



**Form TSP-U-17**

**Information Relating  
to Deceased Participant**

**December 2010**

## INFORMATION AND INSTRUCTIONS

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### GENERAL INFORMATION

Use this form to provide information about potential beneficiaries of a deceased participant's uniformed services Thrift Savings Plan (TSP) account. If a valid Designation of Beneficiary form 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) 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 Death Benefits Processing Unit, P.O. Box 4450, Fairfax, VA 22038-4450.**

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

Or fax the completed form to: **1-703-592-0170.**

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).

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### I. INFORMATION ABOUT DECEASED PARTICIPANT

Complete all items in this section. This information is needed to identify the deceased participant's uniformed services 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.)

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### 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 Designation of Beneficiary form 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.
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### 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 Designation of Beneficiary form 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-U-17

Use this form to provide information about potential beneficiaries of a deceased uniformed services 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. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Social Security Number Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)
5. Legal Residence at Time of Death \_\_\_\_\_  
Street Address
6. City \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
State/Country 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 \_\_\_\_\_ 11. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle Social Security Number (or TIN if estate)
12. Address \_\_\_\_\_  
Street Address or Box Number
13. City \_\_\_\_\_ 14. \_\_\_\_\_ 15. \_\_\_\_\_  
State/Country Zip Code
16. Daytime Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 17. \_\_\_\_\_  
Area Code and Number 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.



## 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 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. <b>Participant's Spouse</b> —Was the participant married at the time of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know If Yes, skip to Section IV; if "No" or "Don't Know," complete questions 19–21 below.																																																																																																									
	19. <b>Participant's Children</b> — A. Were there any <b>living</b> children of the participant at the time of death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If "Yes," how many? <u>2</u> <input type="checkbox"/> Check here if unsure of the number of children you entered. B. Were there any children of the participant who died <b>before</b> the participant died? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If "Yes," please complete the following: 1. How many children died before the participant? <u>1</u> <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If "Yes," how many? <u>1</u> <input type="checkbox"/> Check here if unsure of the number of children you entered.																																																																																																									
IV. DETAILED INFORMATION ABOUT POTENTIAL BENEFICIARIES	20. <b>Participant's Parents</b> — A. Was the participant's mother living at the time of the participant's death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Don't Know B. Was the participant's father living at the time of the participant's death? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know																																																																																																									
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**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, all children who died **after** 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



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**INFORMATION AND INSTRUCTIONS**

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**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.

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**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.)

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**VII.  
CERTIFICATION**

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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 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 uniformed services TSP account and to process death benefit payments from that account. This information may be shared with other Federal agencies or the uniformed services for statistical, auditing, or archiving purposes. In addition, we may share the information with law

enforcement agencies investigating a violation of civil, criminal, or military 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.**



# THRIFT SAVINGS PLAN DESIGNATION OF BENEFICIARY

## TSP-U-3

Use this form to designate a beneficiary or beneficiaries to receive your uniformed services Thrift Savings Plan (TSP) account after your death. **Do not give your completed Form TSP-U-3 to your service. In order for your form to be valid, this form must be received by the TSP record keeper. If your service mishandles the transmittal of this form, and this form is not received by the TSP record keeper on or before your date of death, it is invalid.** Type or print the information requested. Do not alter this form or the information you enter. Use Form TSP-3 to designate a beneficiary for a civilian TSP account.

### I. INFORMATION ABOUT YOU

1. Name \_\_\_\_\_  
Last First Middle

2. \_\_\_\_\_ 3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 4. (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
TSP Account Number Date of Birth (mm/dd/yyyy) Telephone (Not Defense Switched Network (DSN))

5. Address \_\_\_\_\_  
Street address or box number

6. \_\_\_\_\_ 7. \_\_\_\_\_ 8. \_\_\_\_\_  
City State/Country Zip Code

### II. DESIGNATING YOUR BENEFICIARIES

Indicate in whole percentages the share of your uniformed services TSP account to be paid to each beneficiary.

1. \_\_\_\_\_ **Share: \_\_\_\_\_ %**  
Beneficiary Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State/Country Zip Code

\_\_\_\_\_  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

2. \_\_\_\_\_ **Share: \_\_\_\_\_ %**  
Beneficiary Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State/Country Zip Code

\_\_\_\_\_  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

3. \_\_\_\_\_ **Share: \_\_\_\_\_ %**  
Beneficiary Name (Last) (First) (Middle)

\_\_\_\_\_  
Street address or box number

\_\_\_\_\_  
City State/Country Zip Code

\_\_\_\_\_  
Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Check here if additional pages are used.

### III. YOUR SIGNATURE

Sign and date this section. Your signature must be witnessed in Section IV.

\_\_\_\_\_  
Participant's Signature Date Signed

### IV. WITNESSES TO SIGNATURE

This form is valid only if it is witnessed by two persons. The witnesses must be age 21 or older. (A witness cannot be a beneficiary of any portion of your uniformed services TSP account.) By signing below, the witnesses affirm that the participant: (a) signed Section III in their presence, or (b) informed them that the signature in Section III is the participant's own signature.

Witness 1 \_\_\_\_\_  
Typed or Printed Name of First Witness Signature of First Witness

Witness 2 \_\_\_\_\_  
Typed or Printed Name of Second Witness Signature of Second Witness



# INFORMATION AND INSTRUCTIONS

Make a copy of this form for your records. You **must mail** the original to:

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

**Or fax** it to our toll-free fax number: **1-866-817-5023**.

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).

Your participant statements show the date of your most recent designation; your annual statement shows your primary beneficiaries.

**Designating a beneficiary.** This Designation of Beneficiary form applies **only** to the disposition of your uniformed services Thrift Savings Plan (TSP) account after your death. It does not affect the disposition of your civilian TSP account (if you have one) or the disposition of your uniformed services retirement benefits or any other benefits.

You must designate a beneficiary only if you want payment to be made in a way other than the following order of precedence:

1. To your widow or widower.
2. If none, to your child or children equally, and descendants of deceased children by representation.
3. If none, to your parents equally or to the 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.

In this order of precedence, a child includes a natural child (even if the child was born out of wedlock) and a child adopted by the participant; 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 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.

**Making a valid designation.** To name beneficiaries to receive your uniformed services TSP account after you die, you must complete this form, and it must be received by the TSP (not your service) **on or before** the date of your death. **Only** Form TSP-U-3 is valid for designating a beneficiary to your uniformed services TSP account; a will 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-U-3.

You are responsible for ensuring that your Form TSP-U-3 is properly completed, signed, and witnessed (see the Instructions for Sections II and IV in the right-hand column). **Do not submit an altered form;** if you need to correct or change the information you have entered on the form, start over on a new form.

**Changing or cancelling your Designation of Beneficiary.** This designation will stay in effect until you submit another valid Form TSP-U-3 cancelling prior designations or naming other beneficiaries. To **cancel** a Form TSP-U-3 already on file, write "Cancel prior designations" in Section II of a new Form TSP-U-3, sign and date the form, and have it witnessed.

To **change** your beneficiary, follow the same steps for designating a beneficiary. 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 (i.e., by marriage, divorce, the birth or adoption of a child, or the death of a beneficiary).

By law, the TSP must pay your designated beneficiary under all circumstances. For example, if you designated your spouse as your beneficiary, your TSP account must be paid to the spouse designated on Form TSP-U-3, *even if you are separated or divorced from that spouse or have remarried*. This is true even if your spouse gave up all rights to your TSP account. Consequently, if your life situation changes, you may want to file a new Form TSP-U-3 that cancels or changes your current beneficiary designation.

**The share of any beneficiary who dies before you do** will be distributed proportionally among the surviving designated TSP beneficiaries. If none of the designated beneficiaries is alive at the time of your death, the order of precedence will be followed.

**INSTRUCTIONS FOR SECTION II.** You may name as a beneficiary any person, corporation, trust, or legal entity, or your estate.

**Note:** If the beneficiary is a minor child, benefits will be made payable directly to the child.

**If you need additional space,** use a blank sheet of paper. Enter your name, TSP account number, and date of birth, and number the pages. **You must sign and date all additional pages; the same two witnesses who signed the form must sign each additional page.** Check the box in Section II indicating that additional pages are used and write out the number of additional pages used.

Enter the share for each beneficiary as a whole percentage. Percentages must total 100 percent. The examples show you how to name a beneficiary or cancel prior designations of beneficiary(ies).

- For each person you designate as a beneficiary, enter the full name, share, address, Social Security number (SSN), date of birth, and relationship to you. If you do not have all the requested information, you must provide at least the beneficiary's name, the beneficiary's share, and either the beneficiary's SSN or date of birth.
- You may designate one or more contingent beneficiaries for each primary beneficiary you name on Form TSP-U-3. The contingent beneficiary(ies) will receive the primary beneficiary's share if the primary beneficiary dies before you do. (You cannot designate contingent beneficiaries for contingent beneficiaries.)
- If the beneficiary is a corporation or other legal entity, enter the name of the entity on the name line. Enter the legal representative's name and address on the address lines. Enter the Employer Identification Number (EIN). Leave the date of birth and relationship lines blank.
- If the beneficiary is a trust, enter the name of the trust on the name line. Enter the trustee's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Trust" on the relationship line. **Note:** Filling out this form will not create a trust.
- If the beneficiary is your estate, enter the name of the estate on the name line. Enter the executor's name and address on the address lines. Enter the EIN, if available. Leave the date of birth line blank. Enter "Estate" on the relationship line.
- You may cancel a designation of beneficiary by printing "Cancel prior designations" on the name line. **Note:** If you do not submit another Form TSP-U-3, your account will be paid according to the order of precedence.

**INSTRUCTIONS FOR SECTION IV.** Do not ask the individuals you name as beneficiaries of your uniformed services TSP account to witness your Form TSP-U-3. A person named as a beneficiary of this TSP account who is also a witness cannot receive his or her share of the account.

# EXAMPLES OF DESIGNATING A BENEFICIARY

## A. DESIGNATING MORE THAN ONE BENEFICIARY

1. **Larson Susan Maria Share: 33%**  
 Name (Last) (First) (Middle)  
**4231 Oregon Street**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**934-56-7890 09 / 07 / 1950 Sister**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

Enter the full name of the beneficiary. Do not write name as S.M. Larson or Mrs. Keith H. Larson.

Be sure that the shares to be paid to the beneficiaries total 100 percent.

2. **Larson Elliott Harris Share: 33%**  
 Name (Last) (First) (Middle)  
**4826 Bayberry Road**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**945-67-8901 04 / 20 / 1952 Brother**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

In this example, Susan Larson, Elliott Larson, and Melissa Richardson will each get one third of your account. If one of these beneficiaries dies before you do, the remaining beneficiaries would each receive 50 percent of your account.

3. **Richardson Melissa Anne Share: 34%**  
 Name (Last) (First) (Middle)  
**9842 Magnolia Drive**  
 Street address or box number  
**Columbus GA 30161**  
 City State/Country Zip Code  
**989-01-2345 11 / 06 / 1975 Niece**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

## B. DESIGNATING ONE OR MORE CONTINGENT BENEFICIARIES

1. **If living: Steinway Sarah Ruth Share: 100%**  
 Name (Last) (First) (Middle)  
**P.O. Box 812**  
 Street address or box number  
**Covington KY 40117**  
 City State/Country Zip Code  
**956-78-9012 12 / 02 / 1940 Friend**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

In this example, you will need to use an additional page. Be sure to number any additional pages and to put your name, TSP account number, and date of birth on each page. You and the same two witnesses who signed the form must sign and date each additional page. Check the box in Section II indicating that additional pages were used and write out the number of additional pages used.

You may designate one or more contingent beneficiaries to receive a beneficiary's share in the event that the primary beneficiary dies before you do. To identify the primary and contingent beneficiaries, you must write in "If living:" above the primary beneficiary's name and "Otherwise to:" above the contingent beneficiary's name. If there is more than one contingent beneficiary for a primary beneficiary, write in "And to:" above the second (and subsequent) beneficiary's name.

2. **Otherwise to: Bluthner Rose Marie Share: 33%**  
 Name (Last) (First) (Middle)  
**7280 Bay Avenue**  
 Street address or box number  
**Cincinnati OH 45239**  
 City State/Country Zip Code  
**972-83-1046 08 / 26 / 1944 Friend**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

3. **And to: Kraus Michael Thomas Share: 33%**  
 Name (Last) (First) (Middle)  
**6287 Laurel Post Drive**  
 Street address or box number  
**Stone Mountain GA 30058**  
 City State/Country Zip Code  
**967-89-0123 03 / 12 / 1946 Brother**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

In this example, Sarah Steinway is the primary beneficiary. Rose Bluthner, Michael Kraus, and Cecilia Kraus are contingent beneficiaries to Sarah Steinway.

4. **And to: Kraus Cecilia Jean Share: 34%**  
 Name (Last) (First) (Middle)  
**6200 Laurel Post Drive**  
 Street address or box number  
**Stone Mountain GA 30058**  
 City State/Country Zip Code  
**978-90-1234 08 / 16 / 1968 Niece**  
 Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**Note:** If a named beneficiary dies, you may prefer to submit another Form TSP-U-3 to change your designation(s).

Detach here

**EXAMPLES OF DESIGNATING A BENEFICIARY (continued)**

**C. DESIGNATING A CORPORATION OR LEGAL ENTITY**

**1. The XYZ Foundation** **Share: 100%**

Name [Name of corporation or legal entity]  
**c/o Eleanor Jarvis, Legal Representative 64730 Connecticut Ave.**

Street address or box number [Name of Legal Representative and Legal Representative's address]  
**Bethesda MD 20815**

City State/Country Zip Code

**00-0123456** [Leave blank] [Leave blank]

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**D. DESIGNATING A TRUST**

**1. John P. Manos Trust** **Share: 100%**

Name [Name of trust]  
**c/o Eric P. Manos, Trustee 1111 Delaware Lane**

Street address or box number [Name of Trustee and Trustee's address]  
**New York NY 14607**

City State/Country Zip Code

[Enter if known] [Leave blank] **Trust**

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**E. DESIGNATING AN ESTATE**

**1. Estate of Ruth R. Jones** **Share: 100%**

Name [Name of estate]  
**c/o Marilyn D. McClain, Executor 150 Rossmoyne Drive**

Street address or box number [Name of Executor and Executor's address]  
**Alameda CA 94510**

City State/Country Zip Code

[Enter if known] [Leave blank] **Estate**

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

**F. CANCELLING A DESIGNATION OF BENEFICIARY**

**1. Cancel prior designations** **Share: <sup>[Leave blank]</sup>%**

Name (Last) (First) (Middle)  
 [Leave blank]

Street address or box number  
 [Leave blank]

City State/Country Zip Code

[Leave blank] [Leave blank] [Leave blank]

Social Security Number/EIN Date of Birth (mm/dd/yyyy) Relationship

This will cause your account to be paid according to the order of precedence stated in "Information and Instructions" (unless you submit another Form TSP-U-3).

Be sure your form cancelling prior designations is signed, dated, and witnessed.

Do **not** write "Cancel prior designations" on a form when you are designating new beneficiaries. You only need to cancel a beneficiary designation if you want the order of precedence to apply.

**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 this form. 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.



**Part D**

1. If none of the above survives and an executor or administrator has been appointed, the following statements should be

I/we have been duly appointed \_\_\_\_\_ of the estate of the deceased, as evidenced, as evidenced by  
(Executor or administrator)  
certificate of appointment herewith, administration having been taken out in the interest of

\_\_\_\_\_  
(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

NOTE, -If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a court certificate evidencing your appointment must be submitted.

2. If no administrator or executor has been appointed, will one be \_\_\_\_\_  
(Yes or No)

**DESIGNATED BENEFICIARY, SURVIVING SPOUSE, CHILDREN, PARENTS, OR LEGAL REPRESENTATIVES DO NOT  
FILL IN PART E. ALL OTHER MUST.**

**Part E**

Have the funeral expenses been \_\_\_\_\_ (If paid, receipted bill of the undertaker must be attached hereto.)  
(Yes or No)

Whose money was used to pay the funeral \_\_\_\_\_

**FINES, PENALTIES, and FORFEITERS are imposed by law for the making of false or fraudulent  
claims against the United States or making of false statements in connection therewith.**

\_\_\_\_\_  
(Signature of claimant) (Date) (Signature of claimant) (Date)

\_\_\_\_\_  
(Street address) (Street address)

\_\_\_\_\_  
(City, State and ZIP code) (City, State and ZIP code)

**TWO WITNESSES ARE REQUIRED**

We certify that we are well acquainted with the \_\_\_\_\_ and that  
(Name(s) of claimant)  
the signature(s) of the claimant(s) was (were) affixed in our presence.

\_\_\_\_\_  
(Signature of witness) (Signature of witness)

\_\_\_\_\_  
(Street address) (Street address)

\_\_\_\_\_  
(City, State and ZIP code) (City, State and ZIP code)

All Federal checks in possession of the claimant, drawn to the order of the decedent, in payment of pay and allowance should accompany this claim.



**DEPARTMENT OF THE ARMY**  
**U.S. ARMY HUMAN RESOURCES COMMAND**  
**1600 SPEARHEAD DIVISION AVE.**  
**FT. KNOX, KY 40121**

Today's Date

MEMORANDUM FOR:

SUBJECT: Personal Effects Processing

1. The personal effects (PE) of **(RANK, NAME)** are en route to the Joint Personal Effects Depot (JPED), Dover Air Force Base, Delaware, for processing. Standard procedure for the JPED is to wash the personal effects before returning the items to the Person Entitled to Receive Effects (PERE) of the deceased. The Summary Court-Martial Officer has determined that **(NAME)** **(Relationship)** is the PERE.
2. Please contact the PERE **as soon as possible** to determine if he/she has any special requests related to the handling and processing of the PE. **Specifically, does the PERE want the PE washed?** Circle and initial the appropriate response and return this memorandum to me promptly. **YES, wash the PE \_\_\_\_\_ or NO, do NOT wash the PE \_\_\_\_\_.** If you cannot get to a fax machine or email scanner quickly, please call the number below and provide a telephonic interim response.
3. Military issued equipment will be withdrawn from the PE and returned to the military supply system. If the PERE is aware of any other military clothing or equipment that the Soldier may have purchased, please let us know so those items may be returned as personal effects.
4. To ensure timely processing, please respond as soon as possible. Thanks for your support of the family.
5. POC for this email: **(NAME)** 502-6XX-8XX8; fax 5XX-6XX-X505

**(NAME)**  
**1600 Spearhead Division Ave**  
**Ft. Knox, KY 40121**  
Case Management Branch



**CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE**

**PART I - TO BE COMPLETED BY CLAIMANT** *(See back for Privacy Act Statement and Instructions.)*

<b>1. NAME OF CLAIMANT</b> <i>(Last, First, Middle Initial)</i>	<b>2. BRANCH OF SERVICE</b>	<b>3. RANK OR GRADE</b>	<b>4. SOCIAL SECURITY NUMBER</b>
<b>5. HOME ADDRESS</b> <i>(Street, City, State and Zip Code)</i>		<b>6. CURRENT MILITARY DUTY ADDRESS</b> <i>(If applicable) (Street, City, State and Zip Code)</i>	
<b>7. HOME TELEPHONE NO.</b> <i>(Include area code)</i>	<b>8. DUTY TELEPHONE NO.</b> <i>(Include area code)</i>	<b>9. AMOUNT CLAIMED</b>	
<b>10. CIRCUMSTANCES OF LOSS OR DAMAGE</b> <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			

<b>11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY?</b> <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>	YES	NO
<b>12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER?</b> <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>		
<b>13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY?</b> <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>		
<b>14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER?</b> <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		
<b>15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS?</b> <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>		

**16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:**

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

<b>17. SIGNATURE OF CLAIMANT</b> <i>(or designated agent)</i>	<b>18. DATE SIGNED</b> <i>(YYYYMMDD)</i>
---	---

**PART II - CLAIMS APPROVAL** *(To be completed by Claims Office)*

<b>19. PROCEDURE</b> <i>(X one)</i>	<b>20. AMOUNT AWARDED.</b> The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS		
<input type="checkbox"/> b. REGULAR CLAIMS		

**21. SIGNATURES** *(Signatures at a and c not required if small claims procedure is utilized)*

<b>a. CLAIMS EXAMINER</b>	<b>b. DATE SIGNED</b> <i>(YYYYMMDD)</i>	<b>c. REVIEWING AUTHORITY</b>	<b>d. DATE SIGNED</b> <i>(YYYYMMDD)</i>
<b>e. TYPED NAME AND GRADE OF APPROVING AUTHORITY</b>		<b>f. SIGNATURE OF APPROVING AUTHORITY</b>	<b>g. DATE SIGNED</b> <i>(YYYYMMDD)</i>

**PRIVACY ACT STATEMENT**

**AUTHORITY:** 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

**PRINCIPAL PURPOSE(S):** Filing, investigation, processing and settlement of claims for losses incident to service.

**ROUTINE USES:**

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

**DISCLOSURE:** Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

**INSTRUCTIONS TO CLAIMANTS**

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

**PART III - DENIAL OR SUPPLEMENTAL PAYMENT** (*To be completed by Claims Office*)

**23. DENIAL** (*X if applicable*)

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

**24. SUPPLEMENTAL PAYMENT** (*X and complete if applicable*)

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

**25. SIGNATURES**

<b>a. CLAIMS EXAMINER</b>	<b>b. DATE SIGNED</b> (YYYYMMDD)	<b>c. REVIEWING AUTHORITY</b>	<b>d. DATE SIGNED</b> (YYYYMMDD)
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**26. APPROVING/SETTLEMENT AUTHORITY** (*Settlement Authority is required for denial.*)

<b>a. TYPED NAME</b>	<b>b. GRADE</b>	<b>b. SIGNATURE</b>	<b>c. DATE SIGNED</b> (YYYYMMDD)
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**DEPARTMENT OF THE ARMY**  
U.S. ARMY HUMAN RESOURCES COMMAND  
1600 SPEARHEAD DIVISION AVENUE  
FORT KNOX, KY 40122

April 4, 2012

Mrs. Christina M. Clark  
13380 Netherwood Street  
Southgate, Michigan 48195-1015

Dear Mrs. Clark:

On behalf of the Department of the Army, I want to extend my heartfelt sympathy in the loss of your husband, Specialist Chazray C. Clark.

The Commanding General, Regional Command-South, Afghanistan, Major General James L. Huggins, Jr, has reviewed, approved, and signed the collateral incident investigation. As the Primary Next of Kin, we want to offer you an opportunity to personally receive a presentation of facts surrounding your husband's death. The presentation team may consist of a senior leader from Chazray's chain of command, a Department of Army Representative, your Casualty Assistance Officer (CAO), Sergeant First Class Albert G. Anderson, and an Army Chaplain. Our intent is to provide the results of the incident investigation to you prior to releasing it for public disclosure.

It is also our normal practice to offer you a copy of the redacted report of investigation, and that report would typically be provided at the Family Presentation. We do show, however, you have already submitted a Freedom of Information Act request for the report. Should you opt not to receive a briefing, and unless you specify otherwise, we will provide your copy of the investigation report, once available, through your Casualty Assistance Officer.

If you would like to receive a personal presentation and/or a redacted copy of the investigation report, or both, please indicate by selecting from the choices below.

Very Respectfully,

Kenneth S. Bumgardner  
LTC, LG  
Chief, Fatal Incidents Section

I wish to receive a personal presentation.     Yes     No

I wish to receive a copy of the collateral investigation.     Yes     No

\_\_\_\_\_  
(Printed name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)