



Thrift Savings Plan

Submitting forms online

Once you complete this form, you may submit it online through My Account. For instructions on how to prepare your file for upload, log in to My Account and select **Upload Form** from the menu.



TSP-3

Designation of Beneficiary

September 2020

**For federal civilian employees, members of the uniformed services,
and beneficiary participants**

If you would like your TSP account to be distributed according to the statutory order of precedence, do not complete this form. You can review the order of precedence on the first page of this form's instructions.

Use this form to designate a beneficiary or beneficiaries to receive your Thrift Savings Plan (TSP) account after your death. Before completing this form, consider using the online tool at tsp.gov instead. Using the online tool will greatly reduce the chance of errors that could cause the request to be delayed or rejected. If accepted, this *Designation of Beneficiary* form will stay in effect until you submit another valid Form TSP-3 naming other beneficiaries or canceling all prior designations. 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 cross out, erase, or otherwise change any information you provide on this form.** Make a copy of this form for your records and send the original to the TSP. If you are an active employee or service member, **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 1-877-968-3778 or the TDD at 1-877-847-4385. Outside the U.S. and Canada, please call 404-233-4400 (not toll free).

You will receive written notification once your form is processed.

Check to make sure of the following:

- ✓ You sign all pages where you list a beneficiary or beneficiaries, including any extra pages you add.
- ✓ You have the same witness sign and date all pages—including any extra pages—after you sign and date the form. The witness cannot be named as a beneficiary.
- ✓ You provide your name and account number on each page that you submit to the TSP.
- ✓ You print **legibly**.
- ✓ You do not alter this form or any information you provide on it.
- ✓ Your primary beneficiaries' shares add up to 100%.
- ✓ If you name contingent beneficiaries, you name a primary beneficiary for each contingent beneficiary.
- ✓ The shares of contingent beneficiaries (if any) total 100% for each primary beneficiary.
- ✓ You do **not** submit your will or direct us to make a designation according to your will.
- ✓ You mail this form to:

**Thrift Savings Plan
P.O. Box 385021
Birmingham, AL 35238**

Or fax to: **1-866-817-5023**



THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

TSP-3

I. PARTICIPANT INFORMATION—This applies to my: Civilian Uniformed Services Beneficiary Participant Account

<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	Middle Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
TSP Account Number	Date of Birth (mm/dd/yyyy)	Daytime Phone (Area Code and Number)

<input type="text"/>	<input type="checkbox"/> Foreign address? Check here.
Street Address or Box Number	

<input type="text"/>
Street Address Line 2

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	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 statutory order of precedence set by the United States Code (5 U.S.C. § 8424(d)).

Check here only to cancel all prior beneficiary designations without naming new beneficiaries. (Also complete Section IV.)

III. PRIMARY BENEFICIARY DESIGNATIONS

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

<input type="text"/>	<input type="text"/>
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation	SSN/EIN/Tax ID

<input type="text"/>	<input type="text"/>
Name of Trustee/Executor (if applicable)	Date of Birth (mm/dd/yyyy)

Address: Foreign address? Check here.

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

<input type="text"/>	<input type="text"/>
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation	SSN/EIN/Tax ID

<input type="text"/>	<input type="text"/>
Name of Trustee/Executor (if applicable)	Date of Birth (mm/dd/yyyy)

Address: Foreign address? Check here.

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

<input type="text"/>	<input type="text"/>
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation	SSN/EIN/Tax ID

<input type="text"/>	<input type="text"/>
Name of Trustee/Executor (if applicable)	Date of Birth (mm/dd/yyyy)

Address: Foreign address? Check here.

IV. SIGNATURES—This entire form is valid **only if** all pages are signed, dated, and then **witnessed by the same person**. The 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 witness affirms that the participant either signed in the witness's presence or informed the witness that he or she signed it earlier.

<input type="text"/>	<input type="text"/>
Participant Signature	Date Signed (mm/dd/yyyy)

Check here and go to Page 2 if naming more than 3 **primary** beneficiaries.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Witness Signature	Date Signed (mm/dd/yyyy)	Witness Print Full Name



Do Not Write In This Section

FORM TSP-3, INFORMATION AND INSTRUCTIONS FOR PAGES 1 AND 2

If accepted, this form stays in effect until you submit another valid Form TSP-3 naming other beneficiaries or canceling 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 spouse
2. If none, to your child or children equally, with the share due any deceased child divided equally among that child's descendants
3. If none, to your parents equally or to your surviving parent
4. If none, to the appointed executor or administrator of your estate
5. If none, to your next of kin who is entitled to your estate under the laws of the state in which you resided at the time of your death

As used here, "child" means either a biological child or a child adopted by the participant. It does not include your stepchild or foster child unless you have adopted the child. Nor does it include your biological child if that child has been adopted by someone other than your spouse.

"Parents" does not include stepparents who have not 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 (e.g., 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 canceling 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 and 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.

Unless you designate a contingent beneficiary, 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 are alive at the time of your death, the statutory 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, where provided, using black or dark blue ink. For beneficiary addresses print or type legibly in the spaces provided.

EXAMPLES

Correct

C O R R E C T

3 / 6 / 1 9 8 2

Incorrect

Incorrect

3 / 6 / 1 9 8 2

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** a uniformed services account and want to designate the same beneficiaries and shares for both accounts, check both boxes. To designate different beneficiaries for each account, you must submit two forms. If you have a civilian and/or uniformed services account **in addition to** a beneficiary participant account, you will need to complete an additional Form TSP-3 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 beneficiary participant 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 have a foreign address, check the box to indicate this.

SECTION II—Cancellation. To **cancel** a Form TSP-3 already on file **without naming new beneficiaries**, check the box in this section, 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 III.** Your new designation(s) will automatically cancel any previous designation(s) on file with the TSP.

Name:

[Name input box]

(Last, First, Middle)

TSP Account Number:

[TSP Account Number input box]

ADDITIONAL PRIMARY BENEFICIARY DESIGNATIONS

Make a copy of this blank page to designate additional primary beneficiaries.

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)

Address: _____ Foreign address? Check here.

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)

Address: _____ Foreign address? Check here.

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)

Address: _____ Foreign address? Check here.

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)

Address: _____ Foreign address? Check here.

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)

Address: _____ Foreign address? Check here.

Participant Signature

Date Signed (mm/dd/yyyy)

Witness Signature

Date Signed (mm/dd/yyyy)

Check here if naming more primary beneficiaries. (See instructions for submitting additional pages.)

Do Not Write In This Section

FORM TSP-3, Page 2 (9/2020)

PREVIOUS EDITIONS OBSOLETE

FORM TSP-3, INFORMATION AND INSTRUCTIONS FOR PAGES 1 AND 2 (continued)

SECTION III—Primary Beneficiary Designations. You may name any person, a trust, your estate, or a legal entity/corporation as a beneficiary. **Note:** If the beneficiary is a minor child, benefits will be made payable directly to the child. To designate a custodian for your minor child, you may want to consider using a Uniformed Transfer to Minors Act (UTMA) form. Contact the ThriftLine for additional information about this form.

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, and date of birth or Social Security number (SSN) or other tax ID (such as an Employer Identification Number [EIN]).
- 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 spaces 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." Enter the name of the estate and the executor's name and address in the spaces indicated. Enter the EIN, if available. Leave the date of birth boxes blank.

- If the beneficiary is a legal entity or corporation, 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, use Page 2 of this form. Use photocopies of a blank Page 2 if you are naming more than that page allows. Enter your name and TSP account number on the top of each page, and follow the instructions for completing Section III. **You must sign and date all additional pages. The same witness who signed Page 1 must also sign and date all pages that you submit to the TSP.**

If you want to designate contingent beneficiaries, complete Section V on Page 3.

EXAMPLES. Below are examples of how to designate primary beneficiaries.

SECTION IV—Signatures. Sign and date the form on all pages on the same date. Do not ask an individual you name as a beneficiary 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 your witness **cannot** receive a share of the account. The witness must be age 21 or older.

EXAMPLES OF DESIGNATING PRIMARY BENEFICIARIES

DESIGNATING MULTIPLE PRIMARY BENEFICIARIES

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

GREENWOOD ASHLEY DANIELLE SSN/EIN/Tax ID 926 35 8072

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable) 12/22/1984 Date of Birth (mm/dd/yyyy)

Address: 1066 CHURCHILL LANE, TUCSON, AZ 85735-3003 Foreign address? Check here.

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

POINTER MARY JANE SSN/EIN/Tax ID 915 99 2135

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable) 10/11/1960 Date of Birth (mm/dd/yyyy)

Address: 21 NORTH LAKEWOOD DRIVE, NEW ORLEANS, LA 70124-1920 Foreign address? Check here.

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

JOHNSON CHRISTOPHER ANDREW SSN/EIN/Tax ID 902 37 6633

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

Name of Trustee/Executor (if applicable) 6/13/1991 Date of Birth (mm/dd/yyyy)

Address: 1506 ARBOR ROAD, MIRAMAR, FL 33028-1234 Foreign address? Check here.

DESIGNATING A TRUST

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

JOHN P MANO TRUST SSN/EIN/Tax ID

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

ERIC P MANO SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable)

Address: 1111 DELAWARE LANE, NEW YORK, NY 14607-8295 Foreign address? Check here.

DESIGNATING AN ESTATE

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

ESTATE OF RUTH R JONES SSN/EIN/Tax ID

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

MARLA MCCOY SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable)

Address: 150 ROSSMOYNE DRIVE, ALAMEDA, CA 94510-7481 Foreign address? Check here.

DESIGNATING A LEGAL ENTITY/CORPORATION

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

THE XYZ FOUNDATION SSN/EIN/Tax ID 79 99 99 99 99

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

ELEANOR JARVIS SSN/EIN/Tax ID

Name of Trustee/Executor (if applicable)

Address: 64730 CONNECTICUT AVENUE, SUITE 240A, BETHESDA, MD 20815-0637 Foreign address? Check here.

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:

[Name input box]

(Last, First, Middle)

TSP Account Number:

[TSP Account Number input box]

V. CONTINGENT BENEFICIARY DESIGNATIONS—Each contingent beneficiary must be linked to a primary beneficiary. You cannot link a contingent beneficiary to another contingent beneficiary. Make a copy of this blank page to designate additional contingent beneficiaries.

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

[Name input box]

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID input box]

SSN/EIN/Tax ID

[Name input box]

Name of Trustee/Executor (if applicable)

[Date of Birth input box]

Date of Birth (mm/dd/yyyy)

Address: _____ Foreign address? Check here.

Contingent to which primary beneficiary?

[Name input box]

Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID or Date of Birth input box]

SSN/EIN/Tax ID or Date of Birth

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

[Name input box]

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID input box]

SSN/EIN/Tax ID

[Name input box]

Name of Trustee/Executor (if applicable)

[Date of Birth input box]

Date of Birth (mm/dd/yyyy)

Address: _____ Foreign address? Check here.

Contingent to which primary beneficiary?

[Name input box]

Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID or Date of Birth input box]

SSN/EIN/Tax ID or Date of Birth

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

[Name input box]

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID input box]

SSN/EIN/Tax ID

[Name input box]

Name of Trustee/Executor (if applicable)

[Date of Birth input box]

Date of Birth (mm/dd/yyyy)

Address: _____ Foreign address? Check here.

Contingent to which primary beneficiary?

[Name input box]

Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID or Date of Birth input box]

SSN/EIN/Tax ID or Date of Birth

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

[Name input box]

Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID input box]

SSN/EIN/Tax ID

[Name input box]

Name of Trustee/Executor (if applicable)

[Date of Birth input box]

Date of Birth (mm/dd/yyyy)

Address: _____ Foreign address? Check here.

Contingent to which primary beneficiary?

[Name input box]

Name (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation

[SSN/EIN/Tax ID or Date of Birth input box]

SSN/EIN/Tax ID or Date of Birth

[Participant Signature input box]

Participant Signature

[Date Signed input box]

Date Signed (mm/dd/yyyy)

[Witness Signature input box]

Witness Signature

[Date Signed input box]

Date Signed (mm/dd/yyyy)

Check here if naming more **contingent** beneficiaries. (See instructions for submitting additional pages.)

Do Not Write In This Section

FORM TSP-3, Page 3 (9/2020)

PREVIOUS EDITIONS OBSOLETE

FORM TSP-3, 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. **The contingent beneficiary(ies) you name will receive the portion of the TSP account that you designated for a specific primary beneficiary who dies before you do.**

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 III. 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. 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 want to name the same contingent beneficiary for multiple primary beneficiaries, list your contingent beneficiary multiple times in order to link it to each primary beneficiary.

If you are naming more contingent beneficiaries than will fit on one page, photocopy a blank 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 witness who signed Page 1 must also sign and date all pages that you submit to the TSP.**

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%

GREENWOOD TAYLOR GRACE 974 02 3941
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

3/18/2003
Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Address: 1066 CHURCHILL LANE, TUCSON, AZ 85735-3003 Foreign address? Check here.

Contingent to which primary beneficiary?
 GREENWOOD ASHLEY DANIELLE 926 35 8072
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, Ashley Danielle Greenwood, dies before you do, Taylor Grace Greenwood would receive 100% of her share when you die. Thus, if Ashley's share is 33% of your account, Taylor would receive that 33% share.

EXAMPLE 2

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

HALT RICHARD ALAN 926 35 8072
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

5/26/1955
Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Address: 1492 MARIGOLD AVENUE, ROCKLAWN, CA 94510-9876 Foreign address? Check here.

Contingent to which primary beneficiary?
 POINTER MARY JANE 915 99 2135
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: 50%

HALT LISA ELAINE 942 26 7892
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

12/6/1962
Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Address: 2007 IRIS COURT, ROCKLAWN, CA 94510-9877 Foreign address? Check here.

Contingent to which primary beneficiary?
 POINTER MARY JANE 915 99 2135
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, Mary Jane Pointer, dies before you do, Richard Alan Halt and Lisa Elaine Halt would each receive 50% of her share. In other words, if Mary Jane Pointer's share is 33% of your account balance, they would each get 50% of what Mary Jane 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 903 24 7652
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

TIMOTHY REELS
Name of Trustee/Executor (if applicable) SSN/EIN/Tax ID or Date of Birth

Address: 92 OAK STREET, BOISE, ID 83709-2143 Foreign address? Check here.

Contingent to which primary beneficiary?
 WILLIAMS SIDNEY STEVEN 903 24 7652
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, Sidney Steven Williams, dies before you do, the estate of Betsy A. Lucas would receive 100% of his share when you die. Thus, if Sidney's share is 60% of your account, Betsy's estate would receive that 60% share.

EXAMPLE 4

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

SANTOS JENNIFER MARIA 971 08 6234
Name of Individual (Last, First, Middle)/Trust/Estate/Legal Entity or Corporation SSN/EIN/Tax ID

11/30/1983
Name of Trustee/Executor (if applicable) Date of Birth (mm/dd/yyyy)

Address: 6543 ARKANSAS DRIVE, CHICAGO, IL 60601-1748 Foreign address? Check here.

Contingent to which primary beneficiary?
 JEROME WHEELIS TRUST
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, Jennifer Maria Santos would receive the entire share that you designated for the Jerome Wheelis Trust.