



THRIFT SAVINGS PLAN

CHANGE IN NAME

TSP-15

If you are no longer employed by the Federal Government, use this form to report a change in your name to the Thrift Savings Plan (TSP) Service Office. **Note:** Active employees can change their names for their TSP accounts only through their employing agencies. They should **not** submit this form.

Do not send any documentation; it is not required. **Type or print the information requested.** Make a copy of this form for your records. Mail the original form to:

Thrift Savings Plan Service Office
National Finance Center
P.O. Box 61500
New Orleans, LA 70161-1500
 Telephone number: (504) 255-6000
 TDD: (504) 255-5113

If you submit this form, you do not also have to submit Form TSP-9, Change of Address for Separated Participants, to report a new address. Your address information on this form will update your TSP account records.

I. CURRENT INFORMATION

1. Your New Name _____
Last First Middle
2. Social Security No. _____ - ____ - _____
3. Date of Birth _____ / ____ / ____
Month Day Year
4. Address _____
Street address or box number
5. City _____
6. _____ 7. _____
State/Country Zip Code
8. Daytime Phone (Area Code and Number) (_____) _____ - _____

II. YOUR FORMER NAME

9. Former Name _____
Last First Middle

III. YOUR SIGNATURE AND CERTIFICATION

I certify that the information I have provided is true to the best of my knowledge. **Warning:** Any intentional false statement in this application or willful misrepresentation concerning it is a violation of the law that is punishable by a fine of as much as \$10,000 or imprisonment for as long as 5 years, or both (18 U.S.C. 1001).

10. _____
Participant's Signature
11. _____
Date Signed

PRIVACY ACT NOTICE. We are authorized to request this information under Title 5, U.S. Code Chapter 84, Federal Employees' Retirement System, Subchapter III, Thrift Savings Plan. Executive Order 9397 authorizes us to ask for your Social Security number, which will be used to identify your account. We will use the information you give us to process the changes you report. This information may be shared with other Federal agencies in order to administer your account or for statistical, auditing, or archiving purposes. It may also be shared with Federal, state, and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this

information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request. While the law does not require you to give any of the information we are asking for on this form, it may not be possible to process the actions you request by this form if you do not give us this information.