



THRIFT SAVINGS PLAN

TRANSFER OF INFORMATION BETWEEN AGENCIES

TSP-19

Gaining agencies must obtain the Thrift Savings Plan (TSP) account information of employees who transfer from other Federal agencies or who change payroll offices. The losing agency must provide the relevant TSP information to the gaining agency, whether or not the employee is contributing to the TSP. The gaining agency should provide a copy of the completed form to the employee and forward the original to the payroll office. A copy may also be filed in the employee's Official Personnel Folder.

Section A Employee Information

1. Name _____
Last First Middle
2. Social Security No. _____ - _____ - _____
3. Date of Birth / / /
mm dd yyyy
4. Effective Date of Transfer / / /
mm dd yyyy

Section B Information to Be Transferred

Enrollment Information

Enter the employee's contribution election using **either** Item 5 (a whole percentage of basic pay per pay period) **or** Item 6 (a whole dollar amount per pay period).

5. _____ .0% **OR** 6. \$ _____ .00 7. Check if noncontributing FERS employee and is not eligible for agency contributions
8. Total employee contributions made for current year: \$ _____ as of / /
mm dd yyyy
9. TSP Service Computation Date (FERS only) / /
mm dd yyyy
10. TSP Vesting Code (FERS Only) _____
11. TSP Status Code (Enter the appropriate code): _____
W = FERS contributing but not eligible for agency contributions
E = FERS eligible for agency contributions but not contributing
Y = contributing and, if FERS, eligible for agency contributions
T = stopped contributions and, if FERS, eligible for agency contributions
S = FERS stopped contributing but not yet eligible for agency contributions
12. TSP Status Date / /
mm dd yyyy
13. If TSP Status Code is **W** or **S** or if **Item 7** is checked, indicate date employee will become eligible for agency contributions. / /
mm dd yyyy
14. If TSP Status Code is **T** or **S** and employee is in the noncontribution period resulting from a financial hardship in-service withdrawal, indicate the ending day of this period. / /
mm dd yyyy

Catch-up Contributions

15. If the employee is currently making catch-up contributions, enter the dollar amount per pay period and the attributable calendar year. \$ _____ .00 for _____ year
16. Total catch-up contributions made for current year: \$ _____ as of / /
mm dd yyyy

Loan Information

17. Does employee have a TSP loan? (Check one.) Yes (Complete Items below, as applicable.) No (Skip to Item 22.)
- First Loan** 18. Account Number: _____ 19. Payment Amount \$ _____
- Second Loan** 20. Account Number: _____ 21. Payment Amount \$ _____

Section C Identification of Losing Agency

22. Agency Name and Location _____
23. Payroll Office _____
8-digit Identifying Number
24. Name of Contact Person _____
25. Telephone (_____) _____ - _____
Area Code and Number

INSTRUCTIONS

- Items 1-3.** Enter the identifying information.
- Item 4.** Enter the effective date of the transfer.
- Items 5-6.** Complete item 5 or 6, as applicable.
- Item 7.** Check this box if employee is covered by FERS and has never made a TSP contribution election and is not yet eligible to receive agency contributions.
- Item 8.** Enter the total amount of contributions that were deducted from the employee's pay for the current year.
- Items 9-10.** Complete these items if the employee is covered by FERS.
- Items 11-12.** Complete these items to reflect the employee's TSP status code and TSP status date.
- Item 13.** If the status code entered in item 11 is "W" or "S" OR the box in item 7 is checked, enter the date the employee will become eligible for agency contributions.
- Item 14.** If the status code entered in item 11 is "T" or "S" AND the employee is serving the non-contribution period attributable to a financial hardship in-service withdrawal, enter the date the non-contribution period will end.
- Item 15.** Enter the dollar amount and the attributable calendar year.
- Item 16.** Enter the total amount of catch-up contributions that were deducted from the employee's pay for the current year.
- Item 17.** Check the appropriate box.
- Items 18-21.** Enter the applicable information.
- Items 22-25.** Enter the identifying information.