

**FILING INSTRUCTIONS**  
**For**  
**Retirement Savings Lost and Found Database**  
**(RSLF)**  
**Upload Template**

These instructions explain how to provide information to the Department of Labor Employee Benefits Security Administration (EBSA) for the Retirement Savings Lost and Found Database (RSLF). Giving us this information is voluntary.

**Who may file**

Retirement plan administrators and authorized third parties, such as the plan's recordkeeper, may provide information for the RSLF.<sup>1</sup>

**What to file**

The filing includes basic information about the plan, the plan sponsor and administrator, and separated vested participants.

**When to file**

Plans should file at least annually. However, we strongly encourage you to update the information more frequently, such as quarterly, to ensure the RSLF stays up to date.

**How to file**

*Step 1: Use the RSLF template*

This Microsoft Excel/CSV template is a table designed by the Department to collect details on separated vested participants who have reached age 65 and are owed a benefit. It also gathers basic information about their plans.

The template is available on the Department's website [OPPEM to insert link to RSLF template]. You can download and populate it in accordance with the instructions below.

*Step 2: File directly with the RSLF*

After filling in the template, upload the completed Excel/CSV file directly with RSLF at <https://lostandfound-intake.dol.gov/>. This method allows recordkeepers to file on

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<sup>1</sup> A plan administrator is defined in section 3(16) of the Employee Retirement Income Security Act (ERISA). A retirement plan is defined in section 3(2).

behalf of multiple plans simultaneously. Filers must have a Login.gov account and must create a user profile.

### *Other information*

Before filing, recordkeepers must have authorization from a responsible fiduciary of each plan whose information is being submitted. Plan administrators and recordkeepers should maintain documentation of the authorization in their records.<sup>2</sup>

**Do not** file the RSLF template through the EFAST2 Form 5500 filing system along with or as part of the plan's annual return/report.

### **Using the RSLF template**

The instructions below describe how to use each column on the template. References to specific lines on the Form 5500 or Form 5500-SF indicate precisely what information the filer should include in the relevant column.

You should enter information on a separate row for each person meeting the criteria specified in Column R. If a person meets the Column R criteria for more than one plan, enter the information on a separate row for each plan.

**Do not** include spaces or dashes between numbers for any numerical information, such as plan and identification numbers, telephone numbers, addresses, and Social Security numbers.

### **Column B – Name of Plan**

- Enter the plan's formal name.
  - Line 1a of the most recently filed Form 5500, Form 5500-SF, or Schedule DCG.

### **Column C – Plan Number**

- Enter the three-digit plan or entity number the employer or plan administrator assigned to the plan.
  - Line 1b of the Form 5500, Form 5500-SF, or Schedule DCG.

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<sup>2</sup> The documentation should be maintained for a period of time equal to or greater than the period of time described in ERISA section 107.

**Column D – Plan Sponsor Name**

- Enter the plan sponsor’s name.
  - Line 2a of the Form 5500, Form 5500-SF, or Schedule DCG.

**Column E – Plan Sponsor EIN**

- Enter the nine-digit employer identification number (EIN).
  - Line 2b of the Form 5500, Form 5500-SF, or Schedule DCG.

**Column F – Plan Sponsor Phone Number**

- Enter the plan sponsor’s 10-digit telephone number.
  - Line 2c of the Form 5500, Form 5500-SF, or Schedule DCG.

**Column G – Plan Administrator**

- Enter the plan administrator’s name.
  - Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column H – Plan Administrator EIN**

- Enter the plan administrator’s nine-digit EIN.
  - Line 3b of Form 5500 or Form 5500-SF or Line 2b if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column I – In Care of Name (if any)**

- Enter any “in care of” name used or associated with the plan administrator.
  - Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column J – Plan Administrator Phone Number**

- Enter the plan administrator’s 10-digit telephone number.
  - Line 3c of the Form 5500 or Form 5500-SF or Line 2c if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column K – Plan Administrator Street Address**

- Enter the street address where the plan administrator receives mail (e.g., building number and street name or P.O. Box).

- Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column L – Plan Administrator City**

- Enter the name of the city or town where the plan administrator is located.
  - Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column M – Plan Administrator State**

- Enter a two-letter abbreviation for the state or U.S. territory where the plan administrator is located.
  - Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.
- If you are using a foreign address, leave this column blank and skip ahead to Column O.

**Column N – Plan Administrator Zip Code**

- Enter the plan administrator’s zip code.
  - Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column O – Plan Administrator Foreign Province/State (if applicable)**

- Enter the plan administrator’s foreign province or state.
  - Line 3a for the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.
- If you are using a foreign address, leave columns M and N blank.

**Column P – Plan Administrator Foreign County Name (if applicable)**

- Enter the plan administrator’s foreign country.
  - Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column Q – Plan Administrator Foreign Postal (Routing) Code (if applicable)**

- Enter the plan administrator’s foreign country postal or routing code.
  - Line 3a of the Form 5500 or Form 5500-SF or Line 2a if the “Same as Plan Sponsor” Line 3a Box is checked.

**Column R – Separated Vested Participant Social Security Number**

- Enter the Social Security number or IRS Individual Taxpayer Identification Number (ITIN) of each participant who:
  - is a separated vested participant,<sup>3</sup>
  - is owed a benefit from the plan, and
  - has reached age 65 or older.
- You should include:
  - deceased participants who would have been age 65 or older if they had survived and whose beneficiary is entitled to a benefit,
  - separated vested participants aged 65 or older whose benefits were conditionally forfeited under Treasury Regulation section 1.411(a)-4(b)(6), and
  - separated vested participants aged 65 or older who are in pay status.

**Column S – First Name of Participant**

- Enter the first name of the participant whose social security number or ITIN is listed in Column R.

**Column T – Middle Name of Participant (if applicable)**

- Enter the middle name of the participant referenced in Column R.

**Column U – Last Name of Participant**

- Enter the last name of the participant referenced in Column R.

**Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the

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<sup>3</sup> Separated vested participants are described in 26 U.S.C. 6057(a)(2)(C)(i) and (ii). This includes persons previously reported on Form 8955-SSA or former Schedule SSA of Form 5500.

collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to have a three-year average approximately 70 hours per recordkeeper or plan submitting data to the RSLF and 10 minutes per plan to provide consent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of Research and Analysis, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-NEW.

OMB Control Number 1210-New (expires XX/XX/2027)