



We'll send the transfer amount within four to seven business days after we receive your completed forms. To avoid delays, be sure to complete all sections.

Account balances change daily based on market performance. Log into your account at [TIAA.org](https://www.tiaa.org) or call us at 800-842-2252.

A transfer from your TIAA Traditional account may not be available. If you want to make a transfer from your TIAA Traditional account, please call us at 800-842-2252. There are different rules for a transfer from a TIAA Traditional account that require completing separate forms.

Please print using black or dark blue ink.

IMPORTANT: A full Social Security Number/Taxpayer Identification Number is required to process your request.

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 the W-8BEN form, go to [TIAA.org/forms](https://www.tiaa.org/forms), and scroll to Find tax forms.

1. PROVIDE YOUR INFORMATION

First Name	<input type="text"/>			Middle Initial	<input type="text"/>
Last Name	<input type="text"/>			Suffix	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact Telephone Number	<input type="text"/>		
Extension	<input type="text"/>				
State of Legal Residence (if outside the U.S., write in Country of Residence)	<input type="text"/>		Citizenship (if not U.S.)	<input type="text"/>	

2. PROVIDE YOUR CONTRACT NUMBERS

The direct transfers are to be taken from my accumulation in:

TIAA Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CREF Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Plan Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sub Plan Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Plan Name	<input type="text"/>		





If you do not make a selection, your direct transfer will be taken proportionately from all available funds.

IMPORTANT NOTE: If you are currently subscribed to the Custom Portfolio Service and you choose specific funds, your account will be subsequently rebalanced using your Custom Portfolio Service instructions on file.

3. AMOUNT

We'll value your accounts on the date we receive this form in good order.

I would like the direct transfer made on a future date. Please make the transfer on:

Date (mm/dd/yyyy)

/ / 20

How much would you like to transfer? (please select only one)

I would like to transfer all available fund(s).

I would like to transfer the following amount(s). Indicate either the dollar amount **OR** percentage from each account. Amounts and percentages must be in whole numbers.

Account Number/Name	Amount	OR	Percentage
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %

Your employer may restrict the investment companies that can receive transfers from your employer's retirement plan. Please call us to confirm whether the investment company you name can receive transfers.

A representative from the investment company receiving the transfer may assist with completing this section.

4. INVESTMENT COMPANY INFORMATION

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Extension

Account Number





PLEASE NOTE: If this section is not completed and, if it is a requirement for your plan, TIAA will not be able to process your withdrawal request. TIAA will request information from Plan if not provided. Please sign using black or dark blue ink.

5. EMPLOYER'S PLAN REPRESENTATIVE SIGNATURE

Date of Separation of Service (mm/dd/yyyy) OR [] Employee is still employed [][] / [][] / [][][][]

By signing, you are approving this request.

Plan Representative's Signature [] Today's Date (mm/dd/yyyy) [][] / [][] / 20 [][] Plan Representative's Name (please print) [] Title []

6. YOUR SIGNATURE

By signing, you authorize TIAA to make transfers from your TIAA account balances, as stated in this form.

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.

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.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink

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





DIRECT TRANSFER TO ANOTHER INVESTMENT COMPANY

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

RETURN COMPLETED FORM(S)

SUBMIT NOW FOR FAST PROCESSING:

- On **TIAA.org**: Log in to your account, then select "Upload documents" under the "My Account" section. Choose "Upload Files" to get started.
- On your mobile device: Log in to the TIAA app, then choose "Message Center" from the menu. Click on Shared Files and select the Upload icon in the bottom right corner, and follow the instructions to upload your form.

If you'd prefer to submit your request using one of the methods below, please allow for additional processing time.

FAX:

800-914-8922 (within U.S.)
704-595-5795 (outside U.S.)

STANDARD MAIL:

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

OVERNIGHT:

TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

CHECKLIST

Did you remember to:

- Complete all necessary personal information
- Provide amount you would like to transfer
- Sign and date this form
- Provide information on the investment company receiving the transfer (Section 4)
- The employer who contributed to the plan you're making the transfer from must sign this form (Section 5)
- Call TIAA if you have any questions or need assistance at **800-842-2252**





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.

