



# **ROLLOVER** from your Retirement Investments For Plans Not 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 ET, Saturday, 9 AM - 6 PM ET, OR visit **tiaa-cref.org** **24 hours daily**. Have your user ID and password ready.

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

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

Federal or state taxes may apply for rollovers.

If you are paying off a loan (it is a taxable event), you must complete a cash withdrawal form before completing this rollover form.

Electronic Fund Transfers are not available for direct rollovers. We will send a check to the financial institution that you have designated on this rollover form.

Your account will be valued as of the date we receive this form in good order.

The signature on the rollover form is valid for 365 days.

**NOTE:** If your rollover includes Roth 403(b)/401(k) contributions they may be rolled over to another Roth 403(b)/401(k) that will accept them. They may also be rolled over to a Roth IRA.

**Required Minimum Distribution (RMD):** If you will be 70½ or older in this calendar year and you are separated from service, then the IRS requires that you receive your Required Minimum Distribution (RMD) amount prior to any rollover amount you request. If you have already satisfied your RMD for this calendar year, then you can continue with this rollover request. If you have not satisfied your RMD for this calendar year and you submit these rollover forms, then TIAA-CREF will pay your RMD amount for this calendar year prior to this rollover. TIAA-CREF will calculate your RMD amount using the IRS Uniform Life Expectancy table. Once the RMD amount is calculated, TIAA-CREF will pay this RMD amount out proportionately across all of your available funds. TIAA-CREF will send the RMD check to your address of record, withholding 10% for federal taxes and any applicable state taxes. If you want different options or if this RMD amount increases your withdrawal amount and you are married, then TIAA-CREF cannot process this rollover request. You will need to call TIAA-CREF at **800 842-2252**, Monday – Friday, 8 AM – 10 PM ET, Saturday, 9 AM – 6 PM ET OR **visit tiaa-cref.org** 24 hours daily to request cash forms to have your RMD amount satisfied and then you will need to submit a new set of rollover forms to TIAA-CREF.

**NOTE:** If this is a 403(b) plan and you have already satisfied your RMD for this calendar year with another 403(b) carrier, then you can attest to this in Step ONE and continue with your rollover request.



# ROLLOVER

## from your Retirement Investments For Plans Not Subject to QJSA

# STEP ONE

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**.

This information is required in order to process your request.

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.**

**NOTE:** Satisfied means that you have already received your Required Minimum Distribution (RMD) check and have cashed it.

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			
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TIAA #

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

CREF #

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

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

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

Plan #

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

Sub Plan #

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

If you will be 70½ or older in this calendar year and you are separated from service, please go to the preceding page and read the Required Minimum Distribution (RMD) section. If this rollover is coming out of a 403(b) plan and you have already satisfied your RMD for this calendar year from another alternate carrier, please check the box below and continue to Step Two.

☐ I attest that I have already satisfied my 403(b) Required Minimum Distribution (RMD) from another 403(b) carrier for this calendar year.

**Go to STEP TWO.**



# **ROLLOVER** **from your Retirement Investments** **For Plans Not Subject to QJSA**

## **STEP TWO** **ROLLOVER** **AMOUNT**

**PLEASE NOTE:** Rollover amount will be based on the value of your investments on the day that your forms are received in good order.

☐ **OPTION 1:** Roll over entire amount available. If I have TIAA Traditional accumulations in a 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 rollover.

**For internal TIAA-CREF rollovers, check here and Go to STEP FOUR.**

**For another investment company, check here and Go to STEP SEVEN.**

☐ **OPTION 2:** Roll over only a portion of account balance as indicated below.

**Check here and go to STEP THREE.**

☐ **INCLUDE ROTH**

☐ **EXCLUDE ROTH**

### **AFTER TAX MONIES**

☐ **YES**, include in my rollover.

☐ **NO**, do not include in my rollover. TIAA-CREF will send you a check.

If you do not want these monies rolled over immediately please specify a future date for TIAA-CREF to process your request.

☐ **FUTURE DATE:** Please rollover the funds on: \_\_\_\_\_  
mm/dd/yyyy

☐ **OPTION 3:** Systematic Withdrawal  
**Check here, provide detail in STEP FIVE.**

## **STEP THREE** **EXISTING** **INVESTMENTS**

Complete Section 3 only if you want your rollover taken from specific funds. Otherwise your rollover 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

Rollover  
Amount

Percent of  
Fund Value

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

	\$ _____	<b>OR</b>	% _____
	\$ _____	<b>OR</b>	% _____
	\$ _____	<b>OR</b>	% _____
	\$ _____	<b>OR</b>	% _____
	\$ _____	<b>OR</b>	% _____
	\$ _____	<b>OR</b>	% _____

☐ **For internal TIAA-CREF rollovers, Go to STEP FOUR.**

☐ **For another investment company, Go to STEP SEVEN.**



# ROLLOVER from your Retirement Investments For Plans Not Subject to QJSA

## STEP FOUR ALLOCATIONS FOR ROLLOVERS TO A DIFFERENT TIAA-CREF ACCOUNT

- ☐ **IN KIND** - Rollover to the same funds. If they are not available, the funds will be rolled over to a money market fund.
- ☐ **ALLOCATIONS ON FILE** (of the receiving plan). **IMPORTANT** - If you are currently using the TIAA-CREF Custom Portfolio Service, please use your allocation on file for your rollover. If you choose your own allocation, the funds will be reallocated to your current allocation on file the next time your account is rebalanced.
- ☐ **DIFFERENT ALLOCATIONS** - provide detail below.

**NOTE:** If no selection is made, your rollover will be taken proportionately from all of your funds.

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

Investment Account/ Fund Name	Rollover Amount	Percent of Fund Value
<i>Amounts <b>OR</b> percentages <b>MUST</b> be whole numbers.</i>		
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %
	\$ _____	<b>OR</b> _____ %

**Go to STEP FIVE.**

## STEP FIVE 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 SIX.**

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

☐ **MONTHLY**   ☐ **QUARTERLY**   ☐ **SEMI-ANNUALLY**   ☐ **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 SIX.**





# **ROLLOVER** **from your Retirement Investments** **For Plans Not Subject to QJSA**

## **STEP SIX** **ROLLOVERS TO** **AN EXISTING** **TIAA-CREF** **ACCOUNT**

### **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.**

☐ **OPTION 1:** My existing employer's plan.  
**Check here and complete below.**

TIAA # \_\_\_\_\_ CREF # \_\_\_\_\_

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

Plan # \_\_\_\_\_ Sub Plan # \_\_\_\_\_

☐ **OPTION 2:** My existing Roth or Traditional IRA # \_\_\_\_\_

☐ **OPTION 3:** A new Roth or Traditional IRA  
**Check here and attach enrollment form** (call 800 842-2252 for form).

☐ **OPTION 4:** Another Tax Deferred TIAA-CREF account # \_\_\_\_\_

If you are rolling over **directly** to a Roth IRA, **go to STEP EIGHT.**

If you are **NOT** rolling over to a Roth IRA, **go to STEP NINE.**

## **STEP SEVEN** **ROLLOVER** **TO ANOTHER** **INVESTMENT** **COMPANY**

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

### **INVESTMENT** **COMPANY** **CONTACT** **INFORMATION**

☐ **OPTION 1:** Traditional IRA

☐ **OPTION 2:** Roth IRA

☐ **OPTION 3:** Other plan

**For all above options, please provide investment company contact information here.**

Investment Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Account # \_\_\_\_\_

**Go to STEP EIGHT.**





# ROLLOVER

## from your Retirement Investments For Plans Not Subject to QJSA

### STEP EIGHT ROTH IRA ROLLOVERS

If you do not make a selection, 20% will be withheld for federal taxes.

Regardless if you are rolling over to a Roth IRA at TIAA-CREF or at another investment company, you may owe federal taxes and any applicable state taxes on your pre-tax amount.

Provide federal tax withholding options below:

- ☐ NO
- ☐ YES, what percentage? \_\_\_\_\_%

**Go to STEP NINE.**

### STEP NINE 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 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.

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 TEN.**



# ROLLOVER from your Retirement Investments For Plans Not Subject to QJSA

## STEP TEN

### 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 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 rollover 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 Phased 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 ELEVEN

### 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 TWELVE.





# ROLLOVER from your Retirement Investments For Plans Not Subject to QJSA

## STEP TWELVE

### PLEASE RETURN COMPLETED FORMS PACKAGE TO:

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

**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 into your account at [tiaa-cref.org](http://tiaa-cref.org), and click on the "Manage My Portfolio" tab
- Select "Upload Documents" from the menu, and follow the instructions to upload your completed form

## CHECKLIST

- ☐ Complete all necessary personal information and indicate how much you want to roll over by account or fund. **(STEPS ONE, TWO & THREE)**
- ☐ Make sure if you are completing **STEP SEVEN** that your new investment company information is complete.
- ☐ Remember to sign this form. **(STEP NINE)**
- ☐ The employer who contributed to the plan you are making the rollover from must provide the date you separated from service. **(STEP TEN)**
- ☐ 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.

