



Financial Services

## CHOOSING LIFETIME RETIREMENT INCOME FOR PLANS SUBJECT TO QJSA

To get:

- account information
- the status of your request
- answers to your 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

**tiaa-cref.org** 24 hours a

day. Have your user ID and

password ready.

### IMPORTANT INFORMATION

Complete this form to receive lifetime retirement income from your Retirement Annuities, Group Retirement Annuities, Retirement Choice Annuities, Minimum Distribution Annuities, and Interest Payment and Retirement Annuities.

This form may also be used to receive lifetime retirement income from your TIAA Stable Value or TIAA Stable Value Return Accumulation.

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

Please call us at **800 842-2252** if you have questions.

We've enclosed income tax withholding forms that you should return to us with your other forms.

**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.

### RECORD OF AGE

If you have not established your date of birth in our records, we included two new sections for Record of Age (Sections 12 and 13) for you to complete. Section 12 on this form lists the types of documents we use to verify age and instructions on how to provide that information to us. You also may need to provide the same information for your annuity partner. (If you and your annuity partner are already receiving lifetime retirement income, you have already established your ages.)

### 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 of Form 11303. You may elect to decline the QJSA during the period beginning at least 7 days, but no more than 180





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### QUALIFIED JOINT AND SURVIVOR ANNUITY NOTICE (CONTINUED)

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.

### FREQUENTLY ASKED QUESTIONS

Each section of the form includes instructions. Below we've provided answers to some frequently asked questions, which you may want to review before completing this form.

#### What is the difference between lifetime annuity income and a guaranteed payment period?

When you select a Single Life Annuity for yourself or a Joint Life Annuity for yourself and your annuity partner, we will make payments for the rest of your life or the lives of you and your annuity partner. With these lifetime retirement income choices, you can add a guaranteed payment period that guarantees that payments will be made to the end of that period, even if you or you and your annuity partner die before the end of that period. **If you choose no guaranteed payment period, lifetime retirement income will end when you (if you choose a Single Life Annuity) or you and your annuity partner (if you choose a Joint Life Annuity) die, therefore, do not specify a beneficiary.**

#### How does the guaranteed payment period work?

This option guarantees payments for 10, 15 or 20 years, subject to Internal Revenue limitations. (If these limitations applied to you, they were noted on your Retirement Income Illustration, or you can call us to find out.) When you select a guaranteed payment period, you name beneficiaries to receive these payments. **If, instead, you choose no guaranteed payment period, lifetime retirement income will end when you (if you choose a Single Life Annuity) or you and your annuity partner (if you choose a Joint Life Annuity) die.**



## **FREQUENTLY ASKED QUESTIONS (CONTINUED)**

### **Don't I already have beneficiaries?**

You have beneficiaries for the contracts prior to starting payments; your lifetime retirement income is paid from a new set of contracts. If you choose a **guaranteed payment period**, payments will be made to the beneficiaries you name if you, or you and your annuity partner, die before the end of the period. If no beneficiary is named, your primary beneficiary is defaulted to your Estate. You should ensure that we have your best intentions met at the time of your death by completing the enclosed Beneficiary Designation elections (Sections 10 and 11) at this time. Your beneficiaries can receive these payments, or they can choose to receive the commuted (discounted) value of the remaining payments in a single sum, unless you prohibit it. If you name a trust, estate or institution as your beneficiary, a single payment is made.

### **How often can my retirement income change?**

When you choose to receive lifetime retirement income from TIAA and CREF variable annuity account accumulations, this income will increase or decrease based on the investment experience of the accounts. You can choose to have your income revalued monthly or annually.

### **What is the annual valuation method?**

If you receive variable income that changes annually, your income is revalued once a year on the last business day in March (with payments changing on May 1). This option may be suitable if:

- You prefer to have a consistent income stream for a one-year period; and/or
- You don't mind waiting until the end of the year to receive an increase in income if performance is above the 4% Assumed Interest Rate (AIR).

### **What is the monthly valuation method?**

If you receive variable income that changes monthly, your income is revalued on the 20<sup>th</sup> of each month (or the previous business day if the 20<sup>th</sup> is not a business day). This option may be suitable if:

- You prefer to see changes in income (up or down) immediately, rather than waiting until the following May 1; and/or
- You don't mind fluctuations in your income level each month.

### **Can I change from one valuation method to another?**

Yes, you can switch your variable income from annual to monthly valuations, and vice versa, once a year effective on the last business day in March.

### **What is the Retirement Transition Benefit?**

Your employer's plan may offer the Retirement Transition Benefit. It provides a single payment to you when you begin lifetime annuity benefits. You can choose to receive up to 10% of the amount you are using for lifetime retirement income. Unless that payment is directly rolled over, it will be subject to 20% mandatory federal income tax withholding, and any applicable state tax withholding, on the taxable amount of the payment. **If you're married and choose to take the Retirement Transition Benefit, your spouse must complete the Spouse's Waiver section even if you've selected a joint-life income option. The Retirement Transition Benefit is only available on certain annuities. Please refer to Section 8 for additional details.**



### FREQUENTLY ASKED QUESTIONS (CONTINUED)

#### What choices do I have for rolling over my Retirement Transition Benefit?

TIAA-CREF offers both Traditional IRAs and Roth IRAs. A rollover to a Traditional IRA is not taxable. If you want to make a rollover to a Roth IRA, please call us at **800 842-2252** for assistance.

In the section titled Direct Rollover, you can roll over funds to your existing TIAA-CREF Traditional IRA by providing your IRA contract numbers. Or, if you want to open a new TIAA-CREF IRA, you may request a new IRA enrollment form either by visiting us online at [tiaa-cref.org](http://tiaa-cref.org) or calling us at **800 842-2252**. Be sure to return your completed IRA enrollment form along with your lifetime retirement income form.

You also may be eligible to roll over your payments to another employer's plans. Please call us at **800 842-2252** for more information if you are interested in this choice.

#### What are the differences between the Standard Payment Method and the Graded Payment Method for TIAA Traditional income?

The total amount you receive as current income is different under the two methods.

With the Standard Payment Method, lifetime income is based on the total TIAA interest rate (guaranteed rate plus additional amounts) and is paid to you on a current basis with each payment. You receive the same level of income until there is a change in the level of additional amounts; any such change would take effect at the beginning of the calendar year.

With the Graded Payment Method, initial income is based on a 4% interest rate (2½% guaranteed plus 1½% from additional amounts). If the total payout interest rate exceeds 4%, any remaining additional amounts, over and above the amount needed to bring initial income to a level based on a 4% interest rate, are reinvested and used to buy you additional future income. The result is that your payments are likely to increase throughout your retirement start date through December of that year. Your income changes are effective on January 1. As long as the guaranteed interest plus the additional amount exceed 4%, your income will increase the following year. If the guaranteed interest plus the additional amounts are less than 4%, your income could decrease.

If you choose the Graded Payment Method, you may switch to the Standard Payment Method. However, you cannot switch from the Standard Payment Method to the Graded Payment Method.

#### What are the TIAA Traditional vintages?

Whether you choose the Standard Payment Method, or the Graded Payment Method, keep in mind that your TIAA Traditional accumulation is not credited with — and income is not based on — one rate. Rather, funds applied to your accumulating annuity are grouped into vintages representing time periods of similar interest rate environments; accordingly, many interest rates may be used in calculating your total payment. All of your money does not earn, and is not paid out using the same rate, because not all of TIAA Traditional's underlying investments are earning the same rate, and as a result, cannot support the same rate.



Please print using black or dark blue ink.

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 [www.tiaa-cref.org/forms](http://www.tiaa-cref.org/forms), and see General 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"/>	Contact Telephone Number	Extension
<input type="text"/>			<input type="text"/>	<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"/>			<input type="text"/>		

If you don't have the contract numbers, please call us at 800 842-2252.

## 2. PROVIDE YOUR EMPLOYER'S PLAN INFORMATION

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



A guaranteed period ensures that annuity payments are made for at least a minimum number of years. If you, or you and your annuity partner, die before the end of the period selected, payments continue to your beneficiaries for the rest of the period. The guaranteed period cannot exceed your life expectancies. If you do not elect a guaranteed period, all payments will stop when you, or you and your annuity partner, die.

### 3. CHOOSING THE GUARANTEED PERIOD (CHOOSE ONE)

☐ I want a guaranteed payment period of: ☐ 10 years ☐ 15 years ☐ 20 years  
(Name beneficiaries in Section 10.)

OR

☐ I do not want a guaranteed payment period.  
(Do not name beneficiaries in Section 10.)

By checking here, you indicate you have reviewed your life expectancy and income needs with professionals in these areas and elect against benefits after the death of you and your annuity partner.

**NOTE:** Income will end at your death if you choose a Single Life Annuity without a guaranteed payment period. Or, income will end after the death of both you and your annuity partner if you choose a Joint Life Annuity without a guaranteed payment period. If you (or your annuity partner) are in poor health or want to leave money to your beneficiaries, you should strongly consider selecting a guaranteed payment period.

Provide the month and year you want to begin receiving lifetime retirement income. Also, provide us with the frequency you would like payments made.

### 4. CHOOSING THE PAYMENT START DATE AND FREQUENCY (REQUIRED)

The initial payment will be made at the time your contract is issued. Subsequent payments will be made as of the 1<sup>st</sup> of the month based on the payment frequency you choose.

If we receive your completed form on or prior to the 20<sup>th</sup> of the month you requested payments to begin (or the previous business day if the 20<sup>th</sup> is not a business day), we will issue your contract as of the next business day. The initial payment will be made at the time your contract is issued. Subsequent payments will be made as of the 1<sup>st</sup> of the month, based on the frequency you choose.

If we receive your completed form after the 20<sup>th</sup> of the month (or after the previous business day if the 20<sup>th</sup> is not a business day) in which you requested payments to begin, your initial payment will automatically be moved to the 1<sup>st</sup> of the following month and your contract will be issued as of that date. However, if the last day of the month in which we receive your request is not a business day, then your initial payment will automatically be the 2<sup>nd</sup> business day of the following month and your contract will be issued as of that date.

When would you like to start your lifetime retirement income?

(mm) (yyyy)

Start Date:   /

**NOTE:** You must provide the start date and frequency of your annuity income.

How often do you want to receive your lifetime retirement income? (Choose one)

☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually



**Single Life Annuity**

Select Single Life Annuity if you want retirement income for your lifetime only.

**Joint Life Annuity**

Select a Joint Life Annuity option if you want retirement income for as long as you and your annuity partner live.

If you selected a Joint Life Annuity option, please complete the Annuity Partner Information and include evidence of their age (Section 13).

**Note:** If you have a non-spousal annuity partner, your ability to elect more than 50% to an annuity partner may be limited depending on your age and the age of your annuity partner.

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.

**5. CHOOSING THE LIFETIME RETIREMENT INCOME OPTION (CHOOSE ONE)**

**SINGLE LIFE ANNUITY**

☐

**Single Life Annuity -**

I authorize retirement income payments for my life only.

*All payments end at your death unless you have a guaranteed payment period that is in effect.*

**JOINT LIFE ANNUITY**

☐

**Full Benefit to Survivor -**

I authorize retirement income payments for as long as my annuity partner and I live.

*Under the Full Benefit to Survivor option, payments continue in full following the death of either you or your annuity partner.*

☐

**75% Benefit to Annuity Partner -**

I authorize retirement income payments for as long as my annuity partner and I live.

*Under the 75% Benefit to Annuity Partner option, payments continue to you in full if your annuity partner dies first. Payments to your annuity partner are reduced to 75% of the amount if you die first.*

☐

**Two-Thirds Benefit to Survivor -**

I authorize retirement income payments for as long as my annuity partner and I live.

*Under the Two-Thirds Benefit to Survivor option, payments are reduced to two-thirds of the amount after the death of either you or your annuity partner.*

☐

**Half Benefit to Annuity Partner -**

I authorize retirement income payments for as long as my annuity partner and I live.

*Under the Half Benefit to Annuity Partner option, payments continue to you in full if your annuity partner dies first. Payments to your annuity partner are reduced to half the amount if you die first.*

**ANNUITY PARTNER INFORMATION**

Annuity Partner's Name (please print)

Gender

☐ F ☐ M

Date of Birth (mm/dd/yyyy)

 /  / 

Social Security Number/  
Taxpayer Identification Number

Relationship to you

Please read the applicable prospectus or product literature before returning your form. For current prospectus or product literature, visit us online at [ttaa-cref.org](http://ttaa-cref.org) or call us at 800 842-2252.

**6. CHOOSING THE AMOUNT FROM YOUR ACCUMULATION**

The amounts you indicate in items 6A and/or 7 on the following pages will be taken from each of the contracts listed in Section 2. You must use at least \$10,000 (or the full amount, if it's less than \$10,000) from each account. The amount must be in whole numbers. If you want to take different amounts from each contract or account, please provide written instructions, or call us to discuss how to state your request. (If you provide instructions on a separate sheet of paper, be sure to include your name and TIAA-CREF contract numbers.)

**NOTE:** Mutual funds will not be included unless transferred to TIAA, TIAA Real Estate, TIAA Access and/or CREF Variable Annuities.

- Complete item 6A for income from TIAA Guaranteed Annuity accounts and elect payment method - 6B.
- Complete item 7 for income from TIAA Real Estate, TIAA Access and CREF Variable Annuities and elect Valuation - 7A.



The TIAA Stable Value or TIAA Stable Return Annuity accumulation amount that you choose will be transferred to the current TIAA Traditional annuity payout vintage. Retirement income from these accumulations will be paid by TIAA in accordance with the terms of a TIAA Traditional annuity payout contract.

## 6A. AMOUNT OF GUARANTEED ANNUITY ACCUMULATION (CHOOSE ONE)

☐ Use 100% of my TIAA Guaranteed Account Accumulation from each TIAA Guaranteed Annuity contract listed at the beginning of this form. (The accounts available for lifetime income are listed below.)

OR

☐ Use   % of my TIAA Guaranteed Account Accumulation from each TIAA Guaranteed Annuity contract listed at the beginning of this form. (The accounts available for lifetime income are listed below.)

OR

☐ Use the following percentage or dollar amount of my TIAA Guaranteed Account Accumulation from each TIAA contract listed at the beginning of this form.

Account Name	Percentage	OR	Dollar Amount
TIAA Traditional Annuity	<input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
TIAA Stable Value	<input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
TIAA Stable Return Annuity	<input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>

\*If you elect TIAA's Graded Payment Method, keep in mind that this method is only available for vintages with payouts based on an interest rate of 4% or more. If, on your income starting date, the interest rate for a particular vintage is less than 4%, your initial payment and all future payments for the portion of your accumulation in that vintage will be made under TIAA's Standard Payment Method. For information on TIAA's current payout rates, please visit us online at [ttaa-cref.org](http://ttaa-cref.org) or call us at 800 842-2252.

## 6B. PAYMENT METHOD

I want income paid as follows:

Standard Payment Method:   %

Graded Payment Method:   %

= 100%



Check the appropriate box to begin income from your TIAA Real Estate, TIAA Access and CREF variable annuity accounts.

**7. AMOUNT OF TIAA REAL ESTATE, TIAA ACCESS AND CREF VARIABLE ANNUITY ACCUMULATION (CHOOSE ONE)**

The accounts available for lifetime income are listed below.

☐ Use 100% of my TIAA Real Estate, TIAA Access and CREF variable account accumulation from each TIAA Real Estate, TIAA Access and CREF variable annuity contract listed at the beginning of this form. (The accounts available for lifetime income are listed below.)

**OR**

☐ Use   % of my TIAA Real Estate, TIAA Access and CREF variable account accumulation from each TIAA Real Estate, TIAA Access and CREF variable annuity contract listed at the beginning of this form. (The accounts available for lifetime income are listed below.)

**OR**

☐ Use the percentage or dollar amount specified below of my TIAA Real Estate, TIAA Access and CREF variable account accumulation from each of the annuity contracts listed at the beginning of this form.

Account Name	Percentage	OR	Dollar Amount
TIAA Real Estate	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
TIAA Access Lifecycle Ret. Income	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Stock	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Money Market	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Social Choice	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Bond Market	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Global Equities	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Growth	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Equity Index	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
CREF Inflation-Linked Bond	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>

Select whether you want your variable income to change monthly or annually.

**7A. VALUATION METHOD**

Based on investment performance, I want my TIAA Real Estate, TIAA Access and CREF variable income to change:

☐ Monthly **OR** ☐ Annually



We will make the withdrawal from all eligible accounts and funds, unless you provide written instructions to use only selected accounts or a specific plan/fund. If you use a separate sheet of paper to provide your instructions, include your name and TIAA-CREF contract numbers on it.

The Retirement Transition Benefit is only available from Retirement Annuities, Group Retirement Annuities and Retirement Choice Annuities. The Retirement Transition Benefit is also available from Minimum Distribution Annuities and Interest Payment and Retirement Annuities that originated from an RA or GRA.

The Retirement Transition Benefit is NOT available from Supplemental Retirement Annuities, Group Supplemental Retirement Annuities, Retirement Choice Plus Annuities or Transfer Payout Annuities.

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.

## 8. SELECTING THE RETIREMENT TRANSITION BENEFIT

- If you want to receive a Retirement Transition Benefit payment, subject to plan rules, please write either a whole number percentage or a dollar amount, not to exceed 10% of your accumulation being settled.
- If you want to roll over your Retirement Transition Benefit, complete the Direct Rollover section. Otherwise your Retirement Transition Benefit will be subject to mandatory 20% federal income tax withholding, and any applicable state tax withholding, on the taxable amount of the payment.

☐ YES, I would like a Retirement Transition Benefit of:

% OR \$

Where would you like to send your Retirement Transition Benefit (RTB) (Choose One)?

- ☐ Direct Deposit to existing or new bank account (Also complete section 9A).
- ☐ Rollover Retirement Transition Benefit (RTB) to a TIAA-CREF account (Also complete section 9B).
- ☐ Rollover Retirement Transition Benefit (RTB) to another investment company (Also complete section 9C).
- ☐ Mail a check to my current address on file.

## 9. WHERE WOULD YOU LIKE TO SEND YOUR LIFETIME ANNUITY PAYMENT? (CHOOSE ONE)

- ☐ Direct Deposit to an existing or new bank account (Also complete Section 9A).
- ☐ Mail a check to my current address on file.



When 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.

## 9A. 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

☐

Savings Account

Bank Name

Address

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. Mail a 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 do not have your plan number, please call TIAA-CREF at 800 842-2252.

## 9B. ROLLOVER RETIREMENT TRANSITION BENEFIT (RTB) TO A TIAA-CREF ACCOUNT

Where would you like TIAA-CREF to deposit your retirement transition benefit funds?

☐ My existing Roth or Traditional IRA

Contract Number

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

☐ A new Roth IRA

Check here and attach enrollment form (call 800 842-2252 for form)

☐ A new Traditional IRA

Check here and attach enrollment form (call 800 842-2252 for form)

☐ Another tax-deferred TIAA-CREF account

Contract Number

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

Plan Number

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

Sub Plan Number

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

Plan Name

--

If you checked Roth IRA, do you want federal taxes withheld from the pretax amount you're converting to a TIAA-CREF Roth IRA?

☐ NO, do not withhold federal taxes.

☐ YES, withhold 

--	--	--

 %



The investment company receiving your rollover can assist you with completing the information at the right.

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.

### 9C. ROLLOVER RETIREMENT TRANSITION BENEFIT (RTB) TO ANOTHER INVESTMENT COMPANY

What type of account are you rolling over to? (Choose one):

☐ Traditional IRA ☐ Roth IRA ☐ Other Plan

If you checked Roth IRA, do you want federal taxes withheld from the pretax amount?

☐ NO, do not withhold federal taxes.

☐ YES, withhold    %

#### INVESTMENT COMPANY INFORMATION

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Account Number



If you have more than one primary beneficiary, benefits will be divided equally among the living beneficiaries unless you specify the percentage. The percentages for all of the primary beneficiaries must total 100%.

\*TIAA cannot accept a "Will" as a designation. Testamentary trusts are acceptable if we are provided with the "Will" creation date of which the Testamentary trust will be issued.

\*\*If you check "Payments made to this deceased beneficiary's children" and the named beneficiary predeceases you, the monies which would have been paid to that beneficiary will be divided proportionately among his/her children (if any). If there are no living children for that beneficiary, their portion will be paid proportionately to the remaining primary beneficiaries in this class. In the event there are no primary beneficiaries or their children to pay at the time of your death, we will pay who you select under Contingent beneficiary section #11. If you do not select a Contingent beneficiary, we will pay your Estate.

NOTE: Upon death, we will pay the benefits based on your instructions; please make sure that they are in accordance with the guidance which is provided throughout this document.

## 10. CHOOSING YOUR PRIMARY BENEFICIARY

If you leave this section blank at the time of your death, we will pay your Estate. Leaving the section blank and updating the contract with the Estate is not an election but the default designation of the contract. You should ensure that we have your best intentions met at the time of your death with giving us an election at this time. Keep in mind that at any time after the annuity is set up, you can always go online and update your designations.

Tell us who should receive your account balance after your death.

1. Name (First Name, Middle Initial, Last Name, Suffix)		Percentage	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %	
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)	Relationship	
<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="checkbox"/> Payments made to this deceased beneficiary's children**			
2. Name (First Name, Middle Initial, Last Name, Suffix)		Percentage	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %	
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)	Relationship	
<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="checkbox"/> Payments made to this deceased beneficiary's children**			
3. Name (First Name, Middle Initial, Last Name, Suffix)		Percentage	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %	
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)	Relationship	
<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="checkbox"/> Payments made to this deceased beneficiary's children**			
4. Name (First Name, Middle Initial, Last Name, Suffix)		Percentage	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %	
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)	Relationship	
<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="checkbox"/> Payments made to this deceased beneficiary's children**			
<input type="checkbox"/> Check this box and attach a signed letter to list additional primary and/or contingent beneficiaries, a trust or to provide additional instructions. Please include your contract numbers.			





We need to verify your date of birth, and your annuity partner's date of birth if applicable, in order to determine eligibility for certain options as well as to calculate the amount of lifetime income payable to you.

## 12. ESTABLISH THE DATE OF BIRTH

- ☐ I will provide documentation showing record of age (TIAA-CREF will not return the records you provide).
- ☐ **Birth Certificate** – If you have your original birth certificate, you can make a photocopy and send it to us. If you don't have your birth certificate, you can request a copy from the Bureau of Vital Statistics of the city or county in which you were born, then send it to us.
- ☐ **Baptismal Certificate** – A photocopy of the certificate listing your date of birth (or age) as well as baptismal date.
- ☐ **Driver's License or Non-Driver's Identification Card** – A photocopy of this document from your state's Division/Department of Motor Vehicles.
- ☐ **Marriage Record** – A photocopy of your record of marriage listing your date of birth.
- ☐ **Military Discharge Paper and Other Military Records** – A photocopy of your Military Discharge Paper listing your date of birth. This should be the official discharge paper. Another acceptable military record is a photocopy of the military identification or service card.
- ☐ **Passport** – A photocopy of the page listing your date of birth.
- ☐ **School or College Record** (if at least five years old)

**OR**

- ☐ A notary public or authorized college official will certify documentation for myself and my annuity partner (if applicable) (Continue to Section 13).



**13. CERTIFICATION BY NOTARY PUBLIC OR AUTHORIZED COLLEGE OFFICIAL**  
(ONLY COMPLETE THIS SECTION IF YOU ARE HAVING A NOTARY PUBLIC OR  
AUTHORIZED COLLEGE OFFICIAL REVIEW YOUR RECORDS AND CERTIFY THE  
AUTHENTICITY.)

In order to establish the correct date of birth for:

**1. Name of Individual**

I hereby certify that I have examined the following records and that the date of birth of the above-named individual is stated therein as shown below. (Give full details under "Type of Record," i.e., Blank Insurance Company Policy # 72897.)

**Type of Record**

Date of Birth (mm/dd/yyyy)

 /  / 

Date (mm/dd/yyyy)

How old is this record?  /  /

Date (mm/dd/yyyy)

If reproduction (photostat, certified copy, etc.) is used, when was it made?  /  /

Remarks

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

Signature of Authorized Employee or Notary Public

Date of Certification (mm/dd/yyyy)

 /  / 20

Title

Employer



**13. CERTIFICATION BY NOTARY PUBLIC OR AUTHORIZED COLLEGE OFFICIAL  
(CONTINUED)**

In order to establish the correct date of birth for:

**2. Name of Annuity Partner (if applicable)**

I hereby certify that I have examined the following records and that the date of birth of the above-named individual is stated therein as shown below. *(Give full details under "Type of Record," i.e., Blank Insurance Company Policy # 72897.)*

**Type of Record**

Date of Birth (mm/dd/yyyy)

 /  / 

Date (mm/dd/yyyy)

How old is this record?  /  /

Date (mm/dd/yyyy)

If reproduction (photostat, certified copy, etc.) is used, when was it made?

 /  / 

Remarks

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

Signature of Authorized Employee or Notary Public

Date of Certification (mm/dd/yyyy)

 /  / 

Title

Employer



#### 14. YOUR EMPLOYMENT STATUS

Prior to the date you request to start receiving lifetime retirement annuity income, will you have separated from service from all institutions that contributed to the annuities that you are using for this transaction?

If you answer **YES** and provide a separated from service date, you are certifying that you have or will have separated from service by that date. Employer authorization is required to be completed in Section 15.

If you answer **NO** or do not provide a separated from service date for employment at any institution remitting premiums to its retirement plan on your behalf, you are certifying that you understand the consequences of authorizing this transaction while still employed.

Date (mm/dd/yyyy)

☐ YES, I have or will have separated from service on  /  /

☐ NO, I will not have separated from service.

*Please contact your employer's benefits office to discuss any consequences if you are authorizing payments from the accumulation attributable to your current employer's plan.*

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.

TIAA-CREF will request information from your plan representative if not provided.

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

#### 15. EMPLOYER'S PLAN REPRESENTATIVE SIGNATURE

By signing, you are approving this request.

Date of Separation of Service  
(mm/dd/yyyy)

/  /

Plan Representative's Signature

Today's Date (mm/dd/yyyy)

/  /

Plan Representative's Name (please print)

Title



Please read, sign and date  
where indicated.

## 16. YOUR SIGNATURE

By signing below, you agree that for your lifetime annuity income:

- **You can't change your annuity income option, guaranteed payment period, or your annuity partner after lifetime retirement income payments begin;**
- Your retirement income starting date cannot be prior to the receipt of all necessary papers;
- You understand that you may be issued separate TIAA and/or CREF annuities and payments for accumulations attributable to retirement plans covered by different sections of the Internal Revenue Code, and that the beneficiaries you name and any spousal waiver that is completed will apply to all contracts issued to you;
- **You acknowledge that you have received a retirement income illustration and information about the income options available to you and you have reviewed the illustration's comparison of TIAA income under the Graded Payment Method and the Standard Payment Method;**
- If I am not married and am not electing a single life annuity, I am waiving my right to the single life annuity form of benefit;
- If I am married and am not electing a Joint Life Annuity with my spouse as an annuity partner, I am waiving my right to the Qualified Joint and Survivor Annuity form of benefit.
- You understand that the TIAA Graded Method is only available for vintages with payouts based on an interest rate of 4% or more;
- If you choose the Retirement Transition Benefit, and you do not directly roll over the payment, we will withhold 20% federal income tax withholding, and any applicable state tax withholding, from the taxable amount of the payment; and
- You understand that if you don't select a guaranteed payment period, income will end at your death, or after the death of both you and your annuity partner. You have consulted with your medical and legal advisors and have determined that in order to maximize your retirement income, you are not selecting a guaranteed payment period.

**If you choose to have any payment sent directly to an IRA or another plan:**

- Your signature also authorized this transaction; if you make a direct rollover into another employer's plan, you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the rollover and the funds in which your direct rollover are invested; you further understand that if you make a direct rollover to another employer's plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), spousal rights will apply to these funds and you may need a signed waiver from your spouse in order to receive a subsequent distribution of these funds; and if you elect to roll over your withdrawal to a Roth IRA, you understand the tax consequences associated with that election.

**If you completed the Direct Deposit Authorization section:**

- You also authorized your bank to charge your account for this service and to refund any overpayments to TIAA and/or CREF, and your bank is released from any liability to TIAA and/or CREF for overpayments above the amount of funds available in your account at the time TIAA and/or CREF requests a refund.

(CONTINUED ON NEXT PAGE)



- By signing this form, you certify that within no fewer than 7 days or more than 180 days you have received a notice describing the tax consequences of your 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 you under the plan. You are aware that you may have the right under the Plan to defer distribution until you attain age 70½ (or such earlier deferred date as the Plan may provide). You are aware that the Internal Revenue Service recommends that you take 30 days to consider your distribution options; however, by returning this signed form prior to the expiration of the 30-day period, you hereby waive the 30-day waiting period. Further, you certify that no portion of the benefits to which you are entitled from the Plan is subject to a qualified domestic relations order which would affect the payment of any benefits from the Plan. You hereby authorize the distribution of funds from your account balance under the Plan according to the directions set forth in this form. You understand that there may be penalties and/or taxes with your 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.

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

**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 (mm/dd/yyyy)




**Unmarried Verification:** If you are unmarried, ONLY complete Section 17.

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

\* Plan Representative Certification required if you are still employed with the plan sponsor.

## 17. UNMARRIED VERIFICATION

☐ I certify that I am not married **AND** no longer work for the employer that contributed to this plan.

Your Signature

Today's Date (mm/dd/yyyy)

 /  / 20

**OR**

☐ 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

## 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 18.

**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.

## 18. SPOUSE'S WAIVER OF SURVIVOR BENEFITS

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.

**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.

**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)

 /  /  2 0  

## NOTARY PUBLIC CERTIFICATION

State County

 

Notary Expiration  
Date (mm/dd/yyyy)

 /  /  2 0  

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)

 /  /  2 0  

## 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)

 /  /  2 0  

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.



**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 1268  
Charlotte, NC 28201-1268

**OVERNIGHT:**

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

**SEND US YOUR FORM ONLINE:**

- Log in to your account at [ttaa-cref.org](http://ttaa-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**

- ☐ Provide all necessary personal information (Section 1).
- ☐ Provide contract information (Section 2).
- ☐ Provide Guaranteed Period election (Section 3).
- ☐ Provide start date and frequency (Section 4).
- ☐ Provide Annuity income option election and annuity partner information (if applicable) (Section 5).
- ☐ Provide TIAA Guaranteed Annuity amount to be withdrawn (if applicable) and provide TIAA Payment method election (Sections 6A & 6B).
- ☐ Provide TIAA Real Estate, TIAA Access and CREF variable amount to be withdrawn (if applicable) and provide Valuation method election (Sections 7 & 7A).
- ☐ 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. (Section 9A).
- ☐ Include record of age for yourself.
- ☐ Include record of age for your annuity partner (if joint life annuity elected).
- ☐ Remember to sign this form (Section 16).
- ☐ Remember to sign Unmarried Verification (if applicable) (Section 17), or Spouse’s Waiver (Section 18).
- ☐ Within 90 days before you want to begin receiving fixed-period annuity income, please mail all pages of your completed form.
- ☐ If applicable, complete all necessary tax withholding election forms.
- ☐ Call TIAA-CREF 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.

