



Financial Services

# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA



## IMPORTANT INFORMATION

PLEASE **READ BEFORE** FILLING OUT FORM

### Questions?

For account information, to check the status of your request or any other questions, **call: 800 842-2252**, Monday - Friday, 8 AM - 10 PM, Saturday, 9 AM - 6 PM, OR visit **tiaa-cref.org 24 hours daily**. Have your user ID and password ready.

### General Information

Any tax advice included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency.

Your account will be valued as of market close on the date we receive this form in good order. If your request is received after market close on a business day, your account will be valued at the close of the next business day. If the address on file has been changed within 14 days prior to your withdrawal request, a Bank Letter is required; otherwise, please wait 14 days after the address change to submit the withdrawal request.

If this plan is subject to ERISA, the spousal waiver section is only valid for 180 days from the date the Notary Public validates it. The signature on the withdrawal form is valid for 365 days.

### Withdrawals

If you are withdrawing due to hardship, withdrawing funds from an account other than your retirement investments, or making a change in your systematic withdrawals, please **call: 800 842-2252**.

We will send you the withdrawal amount after we receive your completed forms. To avoid delays, be sure to complete all sections.

### Direct Deposit/EFT to your Account

For any Direct Deposit to an existing bank account, you may online upload or fax the completed forms to us at **800 914-8922**.

For any Direct Deposit to a new Checking or Savings Account, you must mail us either an original voided check or a bank letter with the completed forms package. (We cannot accept online uploaded or faxed copies.)





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### Tax Information

Certain plan restrictions may apply to withdrawals under the following circumstances: in-service, separated from service, disabled, or have encountered a hardship as defined by the Internal Revenue Service (IRS).

You may be subject to a 10% federal tax penalty for early withdrawal if you were under age 55 when your employment ended, or if you are under age 59½ when you take this withdrawal. Please see your tax advisor.

A withdrawal is taxable if it is not rolled over to another tax-deferred account. For rollover eligible withdrawals we are required to withhold 20% for federal taxes.

You can download Tax Form W4-P from [www.tiaa-cref.org/forms](http://www.tiaa-cref.org/forms), under General Tax Forms.

We may be required to withhold state tax if you reside in: AR, CA, DE, DC, GA, IA, KS, ME, MD, MA, MI, NE, NC, OK, OR, VT, and VA. To review your state options or if your state tax form is not included, go to [www.tiaa-cref.org/forms](http://www.tiaa-cref.org/forms), under General Tax Forms.

**PLEASE NOTE: A cash withdrawal from your TIAA Traditional Account may not be available.** If you want to make a withdrawal from your TIAA Traditional Account, please call us. There are different rules for a withdrawal from a TIAA Traditional Account that require completing separate forms. Please call us for your options at **800 842-2252**.

### After-Tax Retirement Annuities Federal Taxation

Your contributions are not subject to taxation because you already paid taxes on them. All earnings are subject to income taxation.

There are Internal Revenue Services (IRS) rules to determine the order in which contributions and earnings are paid to you when you request a withdrawal.

- Contributions made prior to August 14, 1982, are withdrawn before earnings on those amounts.
- For contributions made after August 13, 1982, earnings are withdrawn before contributions. If you are under age 59½, these earnings may be subject to a 10% early withdrawal penalty tax in addition to income tax.

If you made contributions before and after August 14, 1982, contributions made, followed by amounts earned, prior to August 14, 1982 are withdrawn first for tax purposes. Then, amounts earned after August 13, 1982, followed by contributions made after this date, are withdrawn for tax purposes.

**NOTE:** Another IRS rule applies to all nonqualified deferred annuities issued on and after October 21, 1998. If you own a TIAA After-Tax Retirement Annuity, Teachers Personal Annuity, TIAA-CREF Life Personal Annuity Select, TIAA-CREF Life Lifetime Fixed V Annuity, and/or a TIAA-CREF Life Lifetime Variable Select Annuity, issued in the same calendar year, the IRS requires that the total of all monies in these non-qualified deferred annuities be combined in order to determine the taxable amount when you request a withdrawal.





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### Qualified Joint and Survivor Annuity Notice

For those participants whose account balance is subject to survivor annuity (spousal consent) requirements, the Plan provides that, unless you elect otherwise, your account balance will be used to purchase an annuity contract from an insurance company (here, Teachers Insurance and Annuity Association of America) and accordingly be paid in the form of a Qualified Joint and Survivor Annuity ("QJSA") if you are married, or in the form of a single life annuity if you are not married.

If you are married, a QJSA provides you with a monthly income for life, and upon your death, a monthly income during your spouse's life equal to at least 50% of the monthly payment you received prior to your death. Because your spouse will receive at least 50% survivor payment, the QJSA reduces the monthly payments you would otherwise receive, had you been eligible to receive payments in the form of a single life annuity. Your monthly payments will depend upon the amount of your account balance, current annuity rates and the age of you and your spouse. You may request additional information relating to the amount of your monthly payments under the available optional forms of payment. If you are unmarried when your benefit payments begin, you will receive your benefit in the form of a single life annuity (a monthly annuity for life), unless you elect another form of benefit. You may elect in writing to decline the QJSA form of payment (or a single life annuity form of payment if you are single) in favor of any other optional form of payment available under the Plan. If you waive the QJSA, however, your spouse must consent to the waiver in writing before a Plan representative or notary public. You may revoke this election before your benefits begin. In addition to any other available optional form of payment, if you are married, you may elect a Qualified Optional Survivor Annuity ("QOSA"). If the QJSA under your Plan provides a survivor annuity of less than 75%, the QOSA will provide a monthly income during your spouse's life equal to 75% of the monthly payment you received prior to your death. Consult your Plan Administrator for more information on the forms of payment available to you under the Plan.

A hypothetical illustration of the financial effect of payment under the annuity options available under the plan (Form 11303) should accompany this form. Contact TIAA-CREF if you have not received a copy. You may elect to decline the QJSA during the period beginning at least 7 days, but no more than 180 days before your benefit commencement date and ending on such benefit commencement date. If, however, you ask the Plan Administrator to provide specific information on the financial effect of accepting or declining the QJSA, the 180-day period will not be treated as having begun until the Plan Administrator provides the information you requested. Your election may not be changed after the benefit commencement date. If you waive the QJSA with your spouse's consent, your benefits will be distributed in one of the optional methods you elect on this form. You should consult your Plan Administrator for a detailed explanation of the forms of benefit available to you.

If you make an election to waive the QJSA with spousal consent and later revoke the election (before your benefit commencement date), or if you marry a new spouse before payment of your benefits commence, your benefit will once again become payable in the form of a QJSA, if you are married. If you later decide that you wish to again elect to waive the QJSA form of payment, you must again secure spousal consent to the new election. You may request specific information on the financial effect of accepting or waiving the QJSA form of benefit by contacting the Plan Administrator.

It is important that you understand your rights and obligations regarding the Qualified Joint and Survivor Annuity form of payment and any alternate form of payment. Please read the Special Tax Notice Regarding Plan Payments. You should direct any questions to the Plan Administrator.





# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

PLEASE PRINT IN ALL CAPITAL LETTERS USING BLACK OR DARK BLUE INK.

## STEP ONE

### PERSONAL INFORMATION

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 this form, go to [www.tiaa-cref.org/forms](http://www.tiaa-cref.org/forms), and see General Tax Forms. For questions call TIAA-CREF at **800 842-2252**.

### TIAA-CREF CONTRACT/CERTIFICATE

This information is required in order to process your request.

Name \_\_\_\_\_  
*first middle initial last*

State of Legal Residence \_\_\_\_\_ Citizenship \_\_\_\_\_  
*if outside US, write in country*

Contact Phone # \_\_\_\_\_

SSN or TIN 

X	X	X	X	X				
---	---	---	---	---	--	--	--	--

TIAA # 

--	--	--	--	--	--	--	--

CREF # 

--	--	--	--	--	--	--	--

**NOTE:** You can use either your TIAA number **OR** your CREF number. **DO NOT USE DASHES.**

### PLAN INFORMATION

The Plan and Sub Plan numbers should have been provided to you. **If you do not have them, please contact us at 800 842-2252.**

Plan Name \_\_\_\_\_

Plan # 

--	--	--	--	--	--

Sub Plan # 

--	--	--	--	--	--

Was this contract issued as a result of a Divorce (QDRO)?  YES  NO

**Go to STEP TWO.**

## STEP TWO

### ANNUITY LOAN REPAYMENT

If you choose to pay off 100% of your loan, the loan repayment is subject to tax withholding and the payment will be pro-rated across all available funds. Payoff of the loan will reduce the withdrawal amount.

**If you do not have a loan, go to STEP THREE.**

**OPTION 1:** Repay all outstanding loan balances and take a withdrawal. **Check here and go to STEP THREE.**

**OPTION 2:** DO NOT pay off loan(s), the collateral amount will remain in the account. **Check here and go to STEP THREE.**

**OPTION 3:** Payoff entire loan amount. **Check here and go to STEP TEN.**

Loan # \_\_\_\_\_

**NOTE:** If there is not enough monies to pay off loans noted above, we will default to paying the largest or oldest loan, whichever we deem to be the default.





Financial Services

# CASH WITHDRAWAL

## from your Retirement Investments for Plans Subject to QJSA

### STEP THREE

#### ROTH ACCUMULATIONS

**PLEASE NOTE:** Since you have already paid taxes on Roth 403(b)/401(k) contributions, withdrawals of these contributions will not be subject to federal tax withholding because taxes were already paid on them. However, the earnings on the Roth 403(b)/401(k) contributions are subject to federal income tax, unless the withdrawal occurs at least five years after January 1st of the year of your first Roth contribution and you are 59½ or older or become disabled or upon your death.

Do you have Roth accumulations?  YES  NO

If NO, go to STEP FOUR. If YES, continue below.

Are you requesting ONLY non-Roth accumulations in withdrawal?  YES  NO

**OR**

Are you requesting ONLY Roth accumulations in withdrawal?  YES  NO

**OR**

Are you requesting BOTH Roth and non-Roth accumulations in withdrawal?  YES  NO

**Go to STEP FOUR.**

### STEP FOUR

#### REQUIRED MINIMUM DISTRIBUTION

This is to satisfy my required minimum distribution (current year only).

I have provided my own calculation. \$ \_\_\_\_\_

I want TIAA-CREF to calculate my minimum distribution.

Are you married?  YES  NO

Spouse's Name (please print) \_\_\_\_\_  
*first* *last*

Spouse's Date of Birth \_\_\_\_\_

**Go to STEP FIVE.**

### STEP FIVE

#### TAX WITHHOLDING

**NOTE:** For rollover eligible withdrawals, TIAA-CREF is required to withhold 20% for federal taxes.

If this withdrawal is for a **non-rollover eligible** account or is being used to satisfy a required minimum distribution, please specify the following. Otherwise, we will withhold 10% federal tax from your withdrawal and any applicable state taxes.

No withholding

Default Federal Withholding of 10%

Fixed percentage \_\_\_\_\_ %

**Go to STEP SIX.**





# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

## STEP SIX WITHDRAWAL AMOUNT

Withdrawals from certain mutual funds may be subject to redemption fees. See fund prospectus for additional information.

**PLEASE NOTE:** Your account will be valued as of the close of business on the date we receive this form in good order.

**NOTE:** If this plan is subject to ERISA, the spousal waiver section is only valid for 180 days. The future date cannot be later than the notarized spousal waiver date.

**OPTION 1:** Withdraw entire amount available.  
If I have TIAA Traditional accumulations in an RA, GRA or RC contract that qualify for a Small - Sum Transfer, I authorize the transfer of any eligible accumulation into the CREF Money Market account for the purposes of this distribution.  
**Check here and go to STEP NINE.**

**OPTION 2:** Withdraw only a portion of account balance.  
**Check here and provide detail in STEP SEVEN.**

If you have chosen **OPTION 1** or **OPTION 2** above and do not want these monies sent to you immediately, please specify a future date for TIAA-CREF to send the funds to you.

**FUTURE DATE:** Please process my withdrawal request on: \_\_\_\_\_  
mm/dd/yyyy

**OPTION 3:** Systematic Withdrawal  
**Check here and continue to STEP SEVEN.**

## STEP SEVEN WITHDRAWAL INVESTMENTS

Complete Section 7 only if you want your withdrawal taken from specific funds. Otherwise your withdrawal will be taken proportionately from all of your funds. **IMPORTANT NOTE:** If you are currently using the Custom Portfolio Service and you choose specific funds, your account will be subsequently rebalanced using your Customer Portfolio Service instructions on file.

Indicate either the dollar amount **OR** percentage from each account/fund.

Investment Account/ Fund Name	Withdrawal Amount	Percent of Fund Value
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %

Amounts **OR** percentages **MUST** be whole numbers.

Go to **STEP EIGHT.**





Financial Services

# CASH WITHDRAWAL

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## STEP EIGHT

### SYSTEMATIC WITHDRAWALS

Your last payment may be less than your requested amount. The last payment amount will be the balance left in your account at the time that the last payment transaction occurs.

If you are NOT requesting systematic withdrawals, skip to STEP NINE.

How often do you want to receive withdrawals: (*check one*)

MONTHLY    QUARTERLY    SEMIANNUALLY    ANNUALLY

Your payments will continue as above until there are no monies in designated funds.

When do you want to start receiving withdrawals? If your plan is funded by a Transfer Payout Annuity (TPA), you may choose any date from the 5<sup>th</sup> to the 28<sup>th</sup> of the month. All others may choose any date from the 1<sup>st</sup> to the 28<sup>th</sup>.

Start Date \_\_\_\_\_  
*mm/dd/yyyy*

You can stop recurring payments at any time by calling 800 842-2252.

Stop Date \_\_\_\_\_  
*mm/dd/yyyy*

Go to STEP NINE.





# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

## STEP NINE

### DELIVERY INSTRUCTIONS

This is where you tell us how you want to receive your money.

### DIRECT DEPOSIT INSTRUCTIONS

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

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

**Note:** If you want a check mailed to the address on record with TIAA-CREF, do not complete this section.

Please choose only one of the three options below.

**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.

**Direct Deposit to my bank account already on file:**

Bank Name: \_\_\_\_\_

Account Number ending in:

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**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.

Go to STEP TEN.







# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

## STEP TEN YOUR SIGNATURE

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Digital signatures are not accepted.

By signing below:

You authorize TIAA-CREF to make withdrawals from your account balances with TIAA-CREF, 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.

By signing this form, I certify that within no fewer than 7 days or more than 180 days I have received a notice describing the tax consequences of my distribution options, the Qualified Joint and Survivor Annuity Notice attached to this form, and information regarding the financial effect of the optional forms of benefit available to me under the plan. By making this election, I am waiving my right to receive my benefit in the form of an annuity or the Qualified Joint and Survivor Annuity, if married. I am aware that I may have the right under the Plan to defer distribution until I attain age 70½ (or such earlier deferred date as the Plan may provide). I am aware that the Internal Revenue Service recommends that I take 30 days to consider my distribution options; however, by returning this signed form prior to the expiration of the 30-day period, I hereby waive the 30-day waiting period. Further, I certify that no portion of the benefits to which I am entitled from the Plan is subject to a qualified domestic relations order which would affect the payment of any benefits from the Plan. I hereby authorize the distribution of funds from my account balance under the Plan according to the directions set forth in this form. I understand that there may be penalties and/or taxes with my election.

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.

**Certification instructions.** For contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. Item 4 reproduces the wording in the official Form W-9, but does not apply to you with respect to any intended use of this Form. Please disregard item 4 when completing this Form.

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



Your Signature \_\_\_\_\_

Today's Date   /   / 20

Go to STEP ELEVEN.



# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

## STEP ELEVEN SPOUSE'S WAIVER

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

### PART A - UNMARRIED DETERMINATION

**NOTE:** If you are not married and are separated from employment, you are able to self-certify. Self-certification means that you do not need a Plan Representative signature. You only need to include your signature on the completed form and return it to TIAA-CREF.



I am not married AND no longer work for the employer that contributed to this plan. **Check here and complete information below.**

Participant's Name (please print) \_\_\_\_\_  
first last

Participant's Signature \_\_\_\_\_

Today's Date   /   / 20

Go to STEP TWELVE.

**OR**

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

I certify that I am not married.

Participant's Name (please print) \_\_\_\_\_  
first last



Participant's Signature \_\_\_\_\_

Today's Date   /   / 20

### PLAN REPRESENTATIVE ATTESTATION

**NOTE:** If you are still working for the employer that contributed to this plan, the Plan Representative must attest that you're not married by completing this section.



By signing, you are attesting that the participant is not married.

Plan Representative's Signature \_\_\_\_\_

Today's Date   /   / 20

Plan Representative's Name (please print) \_\_\_\_\_  
first last

Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

Telephone Number \_\_\_\_\_

Go to STEP TWELVE.



# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

## STEP ELEVEN (CONTINUED) SPOUSE'S WAIVER

### PART B - SPOUSE'S WAIVER OF SURVIVOR BENEFITS

Your spouse must sign in front of a Notary Public, or the contributing employer's Plan Representative, within 180 days before the effective date of your requested payment.



I hereby consent to the election by my spouse to waive the Qualified Joint and Survivor Annuity, and to the election of the optional form of distribution indicated above. I hereby acknowledge that I understand the effect of such election not to have benefits under the Plan paid in the form of a Qualified Joint and Survivor Annuity. I further acknowledge that I understand that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death and that my spouse's waiver is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse revokes the waiver. I understand that I do not have to sign this agreement. I understand that if I do not sign this agreement, my spouse's benefit will be payable in the form a Qualified Joint and Survivor Annuity as described in the attached Qualified Joint Annuity Notice.

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

I also understand that this waiver applies to this request only; it does not apply to future requests.

Spouse's Name *(please print)* \_\_\_\_\_  
*first last*

Spouse's Signature \_\_\_\_\_

Today's Date  /  / 20

### NOTARY PUBLIC APPROVAL

The **spouse's name** must be printed exactly as it appears.

Spouse's Name *(please print)* \_\_\_\_\_  
*first last*

State \_\_\_\_\_ County \_\_\_\_\_

Expiration Date  /  / 20

On the date provided 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 Name *(please print)* \_\_\_\_\_  
*first last*

Notary Public's Signature \_\_\_\_\_

Today's Date  /  / 20

**FOR NOTARY IN  
MASSACHUSETTS ONLY**  
Indicate the type of  
identification:



**OR**

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

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.

### PLAN REPRESENTATIVE CERTIFICATION



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

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

Plan Representative Signature \_\_\_\_\_

Today's Date  /  / 20

Plan Representative Name *(please print)* \_\_\_\_\_  
*first last*

Title \_\_\_\_\_

Name of Employer \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Go to STEP TWELVE.**





Financial Services

# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

## STEP TWELVE

### ADDITIONAL INFORMATION

If you answer yes to any of the options, then an Employer Authorization is required by the employer that contributed to your plan for TIAA-CREF to process your withdrawal request. Please check the appropriate boxes.

*\*If your plan has a vesting schedule, then the plan representative **MUST** confirm your vesting status, provided that the plan representative has not already provided this information prior to this request.*

**PLEASE NOTE:** If this section is not completed and, if it is a requirement for your plan, TIAA-CREF will not be able to process your withdrawal request.

1. Do you qualify for this withdrawal based on the Heart Act of 2008 Legislation? (being a qualified reservist called to active duty for at least 180 days?)  YES  NO

If **YES**, provide date of leave \_\_\_\_\_  
*mm/dd/yyyy*

2. Are you separated from service?  YES  NO

3. Are you requesting an in-service withdrawal?  YES  NO

If this in-service withdrawal is related to an Employer Authorized Phase Retirement Program, please check this box.

4. Are you currently disabled? (Proof of disability must be provided in order to process your request.)  YES  NO

If **YES**, provide date of disability \_\_\_\_\_  
*mm/dd/yyyy*

5. Other \_\_\_\_\_

6. My vested account balance available as a cash withdrawal in accordance with my retirement plan provision is:

0%\*  20%\*  40%\*  60%\*  100%\* OR  \_\_\_\_\_%\*

By the employer signing this form, the nonvested account balance will be forfeited and the vested account balance will be available to the participant.

## STEP THIRTEEN

### PLAN REPRESENTATIVE APPROVAL



By signing, you are approving this request.

Date of Separation of Service \_\_\_\_\_  
*mm/dd/yyyy*

Plan Representative's Signature \_\_\_\_\_

Today's Date  /  / 20

Plan Representative's Name *(please print)* \_\_\_\_\_

Title \_\_\_\_\_

Go to STEP FOURTEEN.





Financial Services

# CASH WITHDRAWAL from your Retirement Investments for Plans Subject to QJSA

## PLEASE RETURN COMPLETED FORMS PACKAGE TO:

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

**STANDARD MAIL:**  
TIAA-CREF  
P.O. Box 1268  
Charlotte, NC 28201-1268

**OVERNIGHT:**  
TIAA-CREF  
8500 Andrew Carnegie Blvd  
Charlotte, NC 28262

**Please Note:** Include **ALL** documents in **ONE** package.

If you are providing new bank information for direct deposit via EFT, please mail your original documents and the completed form.

### SEND US YOUR FORM ONLINE:

- Log in to your account at **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

- Complete all necessary personal information and indicate how much you want to withdraw by account or fund. **(STEPS ONE, SIX & SEVEN)**
- 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 this form. **(STEP TEN)**
- Remember, spouse must sign and date the spousal waiver **on or after** the participant has signed the distribution form. **(STEP ELEVEN)**
- The employer who contributed to the plan you are making the withdrawal from must provide the date you separated from service. **(STEP THIRTEEN)**
- If applicable, complete all necessary tax forms.
- If you are disabled, remember to provide proof of disability with this form.

## 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.

