



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

5. TSP Status Code (Enter the appropriate code): _____
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
6. TSP Status Date / /
mm dd yyyy
7. TSP Service Computation Date (FERS only) / /
mm dd yyyy
8. TSP Vesting Code _____
9. 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
10. **Contribution Election Information** — Enter the employee's tax-deferred contribution election in **a** and/or Roth contribution election in **b** below.
- a. Tax-Deferred: _____ .0% **OR** \$ _____ .00
- b. Roth: _____ .0% **OR** \$ _____ .00
11. Total employee contributions made for current year: \$ _____ as of / /
mm dd yyyy

Catch-up Contributions

12. If the employee is currently making catch-up contributions, enter the dollar amount per pay period and the attributable calendar year for each type of contribution:
- a. Tax-Deferred \$ _____ .00 for _____ year
- b. Roth \$ _____ .00 for _____ year
13. Total catch-up contributions made for current year: \$ _____ .00 as of / /
mm dd yyyy

Loan Information

14. Does employee have a TSP loan? (Check one.) Yes (Complete Items below, as applicable.) No (Skip to Item 22.)
- First Loan** 15. Account Number: _____ 16. Payment Amount \$ _____
- Second Loan** 17. Account Number: _____ 18. Payment Amount \$ _____
19. If employee is currently in nonpay status, indicate the beginning date of the nonpay: / /
mm dd yyyy
20. Type of Nonpay: Military Other
21. Date Agency submitted Form TSP-41 to TSP: / /
mm dd yyyy

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

Reproduce Locally