



**THRIFT SAVINGS PLAN
CHANGE IN NAME
FOR SEPARATED PARTICIPANT**

TSP-15

If you are no longer employed by the Federal Government, use this form to report a change in your name to the TSP Service Office. This form will also update your address in your TSP account record; if you submit this form, you do not need to submit Form TSP-9, Change of Address for Separated Participant. **Note:** Active employees can change their names for their TSP accounts **only** through their employing agencies. Active employees should **not** submit this form.

Type or print all information. Make a copy of this form for your records. Mail this form to:

**TSP Service Office
P.O. Box 385021
Birmingham, AL 35238**

Or fax the completed form 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 TDD: 1-TSP-THRIFT5 (1-877-847-4385). Outside the U.S. and Canada, please call 404-233-4400.

Do not send any documentation; it is not required.

Please note: If you also have a uniformed services TSP account, you must change your name separately for that account by completing Form TSP-U-15 (if you are separated from the uniformed services) or by contacting your service (if you are still a member of the uniformed services).

**I.
INFORMATION
ABOUT YOU**

1. Your New Name _____
Last First Middle
2. Social Security No. _____ - _____ - _____ 3. Date of Birth _____ / _____ / _____
mm dd yyyy
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 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. _____ 11. _____
Participant's Signature Date Signed

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 your Social Security number, which will be used to identify your account. We will use the information you provide on this form to process your request to change your name. This information may be shared with other Federal agencies for statistical, auditing, or archiving purposes. In addition, 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 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 change your name for your TSP account.

