THRIFT SAVINGS PLAN

TRANSFER OF INFORMATION BETWEEN AGENCIES

TSP-19

Gaining agencies must use this form to obtain the Thrift Savings Plan (TSP) account information of employees who transfer from other Federal agencies or who change payroll offices. Gaining agencies must obtain the relevant TSP information whether or not the employee is contributing to the TSP. Provide a copy of the completed form to the employee and forward the original to the gaining agency payroll office. A copy may also be filed in the employee's Official Personnel Folder. For more information, refer to Bulletin 01-12.

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 Enrollment and Loan 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. TSP Service Computation Date (FERS only) ___/___/_____ (mm / dd / yyyy) **9.** TSP Vesting Code _____

10. TSP Status Code (Enter the appropriate code): _____ **11.** TSP Status Date ___/___/_____ (mm / dd / yyyy)

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. 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)

13. If TSP Status Code is **T** or **S** and employee is not yet eligible to resume employee contributions, indicate date **employee** contributions may be resumed. ___/___/_____ (mm / dd / yyyy)

Loan Information

14. Does employee have a TSP loan? (Check one.) ☐ Yes (Complete Items 15 through 18.) ☐ No (Skip to Item 19.)

First Loan **15.** Account Number: _____ **16.** Payment Amount $ _____

Second Loan **17.** Account Number: _____ **18.** Payment Amount $ _____

19. Pay cycle is (check one): ☐ Biweekly ☐ Monthly ☐ Semi-Monthly ☐ Weekly

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)

Section D Certification by Gaining Agency

24. Payroll Office _____
(8-digit Identifying Number)

25. _____ **26.** Date Signed _____
Signature of Authorized Certifying Official

27. Remarks _____
(Continue on back, if necessary.)

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