

If you would like to transfer your Saint Louis University 403(b) account from Fidelity Investments to the Retirement Choice Plus contract at TIAA, please follow these instructions:

1. Print all the pages in this document. Several sections have been pre-filled for you.
2. Complete the following sections:

Questionnaire Investment Questionnaire – on the next page. This will help us to process your request more quickly.

Step One Please provide your personal information.

Step Two This section has been pre-filled for you. No action is required.

Step Three This section has been pre-filled for you. Please be sure to include a copy of your most recent Fidelity Investments statement that reflects the account you are transferring to TIAA. Please note that without this statement, we will NOT be able to process your transfer.

Step Four This section has been pre-filled for you. No action is required.

Step Five Part of this section has been pre-filled for you. Please provide your contract number(s). You can locate your contract number(s) on your quarterly statements by logging onto TIAA's secure website or by contacting TIAA's Client Support Specialist at **770-512-3518** or at cmwilliams@tiaa.org.

Step Six No action required unless you wish to specify investment allocations.

Step Seven Sign and date to authorize the transfer request.

3. Return your completed forms to the following location:

STANDARD OR OVERNIGHT MAIL:

TIAA

Attn: Christine Williams

Six Concourse Parkway, Suite 2600

Atlanta, GA 30328

If you have any questions or need help completing your form, please call Christine Williams at **770-512-3518**.





Please provide the information requested by checking one box for each of the sections below:

Marital Status

I am not married I am married

The Saint Louis University Retirement Plans are subject to spousal consent upon withdrawals for funds. If you're married and you name a person or entity other than your spouse as primary beneficiary for more than 50% of the death benefit, then your spouse must properly consent to waive his/her survivor death benefit upon transferring assets out of this plan.

Investment Objective (choose only one)

Capital Preservation Income Growth Speculation

Annual Household Income (from all sources)

Up to \$24,999 \$25,000 - \$49,999 \$50,000 - \$74,999
 \$75,000 - \$99,999 \$100,000 - \$199,999 \$200,000 +

Approximate Net Worth, excluding primary residence

Under \$19,999 \$20,000 - \$29,999 \$30,000 - \$49,999
 \$50,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$499,999
 \$500,000 and over

Preferred Method of Communication: TIAA will keep you updated on the status of your rollover request from Fidelity Investments.

Please email me updates on the progress of my request.

My email address is .

Please contact me via phone on the progress of my request. The best phone number to reach me during the day is .

Please do not contact me regarding the progress of this request





Please print using black or dark blue ink.

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

1. PROVIDE YOUR INFORMATION

First Name Middle Initial
 Last Name Suffix
 Social Security Number/
 Taxpayer Identification Number
 Contact Telephone Number Extension

Rollovers and transfers may be subject to the rules of the retirement plan that you are moving the funds to.

See cover page for descriptions of Options 1 and 2.

2. TELL US WHAT YOU WOULD LIKE TO DO

OPTION 1: Rollover OPTION 2: Direct Transfer/Contract Exchange/Plan-to-Plan Transfer

PLEASE NOTE: If you do not complete this section, we will process your request in the following order if allowed. Rollover; Direct Transfer/Contract Exchange/Plan-to-Plan Transfer.

Is this request related to a natural disaster? Yes No

We need a complete copy of your most recent Alternate Carrier statement to process your rollover or transfer request.

3. TELL US ABOUT THE FUNDS YOU WANT TO MOVE TO TIAA

Financial Institution's Name
 Fidelity Investments
 Address
 PO Box 770002
 City Cincinnati State OH Zip Code 45277
 Contact Telephone Number Extension Fax Number
(If allows faxes, please provide the number below)
 Employer
 Saint Louis University
 Plan Name
 Saint Louis University 403 (b)

You must complete a separate form for each account that you are transferring or rolling over to TIAA.

Are you still employed at the Employer named above? Yes No

If you selected a Direct Transfer/Contract Exchange in Section 2, please tell us who made contributions to the account you are transferring. You, your Employer or both of you.

Employer Contributions Your (Employee) Contributions Both





If you need additional space for your instructions, please write them on a separate page and attach it to this form.

If you don't know the type of plan, check with your employer.

If you are rolling over or transferring funds from a governmental 457(b) plan to a governmental 457(b) plan at TIAA, we will need to know if you have rolled any funds into the governmental 457(b) plan at your other carrier. If you have rolled funds into the governmental 457(b) plan at your other carrier, we will need to know the originating source of the rollover money for taxation purposes. Governmental 457(b) plan money is never subject to the 10% early withdrawal penalty, even if withdrawn prior to age 59½, however rollover money from other plan types may be subject to the penalty and requires separate tracking by TIAA.

If you are unable to provide the originating source of the rollover money, TIAA will default it to be from a plan other than a governmental 457(b) plan.

3. TELL US ABOUT THE FUNDS YOU WANT TO MOVE TO TIAA (CONTINUED)

Choose Liquidation Instructions A or B

A. LIQUIDATION INSTRUCTIONS FOR INVESTMENT ACCOUNTS

Account Number

88030

If any of the funds you are transferring include a Roth contribution, indicate the type of retirement plan they were contributed under:

Roth 403(b)(1/7) Roth 401(k) Public 457(b) Roth

OPTION 1: Liquidate (cash out) my entire account and move the proceeds to TIAA.

OPTION 2: Liquidate (cash out) only the following amount and move the proceeds to TIAA.

| Fund Name | Number of Shares | OR | Percent | OR | Dollar Amount |
|---|---|----|---|---------|---|
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | OR | <input style="width: 100%;" type="text"/> | % OR \$ | <input style="width: 100%;" type="text"/> |
| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | OR | <input style="width: 100%;" type="text"/> | % OR \$ | <input style="width: 100%;" type="text"/> |
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| <input style="width: 100%;" type="text"/> | <input style="width: 100%;" type="text"/> | OR | <input style="width: 100%;" type="text"/> | % OR \$ | <input style="width: 100%;" type="text"/> |

Is this rollover coming from a Government Sponsored 457(b) plan into a Government Sponsored 457(b) plan record kept by TIAA?

Yes No

Have you rolled over any money into the other Government Sponsored 457(b) plan?

Yes No

Will the rollover to TIAA of the Government Sponsored 457(b) plan include amounts rolled into that plan?

Yes No

If you answered YES to the above questions and previous rollover money will be included with the Government Sponsored 457(b) plan money that you are rolling to TIAA, please tell us the originating source of the previous rollover money?

Government Sponsored 457(b) Other retirement plan type (i.e. 403(b), 401(k), etc.)

Commingled\Unknown





NOTE: Do not submit this form more than 30 days before the maturity date of your CD. TIAA 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.

3. TELL US ABOUT THE FUNDS YOU WANT TO MOVE TO TIAA (CONTINUED)

B. LIQUIDATION INSTRUCTIONS FOR CERTIFICATES OF DEPOSIT (CDs)

Account Number

OPTION 1: Liquidate (cash out) my CD **IMMEDIATELY** and move the proceeds to TIAA. I am aware of and acknowledge the penalty I may incur from any early withdrawal.

OPTION 2: Liquidate (cash out) my CD at **MATURITY** and move the proceeds to TIAA.

NOTE: Your current financial institution may charge a fee for this service.

4. WIRE TRANSFER REQUEST

Would you like to request that your funds be sent to TIAA via a wire transfer?

Yes No

5. CHOOSE WHERE TO APPLY YOUR FUNDS

Employer/Plan Name

OPTION 1: Apply funds to my **existing** account listed below.

Provide Your Contract Numbers

TIAA Number

CREF Number

OPTION 2: Apply funds to my **new** TIAA account.

Please select one:

Employer Plan (RA, GRA, RC)

Supplemental Plan (SRA, GSRA, RCP)

457(b) (Governmental, Private)





If you need help with allocating your funds, call your TIAA representative or our National Contact Center at 800-842-2252.

NOTE: If your allocation is invalid in any way, we will allocate your rollover or transfer amount to the default account/fund specified by the employer's plan. You may change your allocation at any time in the future.

***IMPORTANT** - If you are currently using the TIAA Custom Portfolio Service to automatically rebalance your account, your transfer or rollover must be allocated using your current allocation on file (Option A). If you choose your own allocation (Option B), the funds will be reallocated to your current allocation on file the next time your account is rebalanced.

6. TELL US HOW YOU WANT TO ALLOCATE THIS TRANSFER

Choose Item B only if you want to have different allocation than what you have on file.

A. Use my current allocation on file for the contract my funds are being applied to.

B. Use the allocation instructions below.

| Investment Fund Name | Fund Number | Percent Allocation |
|----------------------|----------------------|--|
| <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |
| | | 1 0 0 % |

7. AUTHORIZATION AND ACKNOWLEDGMENT

I authorize the current financial institution or investment provider to roll over/transfer the funds from my account(s) as stated on this form for immediate deposit into my TIAA account.

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

If the current financial institution or investment provider does not provide the required information about the type of contribution in my account (i.e., employer and/or employee) of your requested transfer amount and in the absence of instruction from the employer/plan sponsor, TIAA will determine the availability of this transfer amount using the most restrictive rules for this retirement plan and may reject the transfer and return it to the current financial institution. I understand this means the transfer is subject to the delayed vesting schedule (if any) of my current employer's plan and the amount available to me for a loan and in-service or hardship withdrawal will be limited by the plan's rules.

I understand that if I roll over a distribution from another plan into a TIAA Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Supplemental Retirement Annuity or Group Supplemental Retirement Annuity contract: i) 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 account to which the funds are being rolled over; and ii) 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.

Continued on the next page





7. AUTHORIZATION AND ACKNOWLEDGMENT (CONTINUED)

Distributions from 403(b) plans before age 59½, severance from employment, death, or disability may be prohibited, limited, and/or subject to substantial tax penalties. Different restrictions may apply to other types of plans.

I understand that I am responsible for determining my eligibility to roll over or transfer 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 direct TIAA to treat all salary reduction monies as pretax contributions made after 12/31/88 unless the financial institution identified above provides TIAA with account balances as of 12/31/88.

For transfers involving amounts in a 403(b) plan, I direct TIAA to treat the entire balance as subject to current minimum distribution requirements unless the financial institution identified above provides TIAA with account balances as of 12/31/86.

I have read and understand the above conditions and I request that TIAA accept a rollover/transfer of funds to my TIAA account under a qualified retirement plan. **By signing below, I agree to be bound by these conditions.**

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.

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, or online using TIAA'S digital signing experience. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted. ▶

Your Signature

Today's Date (mm/dd/yyyy)

 / /

8. MEDALLION SIGNATURE GUARANTEE

Many financial institutions or investment providers require a Medallion Signature Guarantee. If required by your current financial institution or investment provider, please have a member of the medallion signature guarantee program complete this section and have it medallion-stamped. A Medallion Signature Guarantee is not the same as a notarized signature. You must obtain a Medallion Signature Guarantee from a national or state bank, federal savings and loan association, savings bank or member of a national stock exchange who is a member of the medallion signature program. TIAA can provide this service.

I certify the above-named person as described and whose identity is known or has been proven to me.

Authorized Officer to Place Stamp Above





You may need to get your employer's authorization before you can roll over, transfer or exchange retirement funds. To determine if the employer you specified in **STEP 3** needs to complete this section, please contact your employer, your TIAA representative or our National Contact Center at **800-842-2252**.

Weekdays
 8 a.m. - 10 p.m. (ET)
 Saturday
 9 a.m. - 6 p.m. (ET)

9. EMPLOYER AUTHORIZATION

I am a representative of the Employer, Plan Sponsor, or Third-Party Administrator. I certify that the participant is eligible for the requested transaction.

Plan Representative's Name Title

Telephone Number Extension

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

NOT APPLICABLE

FOR INTERNAL USE ONLY

No Letter of Acceptance Required. Transfer has been initiated with current financial institution.





RETURN COMPLETED FORM WITH A COPY OF YOUR FIDELITY INVESTMENTS STATEMENT TO:

STANDARD OR OVERNIGHT MAIL:

TIAA
Attn: Christine Williams
Six Concourse Parkway, Suite 2600
Atlanta, GA 30328

CHECKLIST

Did you remember to:

- Provide a complete copy of your most recent statement from your account(s) at Fidelity Investments. Your request cannot be processed without this information.
- Sign and date this form in Step 7.
- Confirm with Fidelity Investments whether a Medallion Signature Guarantee is required. If required, TIAA can provide that service.
- 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.

