TSP-15

Use this form to change your name for your TSP account if you are **no longer employed as a Federal civilian employee** or you **are no longer a member of the uniformed services**.

To change your name, **you will need to provide documentation** to the TSP (see the back of the form for documentation requirements).

You cannot use this form to change your name on any TSP account associated with *current* employment or service. Only agencies or services can make changes to the TSP accounts of active employees or members.

This form is designed to be read by an optical scanner. To ensure that your request is not delayed, type or print using black or dark blue ink. If you print by hand, please use **BLOCK** letters that fit within the boxes. (See the examples on the back.) Limit your responses to the number of available boxes.

Note: You cannot use this form to change your address. If you are separated, submit Form TSP-9, Change in Address for Separated Participant. If you are still actively employed by the Federal Government, you must ask your agency or service to change your address.

| I. NEW INFORMATION ABOUT YOU | | | |
|---------------------------------------|---|--|--|
| | This | s change applies to my: Civilian Account Uniformed Services Account | |
| ı | 1. 2. | Last Name First Name Middle Name 3. / 1 9 4. | |
| _ | | TSP Account Number Date of Birth (mm/dd/yyyy) Daytime Phone (Area Code and Number) | |
| II. YOUR FORMER NAME | | | |
| | 5. | Last Name First Name Middle Name | |
| III. YOUR SIGNATURE AND CERTIFICATION | | | |
| | I certify that the information I have provided is true to the best of my knowledge and that the copies of documentation substantiating my name change are valid. 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). | | |
| l | 6. | Participant's Signature 7. Date Signed (mm/dd/yyyy) | |
| | 8. | | |

Do Not Write Below This Line



GENERAL INFORMATION AND INSTRUCTIONS

To ensure that your request is not delayed, carefully type or print the requested information using black or dark blue ink. If printing, please use simple block letters and numbers. Keep all letters and numbers **inside** the boxes. (See the examples below.)

EXAMPLES

| CORRECT | INCORRECT |
|----------|-----------|
| CORRECT | Incorrect |
| 3/6/1982 | 3/16/1982 |

PARTICIPANTS WITH TWO ACCOUNTS. If you have two TSP accounts (civilian and uniformed services), you can use this form to change your name for both accounts **only if** you are no longer employed as a Federal civilian employee **and** you are retired or separated from the uniformed services. Personal information for TSP accounts that are associated with active employment can be changed only by an employee's agency or member's service. For example, if you have two TSP accounts, one as an active Federal civilian employee and another as a retired or separated member of the uniformed services, you can use this form to change the name on your uniformed services TSP account only. You must ask your employing agency to change your name on your civilian TSP account.

DOCUMENTATION REQUIREMENTS. In order to change your name in your TSP account record, you will need to submit one of the following types of documentation. (**Note:** Do **not** send original documents; they will not be returned to you.)

- If your name was changed through a court or other legal entity, submit a copy of the document showing both your new and former names.
- If your name changed as a result of marriage, submit a copy of your marriage certificate.

YOUR ADDRESS. The address we are collecting in Item 8 will only be used to notify you if we cannot locate your account based on the information you provide. It will **not** be used to update the address in your TSP account record. If you have a new address and you are separated, submit Form TSP-9, Change in Address for Separated Participant. If you are still actively employed, you must ask your agency or service to change your address on your TSP account.

MAILING INSTRUCTIONS. Make a copy of this completed form for your records.

Mail the original to:

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

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

Be sure to include your documentation with your form.

If you have questions, call the ThriftLine at 1-TSP-YOU-FRST (1-877-968-3778) or the TDD at 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400.

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.