

For account information, or to check the status of your request or any questions:

Call **800 842-2776** Monday — Friday 8 a.m. — 10 p.m. (ET)

Saturday 9 a.m. – 6 p.m. (ET)

Or visit us online at tiaa-cref.org 24 hours a day. Have your user ID and password ready.

WHEN DO I USE THIS FORM?

Complete this form to authorize the transfer or rollover of funds to TIAA-CREF. A separate form with an **original signature** must be completed and returned to TIAA-CREF for each carrier or fund provider from which you are transferring/rolling over funds. You may photocopy this form if you want to transfer or roll over funds from multiple accounts or fund carriers/providers.

Contract Exchange: If you have not experienced a qualifying event (separation of service, disability or attainment of age 59½) you may move your 403(b) assets within your current employer's plan from one carrier to another carrier, via a contract exchange, if permitted by the plan.

Direct Transfer: If permitted by your employer's plan, you may transfer your retirement assets from one carrier directly to another approved carrier within the same plan.

Plan-to-Plan Transfer: Upon separation of service you may move your 403(b) assets to a 403(b) plan with your new employer. Both your prior employer and your new employer must allow for plan-to-plan transfers.

Rollover: Separation from service, disability or attainment of age 59½, may qualify you for a roll over of assets from one account to another account. A direct rollover may be to any eligible retirement plan that agrees to accept the rollover and that includes qualified plans under 401(a)/403(a) (including 401(k) plans), 403(b) plans, governmental 457(b) plans, and IRAs. An indirect rollover is a distribution to an employee who rolls it over to another tax-qualified plan or IRA within 60 days from distribution.

YOUR CHECKLIST

In Section 3A, 3B and 3C, tell us if you are transferring 100% of account or if partial, how much
Tell us if you're transferring/rolling over Roth 403(b)/401(k) contributions. Additional information must be provided by your carrier or fund provider. (Section 3D)
Remember to sign and date this form. (Section 8)
Attach a copy of your most recent statement for the account(s) you are transferring to TIAA-CREF.
Complete a separate form for each carrier or fund provider or account.
If all of the assets are with the same carrier and you are transferring/rolling over from multiple accounts, then a separate form is required for each account in sections 3A, 3B and 3C and section 5.
Mail all pages of your completed form to: TIAA-CREF, ATTN: Transfer/Rollover
Department, P.O. Box 1260, Charlotte, NC 28201-1260. If you are mailing a check to
TIAA-CREF and intend to send it via overnight mail, please use the following address:
TIAA-CREF, ATTN: Transfer/Rollover Department, 8500 Andrew Carnegie Boulevard,

KEY INFORMATION TO CONSIDER

Charlotte, NC 28262.

- If your request includes securities held in brokerage accounts or mutual funds, you must liquidate them before TIAA-CREF contacts your current carrier.
- If you're transferring/rolling over funds to a new TIAA-CREF account, please include the enrollment form with this form.
- Contact your current carrier or fund provider for their transfer/rollover requirements, including their forms and whether a medallion signature is required.



Print in upper case using 1. PROVIDE PERSONAL INFORMATION black or dark blue ink and First Name Middle Initial provide all information requested. Last Name Address City State Zip Code Daytime Telephone Number Extension Date of Birth (mm/dd/yyyy) Social Security Number/Taxpayer Identification 2. CURRENT CARRIER OR FUND PROVIDER INFORMATION Please attach a copy of your most recent Name of current carrier or fund provider statement for the account(s) you are transferring to TIAA-CREF. Telephone Number **IMPORTANT NOTE TO CURRENT CARRIER OR** FUND PROVIDER: Our client Address named above authorizes you, as the current carrier or fund provider, to forward to them immediately, any City State Zip Code forms that are required to



complete this transaction.



Explanations of transactions are provided on cover page.	3. PLEASE SELECT THE TYPE OF TRANSACTION YOU WISH TO INITIATE:
	A. Complete Section 3A for Contract Exchange, Direct Transfer, or Plan-to-Plan Transfer for 403(b) retirement plans.
	OR
	B. Complete Section 3B for Direct Transfer for non-403(b) plans.
	OR
	C. Complete Section 3C for Rollover of funds.
	Fill out section 3D to let us know if you're transferring/rolling over funds made as Roth 403(b) or Roth 401(k) contributions.
Your carrier/fund provider	3A. EXCHANGE, DIRECT TRANSFER OR PLAN-TO-PLAN TRANSFER (403(b) ONLY)
must tell us the portion of funds that were invested	Select one.
prior to 1989, if applicable.	403(b)(1) Annuity Contract 403(b)(7) Custodial Account
	These funds are:
	Employer Contributions Your (Employee) Contributions
	Were any of these funds invested prior to 1989? Yes No
	Name of Employer of the retirement plan from which the funds originated.
	Are you still employed at the employer named above? Account Number(s) Yes No
	How much are you transferring/rolling over to TIAA-CREF? (If no selection is made, the form will be considered invalid and returned to you.)
	100% of the account OR Partial \$



*Funds in 457(b) private plans can only be transferred to other 457(b) private plans that accept the transfer. **A Roth IRA can only be rolled over to another Roth IRA. ***SIMPLE IRA must have been established for at least two years. If your transfer is made prior to the 2-year holding period, the IRS will increase your tax from 10% to 25% of the amount distributed. ****Roth 403(b) and Roth 401(k) contributions can only be transferred/rolled over to a Roth IRA or to another 403(b)/401(k) plan that will accept the contributions.	Select one. 401(a) 401(k) 401(a)/414(h) 457(b) Private* 457(b) Public SIMPLE IRA*** Roth 403(b)**** Roth 401(k)**** Roth IRA** Traditional IRA SEP IRA Keogh Profit Sharing Keogh Money Purchase Brokerage Account Name of Employer of the retirement plan from which the funds originated (Not applicable if IRA, Keogh or SEP) Are you still employed at the employer named above? Yes No Account Number(s) How much are you transferring to TIAA-CREF? (If no selection is made, the form will be considered invalid and returned to you.) 100% of the account OR Partial \$
*Funds in 457(b) private plans can only be transferred to other 457(b) private plans that accept the transfer. **Roth 403(b) and Roth 401(k) contributions can only be transferred/rolled over to a Roth IRA or to another 403(b)/401(k) plan that will accept the contributions. ***SIMPLE IRA must have been established for at least two years. If your transfer is made prior to the 2-year holding period, the IRS will increase your tax from 10% to 25% of the amount distributed.	3C. ROLLOVER (CHANGE IN PLANS) Type of funds being rolled over. Select one. 401(a) 401(k) 401(a)/414(h) 403(b) 403(b)(7) 457(b) Private* 457(b) Public Traditional IRA SIMPLE IRA*** SEP IRA Roth 403(b)** Roth 401(k)** Keogh Profit Sharing Keogh Money Purchase Brokerage Account



	3C. ROLLOVER (CHANGE IN PLANS) (CONTINUED) Name of Employer of the retirement plan from which the funds originated (Not applicable if IRA, Keogh or SEP) Are you still employed at the employer named above? Account Number(s) How much are you transferring/rolling over to TIAA-CREF? (If no selection is made, the form will be considered invalid and returned to you.) 100% of the account OR Partial \$
Note: Roth 403(b)/401(k) contributions can only be transferred/rolled over to a Roth IRA or to another 403(b)/401(k) plan that will accept the contributions.	3D. ROTH CONTRIBUTIONS MADE TO A 403(b) PLAN OR 401(k) PLAN Were any of the funds that you're transferring/rolling over made as Roth 403(b) or Roth 401(k) contributions? No OR Yes, the contributions were made to a Roth 403(b) OR Roth 401(k) Your current carrier or fund provider must give us this information if you're transferring/rolling over Roth funds: Date of first Roth contribution (MM/DD/YYYY) Total life-to-date Roth contributions Total life-to-date Roth earnings This additional information must be provided if you're transferring Roth funds: Total year-to-date Roth contributions Total year-to-date Roth earnings If your current carrier or fund provider does not give us this information within five (5) business days of receiving the money we will refund it back to the carrier/fund provider that sent it.



Check the terms of your current investment. Certain surrender charges may apply. Please check the appropriate box(es) to authorize the liquidation of your Certificates of Deposit.	4. TELL US THE AMOUNT AND PROVIDE INSTRUCTIONS FOR CERTIFICATES OF DEPOSI Account Number Maturity Date (mm/dd/yyyy) / / / Please liquidate the CD IMMEDIATELY. I am aware of and acknowledge the penalty I will incur from any early withdrawal. Please liquidate the CD AT MATURITY. (Please submit this request no earlier than 30 days before the maturity date. TIAA-CREF is not liable if your CD term is renewed or if penalty fees are incurred as a result of transferring/rolling over funds from a CD.)
Use this section to provide information about your other accounts such as mutual fund accounts and brokerage accounts. Please check the appropriate box(es) to authorize the liquidation of other types of investments you may have.	5. TELL US THE AMOUNT AND PROVIDE INSTRUCTIONS FOR OTHER ACCOUNTS THAT ARE NOT LISTED IN ANY OTHER SECTION Account Number Type of Account I wish to liquidate and transfer my entire account. I wish to liquidate only the following assets in my account, and transfer the proceeds in the form of a check to my TIAA-CREF account. I am not liquidating and transferring my entire account. # of shares OR Percent OR Dollar Amount Account Number Type of Account I wish to liquidate and transfer my entire account. I wish to liquidate only the following assets in my account, and transfer the proceeds in the form of a check to my TIAA-CREF account. I am not liquidating and transferring my entire account. # of shares OR Percent OR Dollar Amount # of shares OR Percent OR Dollar Amount



- *If your transfer/rollover to a Traditional IRA includes Roth 403(b)/401(k) contributions, the amount attributable to Roth 403(b)/401(k) contributions will be made to a Roth IRA since IRS regulations allow Traditional IRAs to receive only pre-tax funds.
- **For Rollovers into a Roth IRA: Please note that funds from an employer sponsored retirement plan will be converted. The conversion is considered a taxable event. If you are unable to do this conversion with your current carrier or fund provider, then you must first establish a Traditional IRA with TIAA-CREF. If the funds include Roth 403(b)/401(k) contributions, those contributions are not taxable. However, the Roth earnings may be taxable.
- ***For 457(b) private plans: These funds are going into a contract that is part of your employer's general assets and is subject to the claims of your employer's creditors.

To open an IRA/Keogh account, go to tiaa-cref.org. Click "Open an Account" then click "Keogh," or "IRA" or call 800 842-2776.

6.	TIAA-CREF ACCOUNT INFORMATION For rollovers to plans other than an IRA: Please provide the name of the employer to whose plan the transfer/rollover should be applied. If you do not identify an employer, your funds will be applied to the last known premium-remitting employer that accepts rollover funds to their plan. All rollovers are subject to the new plan's rules.				
	Name of Employer				
	To which TIAA-CREF accounts should we ap account" below, the account must have been e	• •			
	added to below, the december much have been e	TIAA Number	CREF Number		
	Apply the funds to my existing account.*				
	Apply the funds to my new TIAA-CREF acc	ount. Please enclose your complet	ed enrollment application.		
	RA GRA SRA	GSRA RC	RCP		
	Traditional IRA*	457(b) Private***	457(b) Public		
	Simplified Employee Pension (SEP) IRA Keogh Money	Purchase Plan Keogh	n Profit Sharing Plan		



If your allocation is invalid in any way, the funds being transferred will be allocated to the default account/fund specified by the employer's plan.

7. ALLOCATE YOUR	FUNDS		
Use my current al	location on file for the plan/contract ind	icated.	
OR	I've indicated below.		
Select the investm time in the future.		red. You may change your allocation at any cation choices, please provide them on a	,
Fund Number	Investments	Allocation Perce	nt
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%
		100	%



If you are over the age 70½, you may need to begin distributions on this amount during this calendar year. Please contact us at 800 842-2776 for more information.

8. AUTHORIZATION AND ROLLOVER WAIVER

By signing in the "Your Signature" box below:

I authorize the current carrier or fund provider to transfer/roll over the assets from my account(s) as stated on this form for immediate deposit into my TIAA-CREF funds.

If necessary for the purpose of this transfer/rollover, I also authorize the current carrier or fund provider to liquidate immediately, and transfer the proceeds in the form of a check to my funds listed on this form, any mutual fund shares, company stocks, bonds, or other financial investments held in the account(s).

The current carrier or fund provider may release information pertaining to the contributions and earnings attributable to the transfer/rollover amount, as requested by TIAA-CREF. I also authorize TIAA-CREF to contact my current carrier or fund provider on my behalf to arrange the transfer/rollover of these funds.

I understand, for rollovers to plans other than an IRA, if I do not name an employer, my funds will be applied to the last known premium-remitting institution that accepts rollover funds into their plan and will be subject to the rules of that plan.

I understand that if I roll over a distribution from another plan into a TIAA-CREF Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Supplemental Retirement Annuity or Group Supplemental Retirement Annuity contract, my right to receive a distribution of these funds prior to or following my termination of employment from the employer sponsoring the plan that is accepting the rollover, will depend on the terms of that plan and the TIAA-CREF account to which the funds are being rolled over.

I further understand that if I roll over a distribution from another plan into a TIAA-CREF Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Supplemental Retirement Annuity, or Group Supplemental Retirement Annuity contract, to the extent the plan accepting the rollover is subject to the Employee Retirement Income Security Act (ERISA), spousal rights will apply to the funds and I may need a signed waiver from my spouse in order to receive a subsequent distribution of these funds to the extent the distribution is permitted by the new plan and receiving contract account.

I understand that I am responsible for determining my eligibility to transfer, roll over, or exchange within the limits set forth by tax laws, related regulations, plan regulations and plan agreements. I assume responsibility for any tax consequences or penalties that apply to the requested transactions.

I have read and understand the above conditions and I request that TIAA-CREF accept a transfer/rollover of funds to my TIAA-CREF account under a qualified plan.

By signing below, I agree to be bound by these conditions.

Your Signature (REQUIRED)	Date (mr	n/dd/y	ууу)		
		/		/	

Some carriers or fund providers may require a signature guarantee. If needed by your current carrier or fund provider, please complete this section and have it medallion-stamped by an authorized bank. A notary public is not an acceptable medallion signature guarantee.

9.	MEDALLION	SIGNATURE	GUARANTEE	(IF	APPLICABLE)
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MEDALLION SIGNATURE GUARANTEE Signature of Guarantor	Date (mm/dd/yyyy)
Name of Institution	
Title	



10. EMPLOYER AUTHORIZATION **Employer authorization** may be required to consol-I am a representative of the Employer, Plan Sponsor, or Third Party Administrator. I certify that the idate/transfer/rollover participant is eligible for the requested transaction. retirement assets. To determine if the Plan Representative Name (please print) employer you specified in section 6 needs to fill out this section, please Plan Representative Signature Date (mm/dd/yyyy) contact your employer or call us at 800 842-2776. Title Daytime Telephone Number 11. WIRE TRANSFER REQUEST A fee may be imposed by your current carrier or fund Are you requesting that the funds be sent to us as a wire transfer? Yes No provider for this service.

When we receive your form, we'll send you a letter of acknowledgement and contact your current carrier or fund provider.

Also, some firms may not provide this service.

12. MAIL THIS FORM

Mail this form in the envelope provided to:

TIAA-CREF ATTN: Transfer/Rollover Department P.O. Box 1260 Charlotte, NC 28201-1260 If you are mailing a check to TIAA-CREF and intend to send it via overnight mail, please use the following address:

TIAA-CREF ATTN: Transfer/Rollover Department 8500 Andrew Carnegie Boulevard Charlotte, NC 28262