



Helpful Information for Completing Your Request for a Payment

- Any previous withdrawals you've made will determine the amount available.
- Single payments from your TIAA Traditional accumulation are available within 120 days of your termination of employment and are subject to a 2.5% surrender charge, and they may be directly rolled over.
- Single payments are available from your other accounts after termination of employment, and they may be directly rolled over.
- To view your current accumulation or to find out the status of your request, visit our website at **www.tiaa-cref.org** or call our Automated Telephone Service at **800 842-2252**; both are available 24 hours a day, 7 days a week. You'll need your password and User ID.
- You also can make this a request to repay any outstanding loan you have with TIAA-CREF by completing the Loan Repayment section on your Request.
- If you have any questions, please call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

About Federal Taxation

Federal tax law generally subjects your withdrawal to 20% mandatory income tax withholding unless it is directly rolled over to an IRA or another employer's retirement plan.

If you're a non-resident alien and we haven't included Form W-8BEN, please visit our website at **www.tiaa-cref.org** to print a copy, or call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET. Form W-8BEN is also available from the Internal Revenue Service website at **www.irs.gov**.

You may be subject to a federal penalty in addition to regular income tax when you make the withdrawal if:

- You were under age 55 when you separated from service, or
- You are under age 59½.*

If you are 55 or older and then separated from service when you make the withdrawal, you are not subject to the federal tax penalty.

*You won't be subject to the 10% penalty if you have unreimbursed medical expenses exceeding 7½% of your Adjusted Gross Income, or if you're disabled as defined by the IRS.

About Direct Rollovers

Your cash payment is subject to mandatory 20% federal income tax withholding unless it is directly rolled over to an IRA or to another plan. When you request a direct rollover, the money is sent directly to the IRA or other plan, not to you. **Note:** Electronic funds transfer is not available for rollovers.

Direct Rollovers to IRAs

You can always do direct rollovers to IRAs. TIAA-CREF offers both Traditional IRAs and Roth IRAs. Regulations require that conversions to Roth IRAs be made first as a rollover to an IRA, like our Traditional IRA, and then converted to a Roth IRA. A rollover to a Traditional IRA is not taxable. A conversion to a Roth IRA is fully taxable since Roth IRAs can only accept after-tax dollars.

You can directly roll over your eligible payment to an existing TIAA-CREF Traditional IRA by providing us with your IRA contract numbers. Or, if you want to open a new TIAA-CREF IRA, just check the appropriate box. Be sure to return your completed IRA enrollment form along with your payment request. To request a new IRA enrollment form, visit our website at www.tiaa-cref.org, or call our Enrollment Hotline at **800 842-2888** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

Direct Rollovers to Plans

You may be able to directly roll over your eligible payment to another employer's plan. When deciding whether to roll over your payment, you should consider the choice of investments, features of the plan, and plan rules (since your accumulation will generally become subject to these rules).

Be sure to discuss state tax implications, if any, with your tax advisor. Please note that if you are making a direct rollover *from* a plan established under another IRS code section *to* a governmental 457(b) plan, and you are under age 59½ when you make the direct rollover, the 10% early withdrawal penalty will continue to apply to the accumulation you are rolling over until you attain age 59½.

If the other employer's plan is with TIAA-CREF, we can determine if the plan can accept the direct rollover. If the other employer's plan is with another financial company, the plan administrator or trustee of the plan receiving your direct rollover must complete Part D in the Direct Rollovers to TIAA-CREF section on your Request. **We must have this information to determine if the Internal Revenue Service rules allow your direct rollover to the plan.**

After-Tax Contributions

The rules for rolling over after-tax contributions are complex. Keep in mind that you can:

- roll over after-tax contributions made through your employer's plan to an IRA,
- roll over after-tax contributions to another plan under the same IRS code section, or
- roll over after-tax contributions from a qualified plan to a qualified plan. The IRS identifies qualified plans as 401(a) plans, Keogh plans, 403(a) plans, and 401(k) plans.

NOTE: The plan receiving the rollover of your after-tax contributions must agree to separately account for them.

If you would like more information on rolling over after-tax contributions, please call our Telephone Counseling Center at **800 842-2776** Monday through Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

Request for a Payment

IMPORTANT: Return all of these pages. Each section also provides instructions for completing it. Also, the availability of this form does not guarantee that you are eligible for cash withdrawals. If you have questions, please call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

Personal Information

Please be sure we have all of the requested information below. We need your citizenship and state of residence for tax reasons.

[illegible]

First and Middle Name or Initial

[illegible]

Last Name

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Social Security Number

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Daytime Telephone Number

Citizenship (if not U.S.)

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State of Residence

Amount

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

NOTE: If you're making a withdrawal from a mutual fund not managed by TIAA-CREF, it is subject to administrative charges that are deducted from your accumulation prior to payment.

Part A – Complete this part if you want to receive your payment on a later date. Otherwise, within four to seven business days we'll make your payment.

Part B – Complete this part if you want to withdraw your entire accumulation.

Part C – Complete this part if you want to withdraw specific amounts from selected accounts. The minimum withdrawal is \$1,000, or 100% if the account value is less than \$1,000. For each account, write the dollar amount or percentage you want to receive. **Percentages and amounts must be in whole numbers and written as words.**

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The withdrawals are to be taken from my accumulation in

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Name of Employer's Plan *(not required for payments from IRAs)*

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TIAA Number

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CREF Number

A. ☐ Yes, I would like payment made on a future date. Please make the payment on

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Date (mm/dd/yyyy)

B. ☐ I want to withdraw the entire amount from all my accounts.

OR

C. ☐ I am requesting a withdrawal of the following amount(s).

Account

Number

Account Name

Amount

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Direct Rollover(s) to TIAA-CREF

Part A – If you are making a direct rollover to your existing TIAA-CREF contracts, complete this part.
We'll use the current allocation we have on file for these contracts.

Part B – If you are making a direct rollover to a new TIAA-CREF IRA, complete this part. You'll make your allocation choices on the IRA enrollment form. If you are considering a Roth IRA, please be sure you understand that this is a fully taxable event.

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Make my direct rollover(s) to:

A. ☐ My existing

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TIAA Number CREF Number

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Name of Institution

If you have after-tax contributions and the plan receiving your direct rollover cannot accept them, we will pay that amount to you by check and send it to your address of record.

B. ☐ My new TIAA-CREF Traditional IRA. *(Please complete an enrollment form, or enroll online at www.tiaa-cref.org/iras.)*

OR

☐ My new TIAA-CREF Roth IRA. *(Please complete an enrollment form, or enroll online at www.tiaa-cref.org/iras.)*

☐ **Yes**, withhold *(enter a dollar amount or percentage)*

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for federal income tax withholding from my conversion to a Roth IRA.

☐ **No**, I do not want any federal income tax withheld from my conversion to a Roth IRA.

Direct Rollover(s) to Another Company

Part A – If you are making a direct rollover to an IRA at another financial company, complete this part **and Part C**.

Part B – If you are making a direct rollover to another employer's plan that doesn't offer TIAA-CREF accounts, complete this part **and Part C**.

Part C – You complete Part C to provide the name, telephone number and check-mailing address of the other financial company, and your account number.

Part D – If you are making a direct rollover to another plan, the Plan Administrator for the plan or the trustee at the other company completes this part. **We must have this information to determine if Internal Revenue Service rules allow your direct rollover to the plan.**

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Make my direct rollover(s) to:

A. ☐ An IRA at another financial company.

OR

B. ☐ Another employer's plan that doesn't offer TIAA-CREF accounts.

If you have after-tax contributions and the plan receiving your direct rollover cannot accept them, we will pay that amount to you by check and send it to your address of record.

C. Other Financial Company Information

Company Name

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Telephone Number

Ext.

Check-mailing Street Address

City

State

Zip Code

Account Number

D. Certification and Agreement by the Plan Administrator or the trustee at the other company.

We certify that the Internal Revenue Code of the plan receiving the direct rollover is (*check one*):

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

AND

☐ We agree to accept the direct rollover and to separately account for **both** before-tax and after-tax amounts.

OR

☐ We agree to accept **only** the direct rollover of before-tax amounts.



Signature of Plan Administrator or Trustee

/ /

Date (*mm/dd/yyyy*)

Title

- -

Telephone Number

TIAA-CREF Annuity Loan Repayment

If you are requesting a full (100%) settlement of your entire accumulation for the transaction(s) you are authorizing, you need to provide instructions regarding your outstanding TIAA-CREF loan(s).

To view your current outstanding loan balance (which is the unpaid amount of the loan plus the accrued interest on it), visit our website at **www.tiaa-cref.org**, or call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

Account Loan Number

Outstanding Loan Amount as of

- If you check **Yes** below, we will use this withdrawal to repay your outstanding loan(s) and send you the remaining accumulation from this plan.
- If you check **No** below or you leave this section blank, your withdrawal will not be used to repay any outstanding loan balance(s), your withdrawal will not include any collateral supporting the loan(s), and your withdrawal will not be a full (100%) settlement.

☐ **Yes**, I want to repay my entire outstanding loan balance(s) from this withdrawal.

☐ **No**, I do not want to repay my entire outstanding loan balance(s) from this withdrawal. I understand that after this withdrawal, the collateral supporting my outstanding loan(s) will remain for future use.

Direct Deposit Authorization

NOTE: This section does not apply to any payment you are rolling over.

Part A – Complete this part if you want your payment deposited directly to your bank using electronic funds transfer (EFT).

- If your payment is under \$10,000, complete only this part.
- If your payment is for \$10,000 or more, **either** complete only Part A **and** attach a voided check, **or** complete both Parts A **and** B.
- If you are directing your payment to a savings account, **your bank must provide the bank transit number.**

Part B – If your payment is for \$10,000 or more and you do not attach a voided check, you will need to sign your request on the next page in front of an authorized employee of a national or state bank, a federal savings and loan association, stock exchange member firm, or a savings bank in New York or Massachusetts. **A notary public is not acceptable.** The authorized employee of the financial institution must use a stamp or seal indicating "Signature Guaranteed." The bank employee should also confirm the bank transit number.

If you do not provide us with all of the required direct deposit information, we will send your payments to your residential address.

A. Bank Information

Name of Bank

Street Address

City

State

Zip Code

Telephone Number

Checking Account Number

OR

Savings Account Number

9-Digit Bank Transit Number

B. Signature Guarantee

I certify that the person described on Page 1, whose identity is known or proven to me, personally appeared before me on:

Date (mm/dd/yyyy)

City

State

and signed this request. I also certify that the Bank Transit Number above is correct.

Signature

Date (mm/dd/yyyy)

Your Signature

Be sure to sign and date your request here.

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By signing, you authorize TIAA-CREF to make the withdrawals as stated in this Request for Payment. 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 are requesting a direct rollover

If you choose to have your payment sent directly to an IRA or to an employer's retirement plan, your signature also authorizes this transaction. If your payment is not sent directly to a Traditional IRA or a retirement plan, 20% of the taxable portion of your payment will be withheld for federal income taxes; or if you are directing your withdrawal to a Roth IRA, you understand the tax consequences of your election.

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.

If you are requesting a direct deposit

If you requested that your payment be directly deposited, you authorize that the bank charge your account and refund any overpayment to TIAA-CREF. You release your bank from any liability to TIAA-CREF for overpayment above the amount of the funds available in your account at the time TIAA-CREF requests a refund.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number; and you are not subject to backup withholding due to a failure to report interest or dividend income; and you are a U.S. person (this includes all U.S. citizens and resident aliens).*

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



Signature

Date (mm/dd/yyyy)

**If you are subject to backup withholding, cross out the statement above that refers to not being subject to backup withholding.
If you are not a U.S. person, cross out the statement that refers to being a U.S. person.*

Employer's Authorization

Please provide the participant's employment termination date and let us know if this request is approved by signing below.

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Employment termination date (*mm/dd/yyyy*):

I understand that by signing I am approving this request.

Name of Plan Representative (*please print*)

Authorized Signature

Date (*mm/dd/yyyy*)

Title

- -

Telephone Number

Unmarried Determination

Complete this section if you are not married.

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☐ I am not married. If I'm employed, my employer's plan representative must certify that I have established my unmarried status to his/her satisfaction by signing below.



Your Signature

Date (*mm/dd/yyyy*)

Name of Plan Representative (*please print*)

Title



Signature of Plan Representative

Date (*mm/dd/yyyy*)

Name of Employer

- -

Telephone Number

Spouse's Waiver

To the Participant –

If you're married and your participation has been in plans subject to federal law or in plans with provisions that provide for spousal rights to survivor benefits, your spouse must provide written consent for this request for payment. Either the plan representative or a notary public must witness your spouse's signature, which must be dated the same or a later date than when you sign this request.

The following is to be read and signed by the spouse of the annuity owner.

Spouse's Consent to Waiver of Preretirement Survivor Benefits

You have the right to receive a survivor benefit or at least 50% (or more as provided by plan provisions) of your spouse's accumulation if your spouse dies before you. This request for payment requires your consent since this money will not be used to provide you with a survivor benefit.

If you agree to the request for payment, please read and sign the statement below, and have your signature witnessed.

I agree that I am giving up my right to receive a qualified preretirement survivor annuity and/or a qualified joint and survivor annuity at my spouse's death for the payment described in this request. I also agree that any dividends received after the payment of an entire account value will be paid to my spouse.



Spouse's Signature

____ / ____ / ____

Date (mm/dd/yyyy)

The Plan Representative completes this portion.

Name of Plan Representative (please print)

Title



Signature of Plan Representative

____ / ____ / ____

Date (mm/dd/yyyy)

OR

The Notary Public completes this portion.

State of _____ County of _____

On ____ / ____ / ____ before me personally appeared

Date (mm/dd/yyyy)

Name of Spouse

the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.



Signature of Notary Public

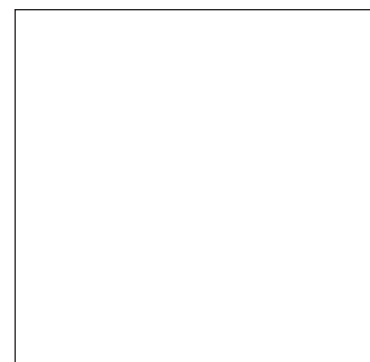
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Date (mm/dd/yyyy)

For Notary Publics in MA -

Indicate the type of identification:

- ☐ Valid federal or state photo ID
☐ Testimony of a credible witness
☐ Personal knowledge of the subscriber



In the space above, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

For your protection, some states and the District of Columbia require a warning against fraud to appear on this form. These states, including but not limited to Alaska, Arizona, Arkansas, California, Delaware, Indiana, Kentucky, Louisiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Tennessee and Virginia require a warning substantially similar to the following.

People who file applications for insurance or statements of claim commit a fraudulent insurance act if they knowingly do so with intent to injure, defraud or deceive any insurance company or another person; and/or knowingly include in their application or statement of claim any materially false or misleading information; and/or knowingly conceal information, for the purpose of misleading, concerning any fact material to the application or claim.

A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages.

New York residents, please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Arizona residents, please note: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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.

Florida residents, please note: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

New Jersey residents, please note: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.