



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 / / 4. Effective Date of Transfer / /
mm dd yyyy 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. Total employee contributions made for current year: \$ _____ as of / /
mm dd yyyy
8. TSP Service Computation Date (FERS only) / / 9. TSP Vesting Code _____
mm dd yyyy
10. TSP Status Code (Enter the appropriate code): _____ 11. TSP Status Date / /
mm dd yyyy
A = Automatic Enrollment
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
12. If TSP Status Code is **T** 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

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

Loan Information

15. Does employee have a TSP loan? (Check one.) Yes (Complete Items below, as applicable.) No (Skip to Item 20.)
- First Loan** 16. Account Number: _____ 17. Payment Amount \$ _____
- Second Loan** 18. Account Number: _____ 19. Payment Amount \$ _____

Section C Identification of Losing Agency

20. Agency Name and Location _____ 21. Payroll Office _____
8-digit Identifying Number
22. Name of Contact Person _____ 23. Telephone { _____ } _____ - _____
Area Code and Number