

**FEDERAL RETIREMENT
THRIFT SAVINGS PLAN
ELECTRONIC FUNDS TRANSFER MESSAGE FORMAT**

INSTRUCTIONS

TO BE COMPLETED BY SUBMITTING AGENCY

Block 7, Amount. The dollar sign and decimal point for the two-digit cents is printed on the form. The amount should include the appropriate punctuation.

Block 12, Third-party Information. These entries must agree with information certified on Form TSP-2, Certification of Transfer of Funds and Journal Voucher. This item is limited to 230 positions of information.

Block 12A, Institution Name. Enter institution name contained in Block 1 of Form TSP-2. Do not include street address.

Block 12B, City. Enter city contained in Block 1 of Form TSP-2.

Block 12C, State. Enter state contained in Block 1 of Form TSP-2.

Block 12D, Agency Code. Preprinted.

Block 12E, Payroll Office Number. Enter payroll office number contained in Block 2 of Form TSP-2.

Block 12F, Certification/Journal Voucher Number. Enter report number contained in Block 3 of Form TSP-2.

Block 12G, Date Payroll Paid. (Month, Day, Year). Enter date contained in Block 5 of Form TSP-2.

TO BE COMPLETED BY THE SENDING BANK

Block 1, Priority Code. Enter appropriate priority code.

Block 2, Treasury Department Code. Preprinted.

Block 3, Type Code. Enter appropriate type code.

Block 4, Sending Bank Code. Enter nine-digit sending bank identifier.

Block 5, Class Code. Enter appropriate class code.

Block 6, Reference Number. Enter appropriate transaction identifier.

Block 8, Sending Bank Name. Enter telegraphic abbreviation which identifies the nine-digit code entered in Block 4.

Block 9, Treasury Department Name. Preprinted.

Block 10, Agency Location Code. Preprinted.

Block 11, Agency Account Name. Preprinted.

1. PRIORITY CODE			
2. TREASURY DEPARTMENT CODE	3. TYPE CODE		
4. SENDING BANK CODE	5. CLASS CODE	6. REFERENCE NUMBER	7. AMOUNT
8. SENDING BANK NAME			
9. TREASURY DEPARTMENT NAME AND 10. AGENCY LOCATION CODE		11. AGENCY ACCOUNT NAME	
12. THIRD PARTY INFORMATION (This item is limited to 230 positions of information.).			
A. INSTITUTION NAME		B. CITY	C. STATE
D. AGENCY CODE		E. PAYROLL OFFICE NUMBER	
F. CERTIFICATION/JOURNAL VOUCHER NUMBER		G. DATE PAYROLL PAID (MONTH/DAY/YEAR)	

**THRIFT SAVINGS PLAN
LOAN PAYMENT RECORDS INPUT FORM**

TSP-5L

**I.
PAYROLL OFFICE
IDENTIFICATION**

1. Payroll Office Number _____
3. Date Payroll Paid _____
Month, Day Year

Certification
2. Report Number _____
Page _____ of _____

**II.
LOAN
PAYMENT
RECORDS**

	4. Social Security Number (9)	5. Date of Birth (MM,DD,YY) (6)	6. Dept. Code (2)	7. Agency Code (2)	8. Loan Account Number (8)	9. Loan Payment Amount (7)
(1)	_____	_____	_____	_____	_____	_____
(2)	_____	_____	_____	_____	_____	_____
(3)	_____	_____	_____	_____	_____	_____
(4)	_____	_____	_____	_____	_____	_____
(5)	_____	_____	_____	_____	_____	_____
(6)	_____	_____	_____	_____	_____	_____
(7)	_____	_____	_____	_____	_____	_____
(8)	_____	_____	_____	_____	_____	_____
(9)	_____	_____	_____	_____	_____	_____
(10)	_____	_____	_____	_____	_____	_____
(11)	_____	_____	_____	_____	_____	_____
(12)	_____	_____	_____	_____	_____	_____
(13)	_____	_____	_____	_____	_____	_____
(14)	_____	_____	_____	_____	_____	_____
(15)	_____	_____	_____	_____	_____	_____
(16)	_____	_____	_____	_____	_____	_____
(17)	_____	_____	_____	_____	_____	_____
(18)	_____	_____	_____	_____	_____	_____
(19)	_____	_____	_____	_____	_____	_____
(20)	_____	_____	_____	_____	_____	_____
(21)	_____	_____	_____	_____	_____	_____
(22)	_____	_____	_____	_____	_____	_____
(23)	_____	_____	_____	_____	_____	_____
(24)	_____	_____	_____	_____	_____	_____
(25)	_____	_____	_____	_____	_____	_____

TOTAL LOAN PAYMENT AMOUNT THIS PAGE \$

Enter the Total Loan Payment Amount on the last page submitted if more than one page is used. The total must equal Item 5 on Form TSP-2L.

TOTAL LOAN PAYMENT AMOUNT \$

**INSTRUCTIONS
FOR SECTION I.**

Type the requested information. Items 1 through 3 MUST match the data on the corresponding Form TSP-2L, Certification of Transfer of Funds and Journal Voucher for Loan Payments.

**INSTRUCTIONS
FOR SECTION II.**

For each loan payment submitted, enter the participant's social security number, date of birth (MM, DD, YY), department code, agency code, loan account number, and loan payment amount (only one entry per loan). The number of positions for each data field is indicated below each data field title.

**THRIFT SAVINGS PLAN
CERTIFICATION OF TRANSFER OF FUNDS
AND JOURNAL VOUCHER
FOR LOAN PAYMENTS**

TSP-2L

**INFORMATION
ABOUT THIS
REPORT**

1. Payroll Office Number _____
3. Date Payroll Paid _____
Month, Day, Year
4. Number of Loan Payment Records _____
6. EFT Deposit **9** Yes _____
EFT Deposit Date (Month, Day, Year) _____
- Certification
2. Report Number _____
Total Loan
5. Payment Amount \$ _____
9 No _____
Agency TSP Clearing Account Number _____
7. From: _____
Department/Agency Name _____
First Line Street Address _____
Second Line Street Address _____
Third Line Street Address _____
City _____ State _____ Zip Code _____
8. Pay Period Dates: _____
From (Month, Day, Year) _____ To (Month, Day, Year) _____
9. If magnetic tape submitted: _____
Reel Number _____ Reel Number _____
Date Reel(s) Created (Month, Day, Year) _____
10. If Form TSP-5L submitted: _____
Number of Forms _____

**I.
CERTIFICATION**

I certify that prudent measures have been taken to assure that the amounts transmitted are correct and properly drawn according to applicable laws and regulations concerning participation in the Federal Retirement Thrift Savings Plan and that the amounts are available to be credited to the Thrift Savings Plan receipt accounts.

11. Typed Name _____
Authorized Administrative or Certifying Officer
12. Telephone _____ **9**Autovon **9** FTS **9**Commercial
Area Code and Number
13. Signature _____
Authorized Administrative or Certifying Officer
14. Date Certified _____
Month, Day, Year

**GENERAL
INSTRUCTIONS**

Send the completed form, and the detail data to:
*National Finance Center, Thrift Savings Plan Operations Unit
PO Box 61500, New Orleans, LA 70161-1500*

**INSTRUCTIONS
FOR SECTION I.**

- Type the requested information.**
Item 1 identifies the payroll office responsible for submitting the loan payment records.
Item 2 is the six position certification report number. The first position is an "L" to identify loans. The next two positions are numeric and represent the calendar year. The last three positions are numeric and should begin with 001 and increase sequentially with each Form TSP-2L submitted during a calendar year.
Item 3 is the actual payroll pay date for the pay period in Item 8. This form and the accompanying detail data should reach NFC at least two business days prior to the payroll pay date.
Item 4 should equal the number of loan payment records submitted with this journal voucher.
Item 5 should equal the total dollar amount of all loan payment records submitted with this journal voucher.
Item 6 identifies if these payments are being reported via EFT. If yes, enter the EFT deposit date. If no, enter the agency's TSP clearing account number.
Item 7 identifies the address of the payroll office responsible for submitting the loan payment records.
Item 8 identifies the beginning and ending dates of the pay period covered by this journal voucher.
Item 9 should be completed if the detail data is submitted on magnetic tape.
Item 10 should be completed if the detail data is submitted via Form TSP-5L.

**INSTRUCTIONS
FOR SECTION II.**

This form must be certified by the agency for processing. Forms that are not signed will be returned unprocessed.

