

ROLLOVER FROM YOUR RETIREMENT INVESTMENTS

NEED HELP? **800-842-2252**Weekdays
8 a.m. - 10 p.m. (ET)
Saturday
9 a.m. - 6 p.m. (ET)

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 due to different plan rules and separate forms may be required. If you wish to make a rollover from your TIAA Traditional Account, please call us to obtain the correct form.

Federal or state taxes may apply for certain rollovers.

Tax information in this form is not intended as tax advice. If you have any questions about the impact of a requested rollover on your personal tax situation, you should consult a qualified tax adviser.

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.

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.

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 withdrawal form is valid for 365 days.

Required Minimum Distribution (RMD): If you will be 70½ or older in this calendar year and you are separated from service, then the IRS requires that you receive your Required Minimum Distribution (RMD) amount prior to any rollover amount you request. If you have already satisfied your RMD for this calendar year, then you can continue with this rollover request. If you have not satisfied your RMD for this calendar year and you submit these rollover forms, then TIAA will pay your RMD amount for this calendar year prior to this rollover. TIAA will calculate your RMD amount using the IRS Uniform Life Expectancy table. Once the RMD amount is calculated, TIAA will pay this RMD amount out proportionately across all of your available funds. TIAA will send the RMD check to your address of record, withholding 10% for federal taxes and any applicable state taxes. If you want different options, then you will need to call us to request cash forms to have your RMD amount satisfied and then you will need to submit a new set of rollover forms to TIAA.

NOTE: If this is a 403(b) plan and you have already satisfied your RMD for this calendar year with another 403(b) carrier, then you can attest to this in Step ONE and continue with your rollover request.





ROLLOVER FROM YOUR RETIREMENT INVESTMENTS

Page 1 of 10

Do you want to receive your money faster? Find out if you can request your rollover online - just log in to your account at **TIAA.org**, click on "Manage My Portfolio" and select "Rollover or Withdraw Money." Some restrictions may apply.

(



FROM YOUR RETIREMENT INVESTMENTS

	Pa	age 2 o)f 1
3. ROTH ACCUMULATIONS If you made Roth (After-Tax) contributions to the plan you are rolling funds from, please or	omplete th	iis	
section. If not, please move to next section.	Vas		1-
Do you have ROTH accumulations?	Yes	N	lo
Are you requesting ONLY non-Roth accumulations in this rollover?	Yes	N	0
OR			
Are you requesting ONLY Roth accumulations in this rollover?	Yes	N	lo
OR			
Are you requesting BOTH Roth and non-Roth accumulations in this rollover?	Yes	N	lo
4. REQUIRED MINIMUM DISTRIBUTION			
If you will be 70½ or older in this calendar year and you are separated from service, then that you receive your Required Minimum Distribution (RMD) amount prior to any rollover at If you have already satisfied your RMD for this calendar year, then you can continue with the If you have not satisfied your RMD for this calendar year and you submit these rollover for pay your RMD amount for this calendar year prior to this rollover. TIAA will calculate your Rthe IRS Uniform Life Expectancy table. Once the RMD amount is calculated, TIAA will pay out proportionately across all of your available funds. TIAA will send the RMD check to you record, withholding 10% for federal taxes and any applicable state taxes. If this rollover is 403(b) plan and you have already satisfied your RMD for this calendar year from another please check the box below and continue to Section 5. I attest that I have already satisfied my 403(b) Required Minimum Distribution (RMD 403(b) carrier for this calendar year.	amount you his rollove ms, then T RMD amou this RMD a ur address coming o alternate	u reque r reque IAA wil nt usin amoun of ut of a carrier,	est est II ng it







Page 3 of 10

TIAA

CHOOSE THE AMOUNT TO ROLL OVE	ER				
OPTION 1: Roll over entire amount available as	s allocate	ed on file.			
If you do not want these monies rolled over imme the request:	mediately	, please specify a future d	ate for TIAA to	o pro	ces
	Date (r	nm/dd/yyyy)			
FUTURE DATE: Please roll over the funds o	n:	/ / 2 0			
OPTION 2: Roll over a specific dollar amount.					
I want \$ rolled over proj	portionat	ely across all my available	investments.		
(Enter the dollar amount here and leave the spe	ecific inv	estment section below bla	nk.)		
OPTION 3: Roll over only a portion of account by	balance a	as indicated below.			
Indicate either the dollar amount or percentage numbers.	e from ea	ch account/fund. Percenta	iges must be	who	le
Investment Account/Fund Name		Rollover Amount	Perce Fund		
	\$				%
	\$				%
	\$			Ť	
	\$			$\frac{1}{1}$	
				<u> </u>	
	\$			井	%
	\$				%
If you do not want these monies rolled over im process the request: FUTURE DATE: Please roll over the funds o	Date	y, please specify a future mm/dd/yyyy) / 2 0	date for TIAA	to	
OPTION 4: Systematic Rollover The amount selected in Option 2 or Option 3 a Systematic Rollover.	above wil	be the amount that we w	vill setup as y	our	
How often do you want to receive rollovers (cho	oose one):			
Monthly Quarterly Semiannua	lly	Annually			
Your payments will continue as above until there	e are no	monies in designated fund	ds.		
When do you want to start receiving rollovers?					
If your plan is funded by a Transfer Payout Annu 28 th of the month. All others may choose any da			from the 5 th 1	to th	е
(mm/dd/yyyy)		(mm/dd/yyyy)			7
Start Date: / / / 2 0	5	Stop Date: /	/20		





FROM YOUR RETIREMENT INVESTMENTS Page 4 of 1
6. TELL US WHERE TO SEND YOUR ROLLOVER (CHOOSE ONE)
A. Roll over to another TIAA account.* (Also complete Section 6A)
OR
B. Roll over to another investment company.* (Also complete Section 6B)
Please tell us how to apply your after-tax monies.
Include in my rollover
Do not include in my rollover. TIAA will send me a check.





My existing employer's plan.			
TIAA Number	CREF Number		
Plan Number	Sub Plan Number		
Plan Name			
I already have my account of a lopened my account within Do you want federal taxes with five you don't check a box, we would not withhold fed Yes, withhold 99	withheld from the pretax amount you withheld from the pretax amount you withheld 20% for federal taxes. It withhold 20% for federal taxes.	ave the account numbou're converting to a R	
Different Allocations – provide of Indicate either the dollar amoun numbers. stment Account/Fund Name	detail below. nt or percentage to each account/f Rollover Amount	und. Percentages mus	ot be whole Percent of Fund Value
,	\$	OR	9
	\$	OR	9,
	\$	OR	9/
	Ψ		
	\$	OR	%





FROM YOUR RETIREMENT INVESTMENTS

Page 6 of 10

ng over to? (Choo	ose only one)	
Investment Comp	any Information)	
ment Company Ir	nformation)	
		erting to a Roth IRA? If you don't
ral taxes.		
must be greater t	than 20%)	
stment Company	Information)	
		State Zip Code
xtension	Account Number	
i ti ti	Investment Comp ment Company II nheld from the pr 1% for federal tax ral taxes. must be greater t stment Company	Investment Company Information) ment Company Information) nheld from the pretax amount you're conving for federal taxes. ral taxes. must be greater than 20%) stment Company Information)



ROLLOVER FROM YOUR RETIREMENT INVESTMENTS

Page 7 of 10

7. YOUR AUTHORIZATION AND SIGNATURE

By signing below:

You authorize TIAA to make withdrawals from your account balances with TIAA, 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.

For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction it may result in the transaction being canceled.

Under penalties of perjury, I 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; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Note: There are no FATCA code entries on this form, so please disregard item 4.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Your Signature	Today's Date (mm/dd/yyyy)					
	/ / 20					





FROM YOUR RETIREMENT INVESTMENTS

Your Signature	Today's Date (mm/dd/yyyy)
Tour Orginaturo	/ / 20
OR	
I certify that I am not married AND I am current	ly working for the employer that contributed to this plan
Please sign below in the presence of the Plan F	
Your Signature	Today's Date (mm/dd/yyyy)
Your Signature	Today's Date (mm/dd/yyyy)
Your Signature PLAN REPRESENTATIVE CERTIFICATION	Today's Date (mm/dd/yyyy)
_	/ / 20
PLAN REPRESENTATIVE CERTIFICATION	/ / 20
PLAN REPRESENTATIVE CERTIFICATION By signing, you certify that the participant is not ma	/ / 2 0 rried.





Page 9 of 10



9. SPOUSE'S WAIVER OF SURVIVOR BENEFITS

As the spouse of a participant in an employer-sponsored retirement plan, you have the right to receive a survivor benefit of at least 50% of the participant's (the account owner's) accumulation if he or she dies before you (referred to as a qualified joint and survivor annuity ("QJSA")). The amount may be more, depending on the plan provisions. With this form, your spouse is requesting a distribution in a form other than the QJSA. Because this means that the money used for the distribution will no longer be available to provide a QJSA survivor benefit to you, we must get your consent before completing the transaction. Please read and sign the statement below only if you agree to the distribution in a form other than the QJSA. You do not have to sign this form. If you do not, you will receive the QJSA survivor benefit described in the *Explanation of the Qualified Joint and Survivor Annuity*.

Important: You must have your signature witnessed by a Notary Public OR the contributing employer's Plan Representative. And you must sign and date this waiver on or after your spouse has signed the distribution form.

By signing I confirm that I have read and understand the *Explanation of the Qualified Joint and Survivor Annuity*, which includes information about the QJSA and the requirements for spousal consent. I hereby agree to this distribution and understand that the amount to be distributed will not be available as a QJSA survivor benefit. I also understand that this waiver applies to this request only; it does not apply to future requests.

First Name Last N	ame
Signature	Today's Date (mm/dd/yyyy)
NOTARY PUBLIC CERTIFICATION	
State County On the date noted below the subscriber known to me to be the subscriber known to be the subscriber known to be the sub	•
foregoing instrument and he/she acknowledged to me that he Notary Public's Signature	e/she executed the same. Today's Date (mm/dd/yyyy)
Notally Fublic's Signature	/ / / 2 0
FOR MOTARY RURI ICC IN MA	
Indicate the type of identification: Valid federal or state ID Testimony of a credible witness Personal knowledge of the subscriber	In this space, the Notary Public must provide his/her notarial number and the date the appointment expire Provide the notarial seal if outside New York state.
Testimony of a credible witness	notarial number and the date the appointment expire Provide the notarial seal if outside New York state.
Indicate the type of identification: Valid federal or state ID Testimony of a credible witness Personal knowledge of the subscriber PLAN REPRESENTATIVE CERTIFICATION	notarial number and the date the appointment expire Provide the notarial seal if outside New York state.





FROM YOUR RETIREMENT INVESTMENTS

Page 10 of 10

Yes	No
	7
Yes	No
Yes	No
ase	
Yes	No
ement plan provisi	on is
%*	J
nd the vested ac	count
m/dd/yyyy)	7
/ 2 0	
	7
r	ment plan provision %* Indeed the vested according to





ROLLOVER FROM YOUR RETIREMENT INVESTMENTS

Please return ALL numbered pages including any pages you did not need to complete.

RETURN COMPLETED FORM(S) TO:

FAX: STANDARD MAIL: OVERNIGHT:

800-914-8922 (within U.S.) TIAA TIAA

704-595-5795 (outside U.S.) P.O. Box 1268 8500 Andrew Carnegie Blvd.

Charlotte, NC 28201-1268 Charlotte, NC 28262

SEND US YOUR FORM ONLINE:

- Log in to your account at TIAA.org. On the main menu, under "My Account," select the "Upload documents" link.
- Within the "Shared Files" tab in "Message Center," select the "Upload Files" button.

MOBILE UPLOAD:

- Log in to your TIAA app, and click on "Message Center" from the top right menu.
- Click on "Shared Files."
- In the bottom right corner, click on the upload icon and select the folder to upload to.
- Follow the instructions to take a picture and upload your completed form.

CHECKLIST Did you remember to:
Complete all necessary personal information and indicate how much you want to roll over by account or fund.
Make sure if you are completing Section 6B that your new investment company information is complete.
Remember to sign Unmarried Verification or Spouse's Waiver.
Remember to sign this form.
The employer who contributed to the plan you are making the rollover from must provide the date you separated from service.
If you are disabled, remember to provide proof of disability with this form.
Call TIAA if you have any questions or need assistance at 800-842-2252.





ROLLOVER FROM YOUR RETIREMENT INVESTMENTS

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.







Page 1 of 4

Before you complete your request, we want you to know that making a withdrawal may eliminate other income options in the future—options that could be more appropriate for you in retirement. The charts below show annual income examples from some of our lifetime annuity choices. On the following page you'll also find charts showing payments over a fixed period of time. The Life Annuity options offer income you can't outlive—an important consideration when planning for retirement.* Conversely, Fixed Period options pay out amounts over a period of years. However, these are only a few of the income options available to you.

Keep in mind that these illustrations are only examples and are not guaranteed. The amounts illustrated do not necessarily reflect what you're eligible to receive.

The purpose of these illustrations is to ensure that you understand the financial effect of withdrawing a portion or all of your balance. A withdrawal will limit what you'll have available for lifetime income or fixed-period income in the future. Our brochure, *Lifetime Retirement Income—The Foundation to a Secure Future*, details the income choices available and will help you choose the right option for your needs. It is available on our website at: TIAA.org/pubs/pdf/lifetime_retirement_income.pdf.

Please carefully review these illustrations before completing the appropriate withdrawal forms.

If you have questions or need any assistance, our consultants are ready to help. Just call **800-842-2252** weekdays from 8 a.m. to 10 p.m. or Saturday from 9 a.m. to 6 p.m. (ET). To contact us by phone internationally, please log in to **TIAA.org** and click on the *Contact Us* link at the top right-hand corner of the page. Scroll down the page to click on *more phone numbers*. In the *Call toll-free from abroad* section, click on *Instructions* to view the AT&T international dialing guide where you can locate your international dialing code and dialing instructions. If you would like this illustration and the booklet *Lifetime Retirement Income* mailed to you, please call **800-842-2252**.

For additional income choices not illustrated, please see the last page.

SINGLE-LIFE ANNUITY

You're guaranteed income for life. Income ends at your death unless you have a guaranteed payment period, in which case your estate or beneficiary will continue to receive income until the end of that period.

AMOUNT		AN	NUAL INCOMI	YOU WOULD	RECEIVE IF	OU BEGIN IN	ICOME AT:
	AGE 35	AGE 45	AGE 55	AGE 60	AGE 65	AGE 70	AGE 75
\$ 10,000	\$ 462	\$ 502	\$ 567	\$ 615	\$ 682	\$ 774	\$ 905
100,000	4,622	5,016	5,669	6,155	6,818	7,742	9,048
500,000	23,109	25,082	28,347	30,773	34,089	38,711	45,238







Page 2 of 4

TWO-LIFE ANNUITY WITH 50% TO ANNUITY PARTNER

You're guaranteed income for life. If you die first, your annuity partner's income is reduced to 50% of the original amount. Your income isn't reduced if your annuity partner dies first.

AMOUNT	ANNUAL INCOME YOU WOULD RECEIVE IF YOU BI					YOU BEGIN IN	ICOME AT:
	AGE 35	AGE 45	AGE 55	AGE 60	AGE 65	AGE 70	AGE 75
\$ 10,000	\$ 450	\$ 483	\$ 536	\$ 576	\$ 631	\$ 706	\$ 812
100,000	4,501	4,826	5,364	5,764	6,308	7,060	8,116
500,000	22,505	24,131	26,822	28,822	31,538	35,298	40,579

TWO-LIFE ANNUITY WITH TWO-THIRDS TO SURVIVOR

You're guaranteed income for life. However, income is reduced to two-thirds of the amount after the death of *either* you or your annuity partner.

AMOUNT	ANNUAL INCOME YOU WOULD RECEIVE IF YOU BEGIN INCOME						INCOME AT:
	AGE 35	AGE 45	AGE 55	AGE 60	AGE 65	AGE 70	AGE 75
\$ 10,000	\$ 454	\$ 489	\$ 546	\$ 589	\$ 647	\$ 727	\$ 840
100,000	4,540	4,888	5,462	5,889	6,469	7,273	8,404
500,000	22,702	24,440	27,312	29,444	32,345	36,367	42,022

TWO-LIFE ANNUITY WITH 75% TO ANNUITY PARTNER

You're guaranteed income for life. If you die first, your annuity partner's income is reduced to 75% of the original amount. Your income isn't reduced if your annuity partner dies first.

AMOUNT	ANNUAL INCOME YOU WOULD RECEIVE IF YOU BEGIN INCOME A						ICOME AT:
	AGE 35	AGE 45	AGE 55	AGE 60	AGE 65	AGE 70	AGE 75
\$ 10,000	\$ 444	\$ 474	\$ 522	\$ 559	\$ 608	\$ 676	\$ 772
100,000	4,443	4,737	5,224	5,587	6,080	6,761	7,718
500,000	22,214	23,683	26,119	27,936	30,400	33,807	38,592

TWO-LIFE ANNUITY WITH 100% TO ANNUITY PARTNER

You're guaranteed income for life. Income continues for the full amount following the death of either you or your annuity partner.

AMOUNT	ANNUAL INCOME YOU WOULD RECEIVE IF YOU BEGIN INCOM						ICOME AT:
	AGE 35	AGE 45	AGE 55	AGE 60	AGE 65	AGE 70	AGE 75
\$ 10,000	\$ 439	\$ 465	\$ 509	\$ 542	\$ 587	\$ 649	\$ 736
100,000	4,386	4,650	5,090	5,421	5,868	6,488	7,358
500,000	21,931	23,250	25,452	27,103	29,342	32,438	36,790







Page 3 of 4

FIXED PERIOD ANNUITY (ASSUMING 4% RETURN)

Unlike the Life Annuity options above, Fixed Period Annuities make payments for a fixed number of years and then cease. The number of years for which payments are available is based on your account type and/or your contributing employer's plan rules.

This chart assumes a 4% return.

AMOUNT	ANNUAL INCOME IF YOU RECEIVE PAYMENTS FOR THE FOLLOWING FIXED NUMBER OF YEARS				
	10 YEARS	20 YEARS	30 YEARS		
\$ 10,000	\$ 1,207	\$ 720	\$ 566		
100,000	12,069	7,203	5,661		
500,000	60,346	36,015	28,305		

FIXED PERIOD ANNUITY (ASSUMING 6% RETURN)

Payments are made for a fixed number of years and then cease. The number of years for which payments are available is based on your account type and/or your contributing employer's plan rules.

This chart assumes a 6% return.

AMOUNT	ANNUAL INCOME IF YOU RECEIVE PAYMENTS FOR THE FOLLOWING				
	FIXED NUMBER OF YEAR				
	10 YEARS	20 YEARS	30 YEARS		
\$ 10,000	\$ 1,316	\$ 845	\$ 704		
100,000	13,163	8,446	7,038		
500,000	65,814	42,232	35,191		

ADDITIONAL INCOME CHOICES

You also have the flexibility to receive income through the choices listed below. Depending on your needs and goals, these may help you build a flexible income stream.

INTEREST-ONLY INCOME

Interest-Only offers you the flexibility of receiving income without drawing down your TIAA Traditional balance in Retirement Annuity, Group Retirement Annuity and Retirement Choice contracts. Your income includes a guaranteed interest rate of 3% (for most contracts) plus any additional amounts declared above the guaranteed rate. As interest rates change, so does your income. It's an ideal way to supplement your income during a transition to full retirement or if you are working part time. Once you reach age 70½, we generally recommend that you switch to another income choice designed to meet the Internal Revenue Service's (IRS's) required minimum distributions.







Page 4 of 4

MINIMUM DISTRIBUTION WITHDRAWALS

Generally available for participants who have reached age 70½, this option pays you only the amount needed to meet federal required minimum distributions. That way, your remaining balance can continue to grow tax deferred.

TRANSFER PAYOUT ANNUITY

The TIAA Traditional Annuity's primary goal is to protect your principal while providing the highest potential return.* In order to uphold these benefits, withdrawals are limited to a portion of your balance each year. For income from your TIAA Traditional balance in a Retirement Annuity or Group Retirement Annuity, you can receive 10 annual withdrawals through the Transfer Payout Annuity. Group Retirement Annuities may also offer the choice of annual fixed-period withdrawals between 5 and 30 years. And Retirement Choice Annuity contracts offer an 84-month withdrawal option.

For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within 5 days, this transaction may be canceled.

Investment products, insurance and annuity products: are not FDIC insured, are not bank guaranteed, are not deposits, are not insured by any federal government agency, are not a condition to any banking service or activity, and may lose value.

Annuity contracts and certificates are issued by Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF), New York, NY

© 2016 Teachers Insurance and Annuity Association of America-College Retirement Equities Fund (TIAA-CREF), New York, NY 10017



^{*}All guarantees are based on TIAA's claims-paying ability.