IMPORTANT INFORMATION
PLEASE READ BEFORE FILLING OUT FORM

QUESTIONS? For account information, to check the status of your request or any other questions, call: 800 842-2252, Monday - Friday, 8 AM - 10 PM ET, Saturday, 9 AM - 6 PM ET, OR visit tiaa-cref.org 24 hours daily. Have your user ID and password ready.

We will notify you of the rollover amount after we receive your completed forms. To avoid delays, be sure to complete all sections.

PLEASE NOTE: A rollover from your TIAA Traditional Account may not be available. If you want to make a rollover from your TIAA Traditional Account, please call us. There are different rules for a rollover from a TIAA Traditional Account that require completing separate forms. Please call us for your options at 800 842-2252.

Federal or state taxes may apply for rollovers.

If you are paying off a loan (it is a taxable event), you must complete a cash withdrawal form before completing this rollover form.

Electronic Fund Transfers are not available for direct rollovers. We will send a check to the financial institution that you have designated on this rollover form.

Your account will be valued as of the date we receive this form in good order.

If this plan is subject to ERISA, the spousal waiver section is only valid for 180 days from the date the Notary Public validates it. The signature on the rollover form is valid for 365 days.

NOTE: If your rollover includes Roth 403(b)/401(k) contributions they may be rolled over to another Roth 403(b)/401(k) that will accept them. They may also be rolled over to a Roth IRA.
STEP ONE

PERSONAL INFORMATION

If you claim residence AND citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print this form, go to www.tiaa-cref.org/forms, and see General Tax Forms. For questions call TIAA-CREF at 800 842-2252.

Name

State of Legal Residence

Citizenship

if outside US, write in country

Contact Phone #

SSN or TIN

NOTE: You can use either your TIAA number OR your CREF number. DO NOT USE DASHES.

TIAA #

CREF #

Plan Name

Plan #

Sub Plan #

TIAA-CREF CONTRACT/CERTIFICATE

This information is required in order to process your request.

PLAN INFORMATION

The Plan and Sub Plan numbers should have been provided to you. If you do not have them, please contact us at 800 842-2252.

Go to STEP TWO.
STEP TWO

ROLLOVER AMOUNT

☐ OPTION 1: Roll over entire amount available. If I have TIAA Traditional accumulations in a RA, GRA or RC contract that qualify for a Small Sum Transfer, I authorize the transfer of any eligible accumulation into the CREF Money Market account for the purposes of this rollover.

For internal TIAA-CREF rollovers, check here and Go to STEP FOUR.
For another investment company, check here and Go to STEP SEVEN.

☐ OPTION 2: Roll over only a portion of account balance as indicated below.

Check here and go to STEP THREE.
☐ INCLUDE ROTH ☐ EXCLUDE ROTH

AFTER TAX MONIES

☐ YES, include in my rollover.

☐ NO, do not include in my rollover. TIAA-CREF will send you a check.

If you do not want these monies rolled over immediately please specify a future date for TIAA-CREF to process your request.

☐ FUTURE DATE: Please rollover the funds on: ____________

☐ OPTION 3: Systematic Withdrawal
Check here, provide detail in STEP FIVE.

STEP THREE

EXISTING INVESTMENTS

Indicate either the dollar amount OR percentage from each account/fund.

<table>
<thead>
<tr>
<th>Investment Account/ Fund Name</th>
<th>Rollover Amount</th>
<th>Percent of Fund Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ ____________</td>
<td>OR ____________ %</td>
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<td>OR ____________ %</td>
</tr>
</tbody>
</table>

☐ For internal TIAA-CREF rollovers, Go to STEP FOUR.

☐ For another investment company, Go to STEP SEVEN.
STEP FOUR

NEW ALLOCATIONS FOR TIAA-CREF ROLLOVERS

- **IN KIND** - Rollover to the same funds. If they are not available, the funds will be rolled over to a money market fund.
- **ALLOCATIONS ON FILE** (of the receiving plan)
- **DIFFERENT ALLOCATIONS** - provide detail below.

**Indicate either the dollar amount OR percentage to each account/fund.**

<table>
<thead>
<tr>
<th>Investment Account/ Fund Name</th>
<th>Rollover Amount</th>
<th>Percent of Fund Value</th>
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<td>OR</td>
</tr>
</tbody>
</table>

Amounts **OR percentages MUST** be whole numbers.

Go to STEP FIVE.

STEP FIVE

SYSTEMATIC WITHDRAWALS

Your last payment may be less than your requested amount. The last payment amount will be the balance left in your account at the time that the last payment transaction occurs.

If you are NOT requesting systematic withdrawals, skip to STEP SIX.

How often do you want to receive withdrawals: *(check one)*

- [ ] MONTHLY
- [ ] QUARTERLY
- [ ] SEMI-ANNUALLY
- [ ] ANNUALLY

Your payments will continue as above until there are no monies in designated funds.

When do you want to start receiving withdrawals? If your plan is funded by a Transfer Payout Annuity (TPA), you may choose any date from the 5th to the 28th of the month. All others may choose any date from the 1st to the 28th.

Start Date ____________________________

mm/dd/yyyy

You can stop recurring payments at any time by calling 800 842-2252.

Stop Date ____________________________

mm/dd/yyyy

Go to STEP SIX.
ROLOVER from your Retirement Investments

STEP SIX
A TIAA-CREF ACCOUNT

TIAA-CREF CONTRACT

PLAN INFORMATION

☐ OPTION 1: My existing employer’s plan.
   Check here and complete below.

   TIAA # ____________________ CREF # ____________________

   Plan Name ____________________

   Plan # ____________________ Sub Plan # ____________________

☐ OPTION 2: My existing Roth or Traditional IRA # ____________________

☐ OPTION 3: A new Roth or Traditional IRA
   Check here and attach enrollment form (call 800 842-2252 for form).

☐ OPTION 4: Another Tax Deferred TIAA-CREF account # ____________________

   If you are rolling over directly to a Roth IRA, go to STEP EIGHT.
   If you are NOT rolling over to a Roth IRA, go to STEP NINE.

STEP SEVEN
ROLOVER TO ANOTHER INVESTMENT COMPANY

The investment company receiving your rollover can assist with completing the information at the right.

☐ OPTION 1: Traditional IRA

☐ OPTION 2: Roth IRA

☐ OPTION 3: Other plan

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

   Investment Company Name ____________________

   Address ____________________

   City ____________________ State ______ Zip ______

   Contact Phone # ____________________

   Account # ____________________

Go to STEP EIGHT.
STEP EIGHT
ROTH IRA ROLLOVERS
If you do not make a selection, 20% will be withheld for federal taxes.

Regardless if you are rolling over to a Roth IRA at TIAA-CREF or at another investment company, you may owe federal taxes and any applicable state taxes on your pre-tax amount.

Provide federal tax withholding options below:

☐ NO
☐ YES, HOW MUCH? % OR $ 

Go to STEP NINE.

STEP NINE
YOUR SIGNATURE
Please read and sign where indicated.

By signing below:
You authorize TIAA-CREF to make withdrawals from your account balances with TIAA-CREF, as stated in this form.

If you make a direct rollover into another employer’s plan, you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the rollover and the funds in which your direct rollover are invested. You further understand that if you make a direct rollover to another employer’s plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), spousal rights will apply to these funds and you may need a signed waiver from your spouse in order to receive a subsequent distribution of these funds.

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 □ / □ / 20

Go to STEP TEN.
STEP TEN

EMPLOYER’S PLAN REPRESENTATIVE SIGNATURE

If you answer yes to any of the options, then an Employer Authorization is required by the employer that contributed to your plan for TIAA-CREF to process your request. Please check the appropriate boxes.

*If you check 0% as the vested account balance available as a cash withdrawal, then an Employer Authorization is not necessary.

**If you check one of the other percentages (other than 0%) as the vested account balance available as a cash withdrawal, then an Employer Authorization is required.

PLEASE NOTE: If this section is not completed and, if it is a requirement for your plan, TIAA-CREF will not be able to process your rollover request.

1. Do you qualify for this withdrawal based on the Heart Act of 2008 Legislation? (being a qualified reservist called to active duty for at least 179 days?) □ YES □ NO

If YES, provide date of leave ______________ mm/dd/yyyy

2. Have you been terminated from employment? □ YES □ NO

3. Are you requesting an in-service withdrawal? □ YES □ NO

4. Are you currently disabled? (Proof of disability must be provided in order to process your request.) □ YES □ NO

If YES, provide date of disability ______________ mm/dd/yyyy

5. Other

6. My vested account balance available as a cash withdrawal in accordance with my retirement plan provision is:

□ 0%* □ 20%** □ 40%** □ 60%** □ 100%** OR □ __________%**

By the employer signing, the employer will receive the nonvested account balance and the vested account balance will be available to the participant.

PLAN REPRESENTATIVE APPROVAL

By signing, you are approving this request.

Date of Separation of Service ______________ mm/dd/yyyy

Plan Representative’s Signature

Today’s Date □ / □ / 20

Plan Representative’s Name (please print)

Title

Go to STEP ELEVEN.
STEP ELEVEN

PLEASE RETURN COMPLETED FORMS PACKAGE TO:

Please Note: Include ALL documents in ONE package.

for STANDARD MAIL:
TIAA-CREF
P.O. Box 1268
Charlotte, NC 28201-1268

for OVERNIGHT:
TIAA-CREF
8500 Andrew Carnegie Blvd
Charlotte, NC 28262

If your rollover amount is $50,000 or greater, please mail your original documents and the completed form.

If your rollover amount is less than $50,000, you can fax your form to us at 800 914-8922.

CHECKLIST

☐ Complete all necessary personal information and indicate how much you want to roll over by account or fund. (STEPS ONE, TWO & THREE)

☐ Make sure if you are completing STEP SEVEN that your new investment company information is complete.

☐ Remember to sign this form. (STEP NINE)

☐ The employer who contributed to the plan you are making the rollover from must provide the date your employment was terminated. (STEP TEN)

☐ If you are disabled, remember to provide proof of disability with this form.

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.