

THRIFT SAVINGS PLAN

DEATH BENEFIT ELECTION FOR A NON-SPOUSE BENEFICIARY

TSP-81

☐ Civilian ☐ Uniformed Services

I. INFORMATION ABOUT THE NON-SPOUSE BENEFICIARY

1. <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"></table> Last Name	3. <table border="1" style="width: 100%; height: 25px; border-collapse: collapse; text-align: center;"> / </table> Date of Birth (<i>mm/dd/yyyy</i>)	4. _____ Daytime Phone (<i>Area Code and Number</i>)
2. <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"></table> Beneficiary's Social Security Number/EIN		
5. <input type="checkbox"/> Foreign address? Check here.		
6. <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"></table> Street Address or Box Number (For a foreign address, see instructions on back.)		
<table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"></table> Street Address Line 2		
7. <table border="1" style="width: 100%; height: 25px; border-collapse: collapse;"></table> City	8. <table border="1" style="width: 100%; height: 25px; border-collapse: collapse; text-align: center;"> </table> State	9. <table border="1" style="width: 100%; height: 25px; border-collapse: collapse; text-align: center;"> - </table> Zip Code

II. INFORMATION ABOUT THE DECEASED TSP PARTICIPANT

10.

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 Last Name

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 First Name

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 Middle Name

11.

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 Participant's Social Security Number

12.

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 Participant's Date of Birth [mm/dd/yyyy]

III. REQUEST FOR DIRECT DEPOSIT — This section is optional. Complete this section if you want the portion of your payment that is not being transferred directly deposited into your checking or savings account.

13. Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	14. <table border="1" style="display: inline-table; width: 200px; height: 1.2em; vertical-align: middle;"></table> Name of Financial Institution	15. <table border="1" style="display: inline-table; width: 100px; height: 1.2em; vertical-align: middle;"></table> ACH Routing Number <i>(Must be 9 digits)</i>	16. <table border="1" style="display: inline-table; width: 150px; height: 1.2em; vertical-align: middle;"></table> Checking or Savings Account Number
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IV. ADDITIONAL TAX WITHHOLDING — This section is optional. The TSP must withhold 20% of the taxable portion of your payment for Federal income tax. Withholding does not apply to amounts transferred to an inherited IRA or which are otherwise nontaxable (see instructions).

17. In **addition** to the mandatory 20%, withhold this amount for Federal income tax: \$. .00

V. CERTIFICATION AND NOTARIZATION — I certify that the information I have provided on all pages of this form is true and complete to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of law that is punishable by a fine or imprisonment for as long as 5 years, or both (18 U.S.C. § 1001).

18.
Your Signature

19. / / /
Date Signed (mm/dd/yyyy)

20. Notary: Please complete the following. No other acknowledgement is acceptable (see instructions).

The person who signed Item 18 is known to or was identified by me and, before me, signed or acknowledged to have signed this form. In witness thereof, I have signed below on this _____ day of _____, _____.

Month Year

My commission expires: _____
Date (mm/dd/yyyy)

Notary's Signature

Notary's Printed Name _____

Notary's Phone Number _____

Jurisdiction

FORM TSP-81, Page 1 (10/2015)
PREVIOUS EDITIONS OBSOLETE

TSP-81, INFORMATION AND INSTRUCTIONS FOR PAGE 1

Your death benefit can be paid directly to you, or you may transfer all or part of your payment from the TSP to an inherited traditional and/or an inherited Roth IRA. There may be significant tax benefits to doing so, but the rules are complicated. Information about inherited IRAs is provided in the tax notice "Important Tax Information About Thrift Savings Plan Death Benefit Payments." The TSP strongly recommends that you consult a tax advisor or your IRA provider **before** you make a decision regarding your death benefit payment. A properly disbursed TSP payment may not be returned.

You must complete Sections I–II and sign and date Section V. If you are choosing to transfer all or part of the **traditional (non-Roth)** amount of the death benefit to an inherited IRA, your IRA trustee must complete Section VII on Page 2. If you are choosing to transfer all or part of the **Roth** amount of your death benefit (if there is one), then your Roth IRA trustee must complete Section IX on Page 3. If you want any amount that is not transferred to an inherited IRA to be directly deposited into your checking or savings account, complete Section III. Make a copy of the completed form for your records and mail the original form to: **TSP Death Benefits Processing Unit, P.O. Box 4450, Fairfax, VA 22038-4450**. Or you can fax the form to: **1-703-592-0170**. Your form **must** be received 5 business days before the scheduled payment date.

For overnight delivery, send to **ATTN: TSP Death Benefits Processing Unit, 12210 Fairfax Town Center, Unit 906, Fairfax, VA 22033**.

If you have questions, call the toll-free 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 404-233-4400 (not toll free).

Note: Check the box(es) at the top right to indicate whether the information you provide on this form applies to death benefit(s) from a civilian account, a uniformed services account, or both. This information can be found in the letter(s) we sent to notify you that you are a beneficiary.

I AND II. Information About the Beneficiary and the Deceased TSP Participant

Provide the requested information about yourself in **Items 1–9**. If you are completing this form for a beneficiary who is a minor, please enter the beneficiary's information rather than your own.

If you have a foreign address, check the box in Item 5 and enter the foreign address in Items 6–9 as follows:

First address line: Enter the street address or post office box number and any apartment number.

Second address line: Enter the city or town name; other principal subdivision (e.g., province, state, county); and postal code, if known. (The postal code may precede the city or town.)

City/State/Zip Code fields: Enter the entire country name in the City field; leave the State and Zip Code fields blank.

If you use an **Air/Army Post Office (APO)** or **Fleet Post Office (FPO)** address, enter that address in the two available address lines (include the unit designation). Enter APO or FPO, as appropriate, in the City field. In the State field, enter AE as the state abbreviation for Zip Codes beginning with 090–098, AA for Zip Codes beginning with 340, and AP for Zip Codes beginning with 962–966. Then enter the appropriate Zip Code.

Provide the requested information about the deceased TSP participant from whose account the death benefit is to be paid in **Items 10–12**.

III. Request for Direct Deposit

13–16: Complete this section only if you want the portion of your payment that is not being transferred to an inherited IRA deposited directly into your checking or savings account. Provide all of the requested information. If you do not know the 9-digit ACH routing number, contact your financial institution. Be sure to check your information carefully. Incorrect routing or account numbers will delay the receipt of your payment or could result in its loss. **Note:** Direct deposits will be made only to a financial institution in the United States.

IV. Additional Tax Withholding

17: There is a **mandatory 20% Federal income tax withholding** on the **taxable** portion of payments that are not transferred directly to an inherited IRA. (For payments to estates, the withholding is 10%.) You cannot waive this withholding. If you believe the 20% withholding amount will not cover your full Federal tax liability, you may request additional withholding by completing Item 17. If there are tax-exempt contributions in your payment, then the tax-exempt portion will not be subject to mandatory tax withholding. Roth contributions are not subject to mandatory tax withholding, but Roth earnings are subject to tax withholding unless certain Internal Revenue Service conditions have been met. For example, if all or part of your payment is sent directly to you, then the Roth earnings paid to you would be tax-free if 5 years have passed since January 1 of the calendar year of the deceased participant's first Roth contribution. Your payment may also be subject to state income taxes. For more information, read the tax notice "Important Tax Information About Thrift Savings Plan Death Benefit Payments." **If you complete this section, you should not complete IRS Form W-4P.**

V. Certification and Notarization

18–20: Read the certification carefully and sign and date the form. If you are completing this form for a minor beneficiary, either you or the beneficiary may sign the certification. The signature must be notarized; otherwise, the request cannot be processed. Because the form will be filed with a Federal agency in Washington, D.C., the notary must complete the notarization in Item 20. No other acknowledgment is acceptable.

PRIVACY ACT NOTICE. We are authorized to request this information under 5 U.S.C. chapter 84. Executive Order 9397 authorizes us to ask for the participant's and your Social Security numbers, which will be used to identify the participant's account and for tax reporting. We will use the information you provide on this form to process your request. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, we may share the informa-

tion 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 your request.

Form TSP-81 (10/2015)
PREVIOUS EDITIONS OBSOLETE

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TRANSFER—TRADITIONAL FUNDS

VI. TRADITIONAL AMOUNT YOU WANT THE TSP TO TRANSFER — This page is optional. Complete this section if your payment includes traditional (non-Roth) money **and** you would like to transfer all or part of the traditional portion of your payment. After you complete this section, take or send this page (including the instructions on the back) to your inherited IRA. Your IRA trustee must complete Section VII. **You** must submit the completed package in order for your transfer to be processed. **Note:** If you choose to transfer traditional funds to an inherited Roth IRA, you will have to pay tax on that amount when you file your tax return for the year.

21. Transfer .0% of the **traditional (non-Roth)** portion of my payment to the inherited IRA designated in Section VII. (Use whole percentages between 1 and 100%.) Send the remaining balance of the traditional portion of my payment, if any, directly to me at the address provided in Section I or to my checking or savings account indicated in Section III.

VII. TRANSFER INFORMATION FOR TRADITIONAL FUNDS — The IRA trustee should complete this section. The account described here must be an inherited traditional IRA or an inherited Roth IRA. Please return this completed form to the individual named above. **Do not submit forms of financial institutions.**

- 22. Type of Account:** ☐ Inherited Traditional IRA ☐ Inherited Roth IRA

- [illegible]

- [illegible]

- 25.** ☐ Check this box if tax-exempt balances are accepted into the account identified above.

26. Provide the **account name and mailing address exactly as it should appear** on the check you receive. (This will show through the window envelope.)

[illegible]

Make check payable to (Provide this information exactly as it should appear on the check.)

[illegible][illegible]

City

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State

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Zip Code

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The financial institution will use this information to identify the inherited IRA that is to receive the transfer.

I confirm the accuracy of the information in this section and the identity of the individual named above. As a representative of the financial institution to which the funds are being transferred, I certify that the financial institution agrees to accept the funds directly from the Thrift Savings Plan and deposit them in the above-named inherited IRA.

- [illegible]

28. ()
Daytime Phone (Area Code and No.)

29.
Signature of Certifying Representative

30.

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Date Signed (mm/dd/yyyy)

TSP-81, INFORMATION AND INSTRUCTIONS FOR PAGE 2

You may elect to transfer all or part of your payment to an inherited traditional IRA and/or an inherited Roth IRA. The type of IRA to which you can transfer depends on whether your payment consists of traditional (non-Roth) funds, Roth funds, or both.

If you would like to transfer all or any part of the **traditional (non-Roth)** portion of your payment into an inherited traditional or inherited Roth IRA, complete Page 2. **Note:** If you choose to transfer any of the traditional portion of your payment to an inherited Roth IRA, you will have to pay tax on that amount when you file your tax return for the year.

If you would like to transfer all or any part of the **Roth** portion of your payment (if you have one) to an inherited Roth IRA, complete Page 3.

If you would like to transfer all or any part of **both** the traditional and Roth portions of your payment to **separate plans** or to the **same plan**, you must complete Page 2 and Page 3.

VI. Traditional Amount You Want the TSP to Transfer

21: Indicate the percentage of the traditional (non-Roth) portion of your payment that you would like to transfer. Use whole percentages between 1 and 100%. Any amount not transferred to an inherited IRA will be paid directly to you by check unless you choose direct deposit in Section III. If the participant's traditional balance includes tax-exempt contributions, your payment will be based on the proportion of taxable and tax-exempt amounts in the traditional balance. However, the taxable portion of your payment will be transferred to the inherited IRA first. Tax-exempt money will be transferred **only if** the taxable portion does not satisfy the percentage that you elected to transfer **and** the IRA certifies that it will accept tax-exempt money.

VII. Transfer Information for Traditional Portion of Payment

If part or all of the traditional (non-Roth) portion of the payment is to be transferred to an inherited IRA, this section must be completed by the IRA trustee before you submit this form to the TSP. The IRA trustee completing this form must ensure that the account described here is an eligible retirement plan as defined by the Internal Revenue Code (IRC).

Do not submit transfer forms of financial institutions; the TSP cannot accept them.

The institution to which your payment is to be transferred must be a trust established inside the United States (i.e., the 50 states and the District of Columbia).

The financial institution should retain a copy of Page 2 to identify the account to which the check should be deposited when it is received. **Note:** The TSP will report all payments and transfers to the IRS on Form 1099-R. The institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

Information for the IRA Trustee: Complete Section VII and return this form to the individual identified at the top of the page. The IRA trustee must ensure that the account described here is an inherited traditional or inherited Roth IRA.

22: Type of Account. Indicate whether the transfer is to an inherited traditional IRA or to an inherited Roth IRA.

23: Name on Inherited IRA. Enter the title of the inherited IRA into which the death benefit is to be deposited.

24: Inherited IRA Account Number. Enter the account number (if available) of the inherited IRA to which the money is to be transferred. The account number, along with the name and Social Security number of the beneficiary, will appear on the check stub.

25: Transfer of tax-exempt balances. Members of the uniformed services, in certain circumstances, are entitled to contribute tax-exempt money to their uniformed services TSP accounts; therefore, their accounts may contain tax-exempt balances. If the participant's account includes a tax-exempt balance, the death benefit payment will also have a tax-exempt balance. In that case, the taxable portion of the payment will be transferred first. Tax-exempt money will be transferred **only if** the taxable portion of the payment does not satisfy the transfer election **and** the IRA accepts tax-exempt balances. Check the box in Item 24 to indicate whether you will accept tax-exempt balances.

26: Account name and mailing address. The name and address information you provide here will be shown on the check and will be seen through the window envelope. In the first line, please provide the exact name of the inherited IRA as it should appear on the check. This is the entity to whom the check will be made payable. Because the beneficiary's name, Social Security number, and inherited IRA account number (if available) are shown on the check stub, you do not need to provide it here. Please limit your response to the available boxes. You will have to use the information you provide here **to process the check and to help identify the account** to which the check should be deposited.

27–30: The certifying representative must provide the requested information. If the TSP needs more information from the financial institution, the person named here will be contacted.

has traditional IRA and an inherited Roth IRA. The type of IRA

[illegible]

TRANSFER — ROTH FUNDS

VIII. ROTH AMOUNT YOU WANT THE TSP TO TRANSFER — **This page is optional.** Complete this section if your payment includes Roth money **and** you would like to transfer all or part of the Roth portion of your payment. After you complete this section, take or send this page (including the instructions on the back) to your IRA. Your IRA trustee must complete Section IX. **You** must submit the completed package in order for your transfer to be processed.

31. Transfer .0% of the **Roth** portion of my payment to the inherited Roth IRA designated in Section IX. (Use whole percentages between 1 and 100%.) Send the remaining balance of the Roth portion of my payment, if any, directly to me at the address provided in Section I or to my checking or savings account indicated in Section III.

IX. TRANSFER INFORMATION FOR ROTH FUNDS — The IRA trustee should complete this section. The account described here must be an inherited Roth IRA. Please return this completed form to the individual named above. **Do not submit forms of financial institutions.**

32. _____
Name on Inherited Roth IRA

[illegible]

34. Provide the **account name and mailing address exactly as it should appear** on the check you receive. (This will show through the window envelope.)

Make check payable to (Provide this information exactly as it should appear on the check.)

[illegible][illegible]

Zip Code

The financial institution will need to use this information to identify the inherited Roth IRA that is to receive the transfer.

I confirm the accuracy of the information in this section and the identity of the individual named above. As a representative of the financial institution to which the funds are being transferred, I certify that the financial institution agrees to accept the funds directly from the Thrift Savings Plan and deposit them in the above-named inherited Roth IRA.

35.

Typed or Printed Name of Certifying Representative (*Last, First, Middle*)

36. ()
Daytime Phone (Area Code and No.)

37. _____
Signature of Certifying Representative

38.

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Date Signed (mm/dd/yyyy)

TSP-81, INFORMATION AND INSTRUCTIONS FOR PAGE 3

You may elect to transfer all or part of your payment to an inherited traditional IRA and/or an inherited Roth IRA. The type of IRA to which you can transfer depends on whether your payment consists of traditional (non-Roth) funds, Roth funds, or both.

If you would like to transfer all or any part of the **traditional (non-Roth)** portion of your payment to an inherited traditional or inherited Roth IRA, complete Page 2. **Note:** If you choose to transfer any of the traditional portion of your payment to an inherited Roth IRA, you will have to pay tax on that amount when you file your tax return for the year.

If you would like to transfer all or any part of the **Roth** portion of your payment (if you have one) to an inherited Roth IRA, complete Page 3.

If you would like to transfer all or any part of **both** the traditional and Roth portions of your payment to **separate plans** or to the **same plan**, you must complete Page 2 **and** Page 3.

VIII. Roth Amount You Want the TSP to Transfer

31: Indicate the percentage of the Roth portion of your payment that you would like to transfer. Use whole percentages between 1 and 100%. Any amount not transferred to an inherited Roth IRA will be paid directly to you by check unless you choose direct deposit in Section III.

IX. Transfer Information for Roth Portion of Payment

If part or all of the Roth portion of the payment is to be transferred to an inherited Roth IRA, this section must be completed by the IRA trustee before you submit this form to the TSP. The IRA trustee completing this form must ensure that the account described here is an eligible retirement plan as defined by the Internal Revenue Code (IRC).

Do not submit transfer forms of financial institutions; the TSP cannot accept them.

The institution to which your payment is to be transferred must be a trust established inside the United States (i.e., the 50 states and the District of Columbia).

The financial institution should retain a copy of Page 3 to identify the account to which the check should be deposited when it is received.

Note: The TSP will report all payments and transfers to the IRS on Form 1099-R. The institution accepting the transfer should submit IRS Form 5498, IRA Contribution Information, to the IRS.

Information for the IRA Trustee: Complete Section IX and return this form to the individual identified at the top of the page. The IRA trustee must ensure that the account described here is an inherited Roth IRA.

32: Name on Inherited Roth IRA. Enter the title of the inherited Roth IRA into which the death benefit is to be deposited.

33: Inherited Roth IRA Account Number. Enter the account number (if available) of the inherited Roth IRA to which the money is to be transferred. The account number, along with the name and Social Security number of the beneficiary, will appear on the check stub.

34: Account name and mailing address. The name and address information you provide here will be shown on the check and will be seen through the window envelope. In the first line, please provide the exact name of the inherited Roth IRA as it should appear on the check. This is the entity to whom the check will be made payable. Because the beneficiary's name, Social Security number, and inherited Roth IRA account number (if available) are shown on the check stub, you do not need to provide it here. Please limit your response to the available boxes. You will have to use the information you provide here **to process the check and to help identify the account** to which the check should be deposited.

35–38: The certifying representative must provide the requested information. If the TSP needs more information from the financial institution, the person named here will be contacted.