



INTERNAL CROSS CONTRACT CONSOLIDATION FORM

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Your specific plan rules and investment options may require multiple transactions to complete your request. All transactions will generate a confirmation and will be executed with the same effective date.

The receiving contract will be either your Retirement Choice or Retirement Choice Plus contract.

TIAA-CREF will only transfer non-restricted accumulations under this employer plan. Accumulations that may be used as collateral for an outstanding loan for instance will not be included.

Please allow 5 business days for processing your request from the date we receive this form in good order. The effective date for any form received after 4:00 p.m. (ET) will be the next business day.

First Name

Middle Initial

Last Name

Social Security Number

1. IMPORTANT INFORMATION

This form may only be used to consolidate your accumulations between the following TIAA-CREF contracts with the same employer. The transactions executed by this form are not taxable or reportable to the IRS but will appear on your quarterly statement. Any other intended use of this form will be declined.

FROM: Plan Name

TIAA Contract Number

CREF Contract Number

Plan Number

TO: Plan Name

TIAA Contract Number

CREF Contract Number

Plan Number

A request to consolidate your TIAA Traditional Account may not be available due to your contract rules. There are different rules regarding the TIAA Traditional Account that may require completing separate forms. Please call us to review your options at **800 842-2252**.

Fax your completed form to **800 914-8922**, or mail the form to:

STANDARD MAIL:

TIAA-CREF
P.O. Box 1268
Charlotte, NC 28201-1268

OVERNIGHT MAIL:

TIAA-CREF
8500 Andrew Carnegie Blvd
Charlotte, NC 28262

If you have any questions, please call our Telephone Counseling Center at **800 842-2252**. Monday to Friday from 8 a.m. to 10 p.m. (ET), and Saturday from 9 a.m. to 6 p.m. (ET).



Consolidation amount will be based on the value of your investments on the day that your forms are received in good order.

2. FROM CONTRACT

☐ **OPTION 1:** Consolidate entire amount available.

☐ **OPTION 2:** Consolidate only a portion of the account balance, as indicated below.

EXISTING INVESTMENTS—If you want to move the full accumulation for any fund, please use 100% instead of that fund's current dollar value.

Investment Account/Fund Name	Dollar Amount		% of Fund Value
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %

Only non-restricted funds will be moved.



Consolidation amount
will be based on
the value of your
investments on the day
that your forms are
received in good order.

3. TO CONTRACT

- ☐ **OPTION 1:** Move to current allocations on file.
- ☐ **OPTION 2:** Different allocations, as indicated below.

NEW INVESTMENTS – If identifying percentages, please use only whole numbers and the total of all funds must equal 100%.

Investment Account/Fund Name	Dollar Amount		% of Fund Value
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> %



Please read and sign
where indicated.

4. YOUR SIGNATURE

By signing below:

You authorize TIAA-CREF to make transfers from your account balances with TIAA-CREF, as stated in this form.

By signing and dating below, I confirm that I wish to transfer accumulations from my existing TIAA-CREF Annuity Contract to my new TIAA-CREF Retirement Choice or Retirement Choice Plus Contract established by my institution to fund all future contributions under its retirement plan.

I further understand that, to the extent that the contract which is accepting the transfer is subject to the Employee Retirement Income Security Act (ERISA), spousal rights will apply and I may need a signed waiver from my spouse in order to receive a distribution of these funds.

Your Signature

Today's Date (mm/dd/yyyy)

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Please refer all inquiries or requests for clarification on this form to:

Name

Relationship: ☐ TIAA CREF Consultant ☐ Third Party Advisor

Contact Number

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