

Form TSP-17

Information Relating to Deceased Participant

INFORMATION AND INSTRUCTIONS

GENERAL INFORMATION

Use this form to provide information about potential beneficiaries of a deceased participant's 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 the beneficiary's information, (e.g., address) that is on file with the record keeper.

Type or print the 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 Telephone number: (504) 255-6000

TDD: (504) 255-5113

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 certified death certificate with this form. The death certificate must state the cause or manner of death. (Note: Some states do not routinely include cause of death on death certificates, so you may have a specifically request 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. 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 certified death certificate must accompany this form.

tions for each section be	efore completing the form. A copy of the participant's certified death certificate must accompany this form.
I. INFORMATION	1. Name of Deceased Participant Last First Middle
ABOUT DECEASED	Last First Middle 2. 3. / 4. / /
PARTICIPANT	Social Security Number Date of Birth (Month/Day/Year) Date of Death (Month/Day/Year)
	5. Legal Residence at Time of Death
	Street Address
	6. City 7 8 Zip Code
	State/Country Zip Code 9. Check here to indicate that you have attached a copy of the certified death certificate (as required).
	one of the continued to indicate that you have attached a copy of the continued death continued (as required).
II.	10. Name 11.
INFORMATION ABOUT YOU	10. Name
ABOUT 100	12. Address
	Street Address or Box Number
	13. City 14 15 Zip Code
	16. Daytime Phone
	Relationship to Deceased Participant
III.	
 INFORMATION	18. Participant's Spouse Was the participant married at the time of death?
ABOUT	Yes No Don't Know
POTENTIAL	If "Yes," skip to section IV; if "No" or "Don't Know," complete questions 19 - 22 below.
BENEFICIARIES	
	19. Participant's Children At the time of the participant's death, were there any living children of the participant?
	Yes No Don't Know
	If "Yes," how many? Check here if unsure of the number of children you entered.
	20. Participant's Grandchildren (from deceased children only)
	A. Were there any children of the participant who died before the participant died?
	Yes Don't Know
	If "Yes," how many? Check here if unsure of the number of children you entered.
	B. If the participant had children who died before he/she died, were there any descendants of those
	children (i.e., the participant's grandchildren)?
	Yes Don't Know
	If "Yes," how many? Check here if unsure of the number of grandchildren you entered.
	21. 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 Don't Know
	22. Executor of Administrator of Participant's Estate Is there an Executor or Administrator for the estate
	of the participant?
	Yes Don't Know

If you answered "Yes" to any of questions 19 - 22, complete Section IV and the rest of this form. If you answered "No" to **every** question in this Section III, skip to Section VII; you may be contacted for additional information.

Form TSP-17 (Revised 3/98)

INFORMATION AND INSTRUCTIONS

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 five 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, also complete Section V.

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 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 needs to provide information about the participant's living children and the grandchild (from the participant's deceased child) identified in Items 19 and 20B. There is no need to provide information about the deceased child identified in Item 20A because that child predeceased the participant. There is also no need to provide information about the surviving parent, because the living children and grandchild will be the beneficiaries according to the statutory order of precedence.

Example

.	18. Participant's Spouse Was the participant married at the time of death?				
INFORMATION ABOUT	Yes X No Don't Know				
POTENTIAL BENEFICIARIES	19. Participant's Children At the time of the participant?	Participant's Children At the time of the participant's death, were there any living children of the participant?			
BENEFICIARIES	X Yes No Don't Know				
	If "Yes," how many? 2				
	20. Participant's Grandchildren (from deceased children only)				
	A. Were there any children of the participant who died before the participant died?				
	X Yes No Don't Know				
	If "Yes," how many? 1 Check here if unsure of the number of children you entered.				
	B. If the participant had children who died before he/she died, were there any descendants of those children (i.e., the participant's grandchildren)?				
	X Yes No Don't Know				
	If "Yes," how many? 1 Check he	re if unsure of the numbe	r of grandchildren you entered.		
	21. Participant's Parents				
	A. Was the participant's mother living at the	time of the participant's	death?		
	Yes X No Don't Know				
	B. Was the participant's father living at the t	ime of the participant's de	eath?		
	X Yes No Don't Know				
īv.					
	Name Stanek Brad				
DETAILED		Scott	Son		
DETAILED INFORMATION	Last First	Middle Relat	tionship to Deceased Paprticipant		
INFORMATION ABOUT			tionship to Deceased Paprticipant		
INFORMATION	Last First Address 123 Main Street	Middle Relat	ionship to Deceased Paprticipant		
INFORMATION ABOUT POTENTIAL	Address	Middle Relat Chicago, City Social Security Number	ionship to Deceased Paprticipant IL 60612 State Zip Code		
INFORMATION ABOUT POTENTIAL	Address	Middle Relat Chicago, City Social Security Number	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678		
INFORMATION ABOUT POTENTIAL	Address 123 Main Street Street Address or Box Number Phone (312) 555 - 1985 Check one: X Daytime Evening If this person died after the participant, provide	Middle Relat Chicago, City Social Security Number et the date of death.	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year		
INFORMATION ABOUT POTENTIAL	Address 123 Main Street Street Address or Box Number Phone (312) 555 - 1985 Check one: X Daytime Evening If this person died after the participant, provide Name Wadine Marie	Middle Chicago, City Social Security Number e the date of death. Therese	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter		
INFORMATION ABOUT POTENTIAL	Address 123 Main Street Street Address or Box Number Phone (312) 555 - 1985 Check one: X Daytime Evening If this person died after the participant, provide	Middle Chicago, City Social Security Number e the date of death. Therese	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year		
INFORMATION ABOUT POTENTIAL	Address 123 Main Street Street Address or Box Number Phone (312) 555 - 1985 Check one: X Daytime Evening If this person died after the participant, provide Name Wadine Marie Last First Address 1523 West Walnut St. Street Address or Box Number	Middle Chicago, City Social Security Number e the date of death. Therese Middle Pottstown, City	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code		
INFORMATION ABOUT POTENTIAL	Last First	Middle Chicago, City Social Security Number e the date of death. Therese Middle Relat Pottstown,	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464		
INFORMATION ABOUT POTENTIAL	Last First	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code		
INFORMATION ABOUT POTENTIAL	Last First	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code 923 - 45 - 6789		
INFORMATION ABOUT POTENTIAL	Address Address Address or Box Number	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number et the date of death.	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code 923 - 45 - 6789 Month Day Year		
INFORMATION ABOUT POTENTIAL	Last First	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number Related Rela	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code 923 - 45 - 6789 Month Day Year Grandson		
INFORMATION ABOUT POTENTIAL	Address 123 Main Street Street Address or Box Number Phone (312) 555 - 1985 Check one: X Daytime Evening If this person died after the participant, provide Name Wadine Marie Last First Address 1523 West Walnut St. Street Address or Box Number Phone (610) 555 - 9432 Check one: X Daytime Evening If this person died after the participant, provide	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number Related Rela	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code 923 - 45 - 6789 Month Day Year		
INFORMATION ABOUT POTENTIAL	Address Last Street Address or Box Number	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number Therese Middle Relat Pottstown, City Social Security Number The date of death. Arthur Middle Relat Gaithersburg, City	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code 923 - 45 - 6789 Month Day Year Grandson ionship to Deceased Paprticipant MD 20878 State Zip Code		
INFORMATION ABOUT POTENTIAL	Address 123 Main Street Street Address or Box Number Phone (312) 555 - 1985 Check one: X Daytime Evening If this person died after the participant, provide Name Wadine Marie Last First Address 1523 West Walnut St. Street Address or Box Number Phone (610) 555 - 9432 Check one: X Daytime Evening If this person died after the participant, provide Name Stanek Thomas Address 921 North Avenue Street Address or Box Number First Address 921 North Avenue Street Address or Box Number Phone (301) 555 - 1980	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number Arthur Middle Relat Gaithersburg,	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code 923 - 45 - 6789 Month Day Year Grandson ionship to Deceased Paprticipant Day Year Grandson ionship to Deceased Paprticipant MD 20878		
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INFORMATION ABOUT POTENTIAL	Address 123 Main Street Street Address or Box Number Phone (312) 555 - 1985 Check one: X Daytime Evening If this person died after the participant, provide Name Wadine Marie Last First Address 1523 West Walnut St. Street Address or Box Number Phone (610) 555 - 9432 Check one: X Daytime Evening If this person died after the participant, provide Name Stanek Thomas Address 921 North Avenue Street Address or Box Number First Address 921 North Avenue Street Address or Box Number Phone (301) 555 - 1980	Middle Chicago, City Social Security Number Therese Middle Pottstown, City Social Security Number Therese Middle Relat Pottstown, City Social Security Number The date of death. Arthur Middle Relat Gaithersburg, City Social Security Number	ionship to Deceased Paprticipant IL 60612 State Zip Code 912 - 34 - 5678 Month Day Year Daughter ionship to Deceased Paprticipant PA 19464 State Zip Code 923 - 45 - 6789 Month Day Year Grandson ionship to Deceased Paprticipant MD 20878 State Zip Code		

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 whom you identified in Item 19 and all grandchildren (from deceased children only) whom you identified in Item 20B in Section III. (You do not need to provide this information for any children identified in Item 20A who died before the participant.)

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 21A and 21B. If there were no living parents, provide information about the Executor or Administrator identified in Item 22.

	Last	First	Middle	Relationship to Deceased Pa	prticipant
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Name					
	Last	First	Middle	Relationship to Deceased Pa	prticipant
Address	3				
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Name Address	Last Street Address or Box Number	rovide the	Middle City	Relationship to Deceased Papers	prticipant
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Name Address Phone	Last Street Address or Box Number Check one: Daytime E	rovide the o	Middle City Social Security Nu	Relationship to Deceased Papers	prticipant
Name Address Phone f this po	Last Street Address or Box Number Check one: Daytime E	rovide the o	Middle City Social Security Nu	Relationship to Deceased Paper State	prticipant Zip Code
Name Address Phone f this po	Last Street Address or Box Number Check one: Daytime Eerson died after the participant, p	rovide the of First	Middle City Social Security Nu date of death.	Relationship to Deceased Paper State Imber Month Day	prticipant Zip Code Year
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Name Address Phone f this po	Last Street Address or Box Number Check one: Daytime Eerson died after the participant, p	rovide the of First	Middle City Social Security Nu date of death.	Relationship to Deceased Paper State Imber Month Day	prticipant Zip Code Year
Name Address Phone If this po	Last Street Address or Box Number Check one: Daytime Eerson died after the participant, p	rovide the of First	Middle City Social Security Nudate of death. Middle City	State Month Day Relationship to Deceased Page State Month Day Relationship to Deceased Page State	prticipant Zip Code Year prticipant
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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 the telephone number for any individual you identified in Section IV, provide the name, address, and the phone number of anyone else whom the TSP can contact to obtain this information. If you cannot provide both the address and telephone number, provide any information that you can.
VI. ADDITIONAL INFORMATION	You can use the space in 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 that may be 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.

Deceased	Partici	nant's	Name
Deceaseu	ı aıtıcı	vanı ə	Name

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REFERRAL	
FOR	
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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.

	Miowicage.				
	 You answered "Don't Know" about p 	otential beneficiaries in Section III.			
	Please refer us to someone who may be	e able to provide this information. (For r	more space, use Section VI.)		
	Name				
	Address		Daytime Phone		
	City	State	Zip Code		
	Relationship to Participant				
	To which potential beneficiary(ies) d	oes 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 is not covered elsewhere on this form.				
	-				
	_				
VII. CERTIFICATION	I certify that the information I have provintentional false statement in this form of punishable by a fine of as much as \$10.	or willful misrepresentation concerning	g it is a violation of the law that is		
	23.		24.		
	Your Signature		Date Signed		

PRIVACY ACT NOTICE. We are authorized to collect this information under 5 U.S.C. Secs. 8401-8479 (1994). We are authorized by Executive Order Number 9397 to ask for the participant's Social Security number and your Social Security number, and by 26 U.S.C. 6109 (1994) to request a Taxpayer ID number. We will use the information on this form to identify the participant's account and process this form. This information may be shared with other Federal agencies to administer the account or for statistical, auditing, or archiving purposes. This information may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain

information necessary under this program, to report income tax, or for other law enforcement purposes. It may also be shared with Congressional offices, Individual Retirement Arrangement plans, auditing firms, and other beneficiaries and representatives of the participant's estate. It may also be released in response to a court order or subpoena, or to appropriate parties engaged in litigation affecting the participant's TSP account. You are not required to provide any of the information requested on this form, but if it is not provided, the TSP Service Office may not be able to make payment or correspond with you.

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