



Financial Services

## REQUEST FOR HARDSHIP WITHDRAWAL

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

Call **800 842-2252**

Monday to Friday  
8 a.m. – 10 p.m. (ET)

Saturday  
9 a.m. – 6 p.m. (ET)

Or visit us online at [ttaa-cref.org](http://ttaa-cref.org) 24 hours a day. Have your user ID and password ready.

### KEY INFORMATION TO CONSIDER

- We'll send the withdrawal amount after we receive your completed forms. The completed forms must be in good order. To avoid delays, be sure to complete all sections.
- You must take a distribution of any money/funds that are currently available for a loan or other cash distribution from any plan of your employer before your hardship distribution. Any cash distribution taken prior to a hardship withdrawal will be taxed at a Federal tax withholding rate of 20% and, if applicable, state withholding will apply.
- Internal Revenue Service (IRS) regulations governing withdrawals due to hardship provide that:
  - Withdrawals due to hardship are not eligible to be rolled over, and
  - They may be subject to optional income tax withholding. The default tax withholding is 10%.
- We may be required to withhold state tax if you reside in: AR, CA, DC, DE, GA, IA, KS, MD, ME, MA, MI, NE, NC, OK, OR, VT or VA. If your state tax form isn't included, go to [www.ttaa-cref.org/forms](http://www.ttaa-cref.org/forms), under General Tax Forms.
- A hardship withdrawal from your TIAA Traditional Annuity within RA, GRA and RC contracts is not available.





Financial Services

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Print in upper case using black or dark blue ink and provide all information requested.

NEED HELP?

800 842-2252

Monday to Friday  
8 a.m. - 10 p.m. (ET)

Saturday  
9 a.m. - 6 p.m. (ET)

Or visit [tiaa-cref.org](http://tiaa-cref.org).

## 1. PROVIDE YOUR INFORMATION

First Name

Middle Initial

Last Name

Suffix

Social Security Number/  
Taxpayer Identification Number

(Enter the last 4 digits of your SSN or TIN)

Contact Telephone Number

Extension

State of Residence (if outside the U.S., write in Country of Residence)

Citizenship (if not U.S.)

\* The Plan and Sub Plan Numbers should have been provided when you requested the form. If you do not have them, please contact us at 800 842-2252.

## 2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number

CREF Number

Plan Number\*

Sub Plan Number\*

Plan Name (Contributing Employer's Plan)

Withdrawals from certain mutual funds may be subject to redemption fees and may not be eligible for hardship. See the fund prospectus for additional information. Not all of your account balances may be available for hardship distribution. The amount eligible will be calculated based on the requirements of your employer's plan documents and applicable IRS regulations.

Remember, account balances change daily based on market performance. Log in to your account at [tiaa-cref.org](http://tiaa-cref.org) or call 800 842-2252 for automated up-to-date account information.

## 3. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE)

A. I want to withdraw the entire amount available for hardship.\*\*

(The amount of the distribution may not exceed the amount of the documented financial need.)

Please indicate whether this is a net or gross amount.

Net (amount after taxes)  Gross (amount before taxes)

(The amount will default to gross if no selection is made.)

OR

B. I want to withdraw only a portion of my available account balances as indicated.\*\*

(If you are not withdrawing your entire available hardship balance, indicate the dollar amount.)

Dollar Amount\*\*

\$

Please indicate whether this is a net or gross amount.

Net (amount after taxes)  Gross (amount before taxes)

(The amount will default to gross if no selection is made.)

\*\* Your hardship payment will be made proportionately based on all of your available funds.





#### 4. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA-CREF is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

Direct Deposit to my bank account already on file:

Bank Name:

Account Number ending in:

Direct Deposit to my new Checking or Savings Account:

Checking Account

**OR**

Savings Account

Provide documentation described in item A or B below.

A. Mail an original voided check with this form. Starter checks, deposit slips and third-party checks are not acceptable.

**OR**

B. Letter from your bank with the following information:

- On bank letterhead
- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Signature of the financial institution's representative. This signature must either be notarized by the financial institution's notary; or, it must be a signature guarantee including the stamp or seal from the financial institution's authorized representative.

Mail a check to my current address on file.

**Note:** To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us at **800 842-2252** so we can discuss some of your options for completing your request.

If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

You may fax copies of forms and documents if you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must mail original documents (not faxed copies) with this form.

The address listed on the check or bank letter must match your current address on file at TIAA-CREF.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8 - 10 business days for you to receive it.





You must provide a copy of the applicable documentation with this form or your request for a distribution will be rejected.

The amount of the distribution may not exceed the amount of the documented financial need. If the total requested in Section 3 exceeds the amount of the documented need, then only the amount of the documented need will be paid.

### 5. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP

Please check the reason for your hardship withdrawal. Listed below each reason is acceptable supporting documentation of the unpaid/outstanding expenses.

Reason for Hardship	Documentation Required	Date of Documentation
<input type="checkbox"/> <b>Expenses directly related to the purchase of my principal residence</b>	Copy of purchase contract signed by buyer and seller <b>AND</b> Copy of estimated closing costs documented by a financial institution. A Good Faith Estimate/ Closing Cost worksheet has the estimated amount needed at closing.	Dated within the last 6 months and must not have been paid.
<input type="checkbox"/> <b>Funds needed to prevent eviction from my principal residence or foreclosure of mortgage on my principal residence</b>	Copy of eviction notice/letter clearly stating the principal residence address, dollar amount that is due and the date it is due to prevent eviction. Supporting documentation from a private landlord must include the residential address and the contact information of the landlord inclusive of the telephone number, the name and signature of the landlord. <b>OR</b> Copy of foreclosure notice/letter from mortgage company clearly stating the dollar amount that is due and the date it is due to prevent foreclosure proceedings. Default notices must state the loan will be accelerated and/or foreclosure proceedings will begin if default is not cured.	Dated within the last 3 months and must not have been paid.
<input type="checkbox"/> <b>Expenses related to repair of damage to my principal residence incurred as a result of certain casualty damage</b>	Copy of unpaid repair bill that indicates the address at which the work is performed. Insurance letter showing proof that the casualty loss is not reimbursable. By signing the form requesting a hardship withdrawal, I certify that the damage covered by the attached bill occurred to my primary residence <b>AND</b> qualifies for a casualty loss deduction under Internal Revenue Code Section 165 that is not reimbursable by insurance.	Dated within the last 6 months and must not have been paid.
<p>IRS defines deductible casualty event as the damage, destruction, or loss of property resulting from an identifiable event that is sudden, unexpected, or unusual (i.e., floods, hurricanes, tornadoes, terrorist attacks, vandalism and volcanic eruptions). Sudden is swift, not gradual or progressive. Unexpected is ordinarily unanticipated and unintended. Unusual is not a day-to-day occurrence and that is not typical of the activity in which you were engaged.</p>	<p><b>Note:</b> This does not include home improvements, additions, remodeling, routine upkeep and maintenance or progressive deterioration.</p>	





**5. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP (CONTINUED)**

**Reason for Hardship**

**Documentation Required**

**Date of Documentation**

**Medical expenses that would be deductible under the Internal Revenue Code for Me, My Spouse and/or My Dependent**

IRS Publication 502, Medical and Dental Expenses is a useful tool for determining which expenses are deductible. Please use the following link to access a list of deductible medical expenses: <http://www.irs.gov/publications/p502/index.html>.

Copies of insurance statements showing amounts not reimbursed,  
If there is no insurance coverage, provide copies of medical bills showing the uninsured portion of the medical expenses, and  
Medical expenses/co-payments must clearly be outstanding.  
These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.)

Dated within the last 6 months and must not have been paid.

**Tuition, related educational fees, and room and board expenses, for up to the next 12 months of postsecondary education for Me, My Spouse and/or My Dependent**

Copies of unpaid tuition bill or statement from school/college/university for up to the next 12 months  
**AND/OR**  
Copies of unpaid bills or receipts for other related fees and expenses (i.e., books) or room and board for the next 12 months.  
These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.).  
**Note:** Bills for previously attended semesters, or student loans, are not acceptable documentation. Must have an actual bill or invoice; hardship withdrawals cannot be processed for estimated costs of attendance.

Dated within the last 6 months and must not have been paid.

**Burial or funeral expenses that would be deductible under the Internal Revenue Code for a Parent, Spouse or Dependent**

Copy of unpaid bill for funeral or burial expenses.  
These expenses can also be incurred by your spouse or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.)





**5. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP (CONTINUED)**

**TAX WITHHOLDING**

Yes, withhold the following amount indicated from my withdrawal for federal income taxes.

%

No, I do not want any amount withheld from my withdrawal for federal income taxes.

If you do not make an election above, we will apply the default withholding rate, which is 10% of the taxable amount for U.S. citizens residing in the U.S.

**SIGNATURE** (Please read the following and sign your name to this form in the "Your Signature" box on the next page.)

- I affirm that I have an immediate and heavy financial need for the reason(s) indicated on previous page.
- I certify that the amount of the distribution that I have requested is not in excess of this immediate and heavy financial need.
- I certify that the documentation that I have provided with this form is authentic.
- I certify that I have obtained all distributions and loans (other than hardship distributions) currently available from all funding vehicles under all plans of my employer and any other employer that is related to my employer. Maximizing loan availability may require a transfer of assets between funding vehicles. I understand that TIAA-CREF may verify this information at the direction of the employer and that TIAA-CREF will be entitled to rely on that verification to determine my eligibility for hardship withdrawal requests.
- I understand that TIAA-CREF will process my hardship distribution when all required documentation has been received and all required verification has been completed.
- I understand that the amount of my hardship distribution cannot exceed the amounts available for hardship in my contract and that the amounts available for hardship can fluctuate based on market conditions. I understand that the amount verified as available for hardship distribution may be less than the amount that I have requested and less than the amount indicated on the documentation that I have submitted.
- I understand that my hardship distribution may not be sent as a rollover to an IRA or to an employer's retirement plan. I understand that I will be prohibited from making elective contributions and employee contributions to any plan maintained by my employer for a period of at least six months from receipt of the hardship distribution and that this could impact employer-matching contributions as well. I must contact my employer's benefits office to determine how to restart contributions.

Enter the percentage if you want taxes withheld. If you are a U.S. citizen residing outside the United States, you must elect income tax withholding. If no selection is made, federal taxes will default to 10%.





If you're married, you must sign and date this section before your spouse signs Section 6B.

**5. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP (CONTINUED)**

- I understand that the tax consequences of any withdrawal are my responsibility to determine and satisfy. I am aware that a 10% early distribution tax penalty may be assessed by the IRS if I am under the age of 59½.
- I hereby authorize TIAA, its authorized representatives and the Plan Sponsor to use my personal information, including personal medical information, for the purpose of processing my hardship withdrawal request. Except where ordered by a court of law or by a governmental agency, TIAA, its authorized representatives, and Plan Sponsor shall not release any personal information used to process my request to any party without my prior written approval.
- I understand that my account will not be liquidated until TIAA-CREF receives this form and has verified my eligibility for a hardship distribution under the terms of my employer's plan and applicable tax law. This verification may take up to one (1) business day after the day TIAA-CREF has received this form. If my form is received after market close on a business day, then the process of determining my eligibility for a hardship distribution may not begin until the next business day. The amount of money that I receive will depend on the price at which TIAA-CREF can liquidate my account. Due to market fluctuations, such liquidation price could be less than the price at the time I submit this form to TIAA-CREF. As a result, the amount of money that I receive as a result of the liquidation of my account for a hardship distribution could be less than the market value as of the date that I submit this form.

**AUTHORIZE YOUR REQUEST**

By signing this form in the "Your Signature" box below:

- You authorize TIAA-CREF to make withdrawals from your TIAA-CREF account balances, as stated in this form.
- If you requested that your withdrawal be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA-CREF. You release your bank from any liability to TIAA-CREF for overpayment above the amount of the funds available at the time TIAA-CREF requests a refund.

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); (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; (3) I am a U.S. citizen or other U.S. person (as defined in the instructions to IRS Form W-9) and (4) The payee is exempt from FATCA reporting.

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. Digital signatures are not accepted. ▶

Your Signature

Today's Date (mm/dd/yyyy)

 /  / 20



**6. ADDITIONAL REQUIREMENTS BASED ON MARITAL STATUS**

**NOTE:** If you are unmarried, ONLY complete Part A. If you are married, your spouse will ONLY need to complete Part B.

Your spouse has the right to receive a survivor benefit of at least 50% of your account balance. Your spouse can give up, or waive, this right by consenting to this withdrawal.

**6A. UNMARRIED DETERMINATION**

I certify that I am not married AND I am currently working for the employer that contributed to this plan. Please sign below in the presence of the Plan Representative.

Your Signature

Today's Date (mm/dd/yyyy)

 /  / 20

**NOTE:** The Plan Representative must attest that you're not married by completing this section.

**PLAN REPRESENTATIVE CERTIFICATION**

By signing, you certify that the participant is not married.

Plan Representative's Signature

Today's Date (mm/dd/yyyy)

 /  / 20

Plan Representative's Name *(Please print)*

Title







To the participant: If you are married, ONLY your spouse will need to complete Section 6B.

Remember, spouse must sign and date this waiver on or after the participant has signed this form.

Please sign using black or dark blue ink. Digital signatures are not accepted.

This section must be completed by either a Notary Public or Plan Representative. If you reside outside the U.S., then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

Please contact your benefits office to complete the Plan Representative Certification instead of a Notary Public Certification.

**6B. 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. The amount may be more, depending on the plan provisions. With this form, the account owner is requesting a distribution. Because this means that the money used for the distribution will no longer be available to provide a survivor benefit to you, we must get your consent before completing the transaction. Please read and sign the statement below if you agree to the distribution.

**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 the participant (account owner) has signed the distribution form.

**By signing I agree to this distribution and understand that the amount to be distributed will not be available as a survivor benefit. I also understand that this waiver applies to this request only; it does not apply to future requests.**

First Name  Last Name

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

**NOTARY PUBLIC CERTIFICATION**

State  County  Notary Expiration Date (mm/dd/yyyy)  /  / 20

On the date noted below 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.

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

**FOR NOTARY PUBLICS IN MA**

Indicate the type of identification:

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

**OR**

**PLAN REPRESENTATIVE CERTIFICATION**

By signing, you are certifying you witnessed the spouse's signature.

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

Plan Representative's Name (Please print)  Title

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





Financial Services

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### 7. RETURN COMPLETED FORM(S) TO:

**FAX:**

**800 914-8922** (within U.S.)  
**704 988-7653** (outside U.S.)

**STANDARD MAIL:**

TIAA-CREF  
P.O. Box 1259  
Charlotte, NC 28201-1259

**OVERNIGHT:**

TIAA-CREF  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

**SEND US YOUR FORM ONLINE:**

- Log in to your account at [tiaa-cref.org](http://tiaa-cref.org), and click on the “Manage My Portfolio” Tab.
- Select “Upload Documents” from the menu, and follow the instructions to upload your completed form.

### CHECKLIST

Did you remember to:

- Complete all necessary personal information and indicate how much you want to withdraw. (Sections 1, 2 and 3)
- Let us know where to send your withdrawal: direct deposit to your bank account, or by check to your address on file. (Section 4)
- Include an original voided check or bank letter with the completed forms package if you chose direct deposit to a **NEW** checking or savings account. (We cannot accept faxed copies or online uploads.)  
**NOTE:** You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.
- Remember to sign and date this form. (Section 5)
- Complete the “Additional Requirements Based on Marital Status” section. If you’re single, complete section 6A; if you’re married, your spouse must complete Section 6B in front of a notary public or your contributing employer’s plan representative.
- Remember, spouse must sign and date the spousal waiver on or after the participant has signed the distribution form. (Section 6B)





Financial Services

## REQUEST FOR HARDSHIP WITHDRAWAL

### 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.





Financial Services

# DID YOU KNOW? YOU HAVE ALTERNATIVES TO CASH WITHDRAWALS

### How much annual annuity income could you receive as an alternative to a cash withdrawal?

Find the age when you may start receiving income and see the corresponding annual lifetime income for different amounts you could convert to an annuity.

If you want income for your lifetime only, use the Single-Life Annuity chart. For income for the lifetime of you and an annuity partner (usually a spouse) use the Two-Life Annuity charts.

These charts are purely hypothetical and do not illustrate past or projected performance of any TIAA annuity product. These charts use mortality tables that may change in the future, and assume life expectancy at age 65 of approximately 24 years.

#### ASSUMPTIONS

- Annual return of 4%
- You and your annuity partner are the same age
- Your annuity partner's income is reduced upon your death unless you select the Two-Life Annuity with 100% to annuity partner.

\* Any guarantees under annuities issued by TIAA are subject to TIAA's claims-paying ability.

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: [www.tiaa-cref.org/pubs/pdf/lifetime\\_retirement\\_income.pdf](http://www.tiaa-cref.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, TIAA-CREF Consultants are ready to help. Just call **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m. or Saturday from 9 a.m. to 6 p.m. (ET). To contact TIAA-CREF by phone internationally, please log in to [tiaa-cref.org](http://tiaa-cref.org) and click on the *Contact Us* link at the top right-hand corner of the page. Click on 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	ANNUAL INCOME YOU WOULD RECEIVE IF YOU BEGIN INCOME AT:						
	AGE 35	AGE 45	AGE 55	AGE 60	AGE 65	AGE 70	AGE 75
<b>\$ 10,000</b>	\$ 462	\$ 502	\$ 567	\$ 615	\$ 682	\$ 774	\$ 905
<b>100,000</b>	4,622	5,016	5,669	6,155	6,818	7,742	9,048
<b>500,000</b>	23,109	25,082	28,347	30,773	34,089	38,711	45,238





# DID YOU KNOW? YOU HAVE ALTERNATIVES TO CASH WITHDRAWALS

If the income is from a variable account, such as a CREF account, your income in the first year will be approximately the same as shown. Your income may go up or down in future years, depending on the income option and the investment you select.

**NOTE:** Different assumptions would yield other results. For example, having an annuity partner younger than you would mean a lower annual income; an annuity partner older than you would provide higher annual income. Also, if you choose to add a guaranteed period to the annuity, the annual income will be lower than the numbers illustrated. For the very young, the difference can be less than one dollar.

## 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 BEGIN INCOME 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 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 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 INCOME 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





Financial Services

# DID YOU KNOW? YOU HAVE ALTERNATIVES TO CASH WITHDRAWALS

### FIXED PERIOD ANNUITIES

A Fixed Period, often referred to as an Annuity Certain, pays money out at regular intervals over a period of years. At the end of the period, all payments **cease**. It does not guarantee lifetime income; rather it guarantees income only for a specific period of time.

### ASSUMPTIONS

- Annual return of 4%
- Annual return of 6%

**NOTE:** Different assumptions would yield other results.

### 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 YEARS		
	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

For information on all of your available withdrawal options, or for personalized income illustrations, please call us at **800 842-2252**.

### 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.



## DID YOU KNOW? YOU HAVE ALTERNATIVES TO CASH WITHDRAWALS

### 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.

\*\*All guarantees are based on TIAA's claims-paying ability.

**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 (TIAA) and College Retirement Equities Fund (CREF), New York, NY.

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