had a son, and a surviving father. Because the participant was not married at the time of death, the applicant provided information about the participant's living children and the grandchild (from the participant's deceased child) identified in Item 19. There was no need to provide information about the deceased child identified in Item 19B because that child predeceased the participant. There was also no need to provide information about the surviving parent, because the living children and the grandchild will be the beneficiaries according to the statutory order of precedence.

Example

III. INFORMATION ABOUT POTENTIAL BENEFICIARIES

18. Participant's Spouse — Was the participant married at the time of death?
☐ Yes ☑ No ☐ Don't Know
If "Yes," skip to Section IV; if "No" or "Don't Know," complete questions 19 – 21 below.

19. Participant's Children —
A. Were there any **living** children of the participant at the time of death?
☑ Yes ☐ No ☐ Don't Know
If "Yes," how many? 2 ☐ Check here if unsure of the number of children you entered.

B. Were there any children of the participant who died **before** the participant died?
☑ Yes ☐ No ☐ Don't Know
If "Yes," please complete the following:

1. How many children died before the participant? 1 ☐ Check here if unsure of the number of children you entered.

2. Were there any descendants of those deceased children (i.e., the participant's grandchildren) living at the time of the participant's death?
☑ Yes ☐ No ☐ Don't Know If "Yes," how many? 1 ☐ Check here if unsure of the number of children you entered.

20. Participant's Parents —
A. Was the participant's mother living at the time of the participant's death?
☐ Yes ☑ No ☐ Don't Know

B. Was the participant's father living at the time of the participant's death?
☑ Yes ☐ No ☐ Don't Know

21. Executor or Administrator of Participant's Estate — Is there an executor or administrator for the estate of the participant?
☐ Yes ☐ No ☑ Don't Know

☞ If you answered "Yes" or "Don't Know" to any of the questions in 19 – 21, complete the rest of this form. If you answered "No" to **every** question in Section III, skip to Section VII; you may be contacted for additional information.

IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

- **Name** Stanek (Last) Brad (First) Scott (Middle) Son (Relationship to Deceased Participant)
  Address 123 Main Street (Street address or box number) Chicago (City) IL (State/Country) 60612 (Zip Code)
  Phone (312) 555 – 1985 (Check one: ☑ Daytime ☐ Evening) 912 – 34 – 5678 (Social Security Number) 2 / 24 / 1970 (Date of Birth *(mm/dd/yyyy)*)
  If this person died **after** the participant, provide the date of death. ___ / ___ / ___ (mm dd yyyy)

- **Name** Jones (Last) Linda (First) Wadine (Middle) Daughter (Relationship to Deceased Participant)
  Address 13 H Street (Street address or box number) Pottstown (City) PA (State/Country) 19464 (Zip Code)
  Phone (610) 555 – 9432 (Check one: ☐ Daytime ☑ Evening) 923 – 45 – 6789 (Social Security Number) 3 / 17 / 1972 (Date of Birth *(mm/dd/yyyy)*)
  If this person died **after** the participant, provide the date of death. ___ / ___ / ___ (mm dd yyyy)

- **Name** Stanek (Last) Thomas (First) Arthur (Middle) Grandson (Relationship to Deceased Participant)
  Address 921 North Avenue (Street address or box number) Gaithersburg (City) MD (State/Country) 20878 (Zip Code)
  Phone (301) 555 – 1980 (Check one: ☑ Daytime ☐ Evening) 934 – 56 – 7890 (Social Security Number) Don't Know (Date of Birth *(mm/dd/yyyy)*)
  If this person died **after** the participant, provide the date of death. ___ / ___ / ___ (mm dd yyyy)

IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES

If the participant was married at the time of death, provide the requested information for the deceased participant's spouse only. **Otherwise**, provide the requested information for all **living** children of the participant and all living children of deceased children whom you identified in Item 19 in Section III. (You do not need to provide this information for any children identified in Item 19B who died before the participant.) When providing a phone number for a person living outside the United States or Canada, enter the number exactly as you would dial it from the United States.

If you answered **"No"** to **all** questions related to the spouse **and** children, provide the requested information for parent(s) of the participant identified as living in Items 20A **and** 20B. **If there were no living parents,** provide information about the executor or administrator identified in Item 21.

- **Name** _____ _____
  Last First Middle Relationship to Deceased Participant

  Address _____
  Street address or box number

  _____
  City State/Country Zip Code

  Phone (_____) _____ – _____ _____ – ____ – _____ ____/____/_____
  Check one: ☐ Daytime ☐ Evening Social Security Number Date of Birth *(mm/dd/yyyy)*

  If **this** person died **after** the participant, provide the date of death. ____/____/_____
  mm dd yyyy

- **Name** _____ _____
  Last First Middle Relationship to Deceased Participant

  Address _____
  Street address or box number

  _____
  City State/Country Zip Code

  Phone (_____) _____ – _____ _____ – ____ – _____ ____/____/_____
  Check one: ☐ Daytime ☐ Evening Social Security Number Date of Birth *(mm/dd/yyyy)*

  If **this** person died **after** the participant, provide the date of death. ____/____/_____
  mm dd yyyy

- **Name** _____ _____
  Last First Middle Relationship to Deceased Participant

  Address _____
  Street address or box number

  _____
  City State/Country Zip Code

  Phone (_____) _____ – _____ _____ – ____ – _____ ____/____/_____
  Check one: ☐ Daytime ☐ Evening Social Security Number Date of Birth *(mm/dd/yyyy)*

  If **this** person died **after** the participant, provide the date of death. ____/____/_____
  mm dd yyyy

- **Name** _____ _____
  Last First Middle Relationship to Deceased Participant

  Address _____
  Street address or box number

  _____
  City State/Country Zip Code

  Phone (_____) _____ – _____ _____ – ____ – _____ ____/____/_____
  Check one: ☐ Daytime ☐ Evening Social Security Number Date of Birth *(mm/dd/yyyy)*

  If **this** person died **after** the participant, provide the date of death. ____/____/_____
  mm dd yyyy

☞ ☐ Check here if additional pages are used. Number of additional pages _____.

INFORMATION AND INSTRUCTIONS

V. REFERRAL FOR INFORMATION	If you answered "Don't Know" about potential beneficiaries in Section III, **or** you cannot provide a name, address, or telephone number for any individual you identified in Section IV, provide in this section the name, address, and telephone number of anyone else whom the TSP can contact to obtain this information. If you cannot provide the address and telephone number, provide any information that you can.
VI. ADDITIONAL INFORMATION	You can use this section to expand upon or clarify any information provided on this form. You can also use this space to provide additional information not covered elsewhere on this form which is relevant to the disposition of the deceased participant's account. (If you need additional space, continue on a blank sheet of paper.)
VII. CERTIFICATION	You must sign and date this form.

V. REFERRAL FOR INFORMATION

Complete this section if:

- You cannot provide a current address or telephone number for a potential beneficiary whom you listed in Section IV.
- There is no spouse and you believe there may be additional children about whom you have limited knowledge.
- You answered "Don't Know" about potential beneficiaries in Section III.

Please refer us to someone who may be able to provide this information. (*For more space, use Section VI.*)

Name _____ (_____) _____– _____
Daytime Phone

Address _____

City _____ State _____ Zip Code _____

Relationship to Participant _____

To which potential beneficiary(ies) does this referral apply? _____

_____

VI. ADDITIONAL INFORMATION

Use this space to provide any information that may be relevant to the disposition of the deceased participant's account and that you did not furnish elsewhere on this form.

_____

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VII. CERTIFICATION

I certify that the information I have provided is true and complete to the best of my knowledge. **Warning:** Any intentional false statement in this form or willful misrepresentation concerning it is a violation of law that is punishable by a fine of as much as $10,000 or imprisonment for as long as 5 years or both (18 U.S.C. 1001).

22. _____
Your Signature

23. _____
Date Signed

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. We are authorized by Executive Order 9397 to ask for the deceased participant's Social Security number and your Social Security number and by 26 U.S.C. 6109 to ask for Taxpayer ID Numbers. We will use the information you provide on this form to identify the deceased participant's account and to process death benefit payments from that account. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, 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 also disclose relevant portions of the information to appropriate parties engaged in litigation. You are not required by law to provide this information, but if you do not provide it, we will not be able to process this form or make payment.

Remember to attach a copy of the participant's death certificate when you submit this form.