



Financial Services

# REQUEST FOR A DIRECT TRANSFER FROM YOUR INVESTMENT SOLUTIONS IRA CONTRACTS

## IMPORTANT INFORMATION

Complete this form to request a direct transfer from your Investment Solutions IRA contracts.

Print in upper case using black or dark blue ink and provide all information requested.

## TAXATION OF WITHDRAWALS AND INCOME TAX WITHHOLDING

This information applies to U.S. citizens and resident aliens. U.S. citizens living outside the U.S. must elect income tax withholding. Nonresident aliens must complete Form W-8BEN. If we did not include a copy, please visit us online at [tiaa-cref.org](http://tiaa-cref.org), or call us at **800 842-2252**. Form W-8BEN is also available on the Internal Revenue Service (IRS) website at [irs.gov](http://irs.gov).

The IRS has different rules for the three types of IRAs TIAA-CREF offers. To identify the type of IRA you have, look at the first two characters of your TIAA and CREF numbers. Listed below are the TIAA and CREF number ranges for each type.

	Traditional IRA	Roth IRA	SEP IRA
TIAA Number Begins with	K9; N7-N9; NE-NF	N2-N5; NA-NB	N6; NC-NC9
CREF Number Begins with	J9; T7-T9; TE-TF	T2-T5; TA-TB	T6; TC-TC9

## KEY INFORMATION TO CONSIDER

- When you make a direct transfer to another IRA of the same type; we'll send the payment directly to the other IRA.
- To request a new IRA enrollment form, visit our website at [tiaa-cref.org](http://tiaa-cref.org) or call our Enrollment Hotline at **800 842-2252**. You may also enroll online at [www.tiaa-cref.org/iras](http://www.tiaa-cref.org/iras).
- If your Traditional IRA accumulation includes after-tax contributions, they cannot be rolled over to another qualified plan. Please call us at **800 842-2252** to discuss your options for after-tax contributions.





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## 1. PROVIDE YOUR INFORMATION

First Name  Middle Initial

Last Name  Suffix

Social Security Number/  
Taxpayer Identification Number

X	X	X	X	X					
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Contact Telephone Number

Extension

State of Residence (if outside the U.S., write in Country of Residence)

Citizenship (if not U.S.)

## 2. TELL US WHICH IRA CONTRACT YOU WANT TO RECEIVE YOUR DISTRIBUTION FROM

The following contract:

TIAA Number

--	--	--	--	--	--	--	--	--	--

TIAA Number\*

--	--	--	--	--	--	--	--	--	--

CREF Number

--	--	--	--	--	--	--	--	--	--

\*This field only applies to those with both an "open" and "closed" TIAA contract in their IRA plan.

### IMPORTANT

If you have an IRA with a "closed" TIAA contract please keep in mind that once you withdraw funds from TIAA Traditional and/or TIAA Real Estate in your "closed" contract, you can't move funds back into those same accounts later, and funds distributed from TIAA Traditional will no longer receive the 3% guaranteed minimum rate and any applicable additional amounts. New funds added to TIAA Traditional will go to the account in your "open" TIAA contract, which has a guaranteed minimum rate between 1% and 3% (plus any applicable amounts).





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### 3. TELL US HOW MUCH YOU WOULD LIKE TO TRANSFER (CHECK ONE)

Tell us how much of the available amount you want to transfer from each of your eligible accounts.

I want to transfer the entire amount from all my accounts.

OR

I am requesting a partial transfer from the following:

	Fund/Account Name	Amount or percentage to be transferred
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>

Your account will be valued as of market close on the date we receive this form in good order. If your request is received after market close on a business day, your account will be valued at the close of the next business day.

### 4. DIRECT TRANSFER TO ANOTHER INVESTMENT COMPANY

Make my direct transfer to:

An IRA at another investment company

Please check this box if the receiving contract/account is a Roth IRA

For the above options, please provide investment company contact information here.

Investment Company Name

Street Address

City

State

Zip Code

Contact Telephone Number

Extension

Account Number



**5. ROLLOVER TO ANOTHER INVESTMENT COMPANY**

What type of account are you rolling over to?

403(b)     401(a), 403(a), or 401(k)     457(b) Public Plan

For the above options, please provide investment company contact information here.

Investment Company Name

Street Address

City

State

Zip Code

Contact Telephone Number

Extension

Account Number

**6. YOUR SIGNATURE**

By signing below:

- You authorize TIAA-CREF to make withdrawals as stated in this Request for a direct transfer. If you receive distributions, such as dividends, return of capital, or a capital gains distribution, to an account after you have requested a full transfer from it, that distribution will be paid to you.
- If you chose to have your payment(s) sent directly to an IRA, your signature also authorizes this transaction. If your payment is not sent directly to a traditional IRA or a retirement plan, or if you are directing your withdrawal to a Roth IRA, you understand the tax consequences of your election.
- If you make a direct transfer into an IRA at another financial institution, you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the direct transfer and the funds in which your direct transfer is invested.

Under penalties of perjury, you certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person.

Your Signature

Today's Date (mm/dd/yyyy)

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## RETURN COMPLETED FORMS PACKAGE TO:

### STANDARD MAIL:

TIAA-CREF  
P.O. Box 1268  
Charlotte, NC 28201-1268

### OVERNIGHT:

TIAA-CREF  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

### FAX:

800 914-8922

## CHECKLIST

Did you remember to:

- Complete all necessary personal information and indicate how much you want to transfer.
- Sign and date this form.
- Complete all necessary tax forms, if applicable.

## FRAUD WARNING

### FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE/WARNING REQUIRED BY MANY STATES

This notice/warning does not apply in New York.

*Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.*

**Colorado residents, please note:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Virginia and Washington, DC residents, please note:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

