



Thank you for your interest in moving funds to TIAA. We look forward to helping you meet your financial goals.

Once we receive your completed form, we will:

- Review the information you provided for completeness
- Contact your other financial institution and request that your assets be transferred to TIAA
- Apply the funds based on your instructions on the form once they are received
- Mail or email you a confirmation statement

Please keep in mind that the entire process can take up to six weeks depending on how quickly your other financial institution responds to the request. To help avoid delays, it's important that we receive the following documents:

1. The attached form.
2. A copy of the other financial institution's statement (e.g., quarterly statement) dated within the last 12 months for the account(s) you are moving to TIAA.
3. Confirm with your other financial institution whether a Medallion Signature Guarantee is required. If required, TIAA can complete this section.

If you are rolling over funds from an employer-sponsored retirement plan, it's important that you determine if an IRA rollover is the right choice for you. Although educational in nature and not intended to be relied on as a primary basis for making investment decisions, please take a few minutes and review the document "Your Money. Your Future. Your Options." available at TIAA.org/knowyouroptions. Please keep in mind that TIAA does not provide tax or legal advice, and we do not provide fiduciary investment advice about rolling over funds to an IRA.

HOW TO MOVE YOUR FUNDS

Rollover: You may be eligible to do a rollover of retirement funds from one account to a TIAA IRA if you have one of the following qualifying events: separation from service, disability or reaching age 59½. There are two ways to roll over your funds: a direct or indirect rollover. With a direct rollover, you may move funds directly to an IRA. Retirement plans may be tax-qualified plans under 401(a)/403(a) (including 401(k) plans, 403(b) plans, and governmental 457(b) plans. With an indirect rollover, you may receive a distribution from a tax-qualified plan, and then within 60 days of the distribution, you roll it over to an IRA. For an indirect rollover to your TIAA IRA, please use the 60-Day Rollover Request form (F11260).

*Please note: A Traditional IRA with an external financial institution cannot be directly rolled over to a TIAA Roth IRA.

**Clients who hold a Traditional IRA at an external financial institution and wish to establish a TIAA Roth IRA must transition through a TIAA Traditional IRA first, then convert to a TIAA Roth IRA.

Trustee-to-trustee transfer: A trustee-to-trustee transfer is a like-to-like transfer of funds (e.g., Traditional IRA to Traditional IRA) that enables you to move all or a portion of your IRA retirement funds from one investment provider to another.

If you have questions or need assistance, call us at **844-TIAA-IRA**. TIAA consultants are available weekdays, 8 a.m. to 10 p.m. (ET).





Use this form ONLY to move funds to a TIAA IRA. A separate transfer form with an original signature must be completed for each financial institution or fund provider from which you are transferring/rolling over funds. If applicable per financial institution rules, forms must be returned to TIAA. If you are transferring inherited assets to TIAA, consult with your tax advisor prior to completing this form.

Please print using black ink.

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

If you claim residence and citizenship outside the U.S., you must certify your foreign tax status by providing IRS Form W-8BEN within the last three years or submit a W-8BEN in addition to this form. To print the W-8BEN form, go to TIAA.org/forms and scroll to 'Find tax information.'

1. PROVIDE YOUR INFORMATION

Title First Name Middle Initial

Last Name Suffix

Social Security Number/
Taxpayer Identification Number Contact Telephone Number Extension

State of Legal Residence (Including U.S. territories.
If outside the U.S., write in Country of Residence) Citizenship (if not U.S.)

*Select this option when funding a new IRA enrollment.

2. TELL US WHAT YOU WOULD LIKE TO DO

OPTION 1: Transfer assets to a new TIAA IRA*
Choose only one option.
 Traditional Roth SEP

OPTION 2: Transfer assets to an existing IRA contract
TIAA IRA Account Number IRA Plan Number





We need a complete copy of your most recent statement, dated within the last 12 months, to process your rollover or transfer request.

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

IMPORTANT NOTE TO THE OTHER FINANCIAL INSTITUTION OR FUND

PROVIDER: Our client named above authorizes you, as the other financial institution or fund provider, to forward to them immediately any forms that are required to complete this transaction.

3. FINANCIAL INSTITUTION THE FUNDS ARE COMING FROM

Financial Institution's Name

Mailing Address

City

State

Zip Code

Contact Telephone Number

Extension

Fax Number*

*Your institution may not accept this means of communication.

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

4. WIRE TRANSFER REQUEST

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

Yes

No





If you do not know the type of funds that are being transferred/rolled over, please contact your other financial institution or fund provider.

Please keep in mind that if you are moving non-Roth pension assets into a Roth account, that transaction may be subject to income taxes.

A Traditional IRA with an external financial institution cannot be directly rolled over to a TIAA Roth IRA.

*A Roth account can only be rolled over/transferred to another Roth account.

** SIMPLE IRA must have been established for at least two years before transferring to a plan other than another SIMPLE IRA. If you make a transfer to a plan other than a SIMPLE IRA prior to the end of the two-year holding period, your rollover will be treated as a taxable distribution, and any additional tax imposed on an early distribution is increased from 10% to 25% of the taxable amount.

Health Savings Accounts (HSAs) will be processed as trustee-to-trustee transfers.

NOTE: For tax-reporting purposes, we process movement of like accounts (IRA to IRA) as trustee-to-trustee transfers whenever possible.

5. TYPE OF ACCOUNT YOU ARE ROLLING OVER

- 401(a)
- 401(k)
- 403(b)
- 403(b)(7)
- 414(h)
- 457(b) PUBLIC
- PROFIT SHARING
- SEP IRA
- ROTH IRA*
- SIMPLE IRA**
- TRADITIONAL IRA
- MONEY PURCHASE
- ROTH 403(b)*
- ROTH 401(k)*
- DEFINED BENEFIT PLAN PURCHASE
- ROTH 457(b)*
- HEALTH SAVINGS ACCOUNT (DIRECT TRANSFER)





Certain investments may contain surrender charges and/or redemption fees. Please check the terms of your current investment for potential charges.

Please complete a separate request for each retirement account. A copy of your most recent statement, dated within the last 12 months, is required.

NOTE: TIAA is not liable if your CD term is renewed or if penalty fees are incurred as a result of transferring/rolling over funds from a CD. Requests should not be submitted earlier than 30 days before maturity.

6. LIQUIDATION INSTRUCTIONS

Choose Liquidation Instructions A or B

A. LIQUIDATION INSTRUCTIONS FOR INVESTMENT(S)

Account Number

Option 1: Liquidate my entire account immediately and transfer proceeds to TIAA.

Option 2: Liquidate only a portion of my account as detailed below and transfer proceeds to TIAA.

Investment to be transferred/rolled over	Number of Shares	Percent	Dollar Amount
<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"/>
<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"/>

B. LIQUIDATION INSTRUCTIONS FOR CERTIFICATES OF DEPOSIT (CDs)

Account Number

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

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

Maturity Date (mm/dd/yyyy)

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* If your allocation is invalid in any way, the funds being transferred will be allocated to your IRA's default cash vehicle which, depending on when your IRA was issued, will be either CREF Money Market or TIAA Retirement Reserves. You may change your allocation at any time in the future.

Handwritten instructions will constitute an invalid allocation.

7. ALLOCATE YOUR FUNDS

You must choose from one of the two selections below.

Option 1: Use the current allocation on file for this account for the funds being transferred.

Option 2: Allocate the funds to my IRA's default cash vehicle.*

If you are required to take required minimum distributions (RMD) this year, your rollover and transfer options may be limited by your need to take the RMD in the manner provided by law. Please consult with your tax advisor regarding how current law affects your RMDs.

8. AUTHORIZATION AND ACKNOWLEDGMENT

I certify these funds are eligible to roll over or transfer to an IRA.

I authorize the other financial institution or fund provider listed in Section 3 to liquidate and transfer/roll over the assets from my account as stated in Section 6. I authorize the other financial institution or fund provider to remit the proceeds to TIAA in the form of a check or wire transfer. I authorize TIAA to apply these proceeds according to the instructions in Section 7.

The other financial institution or fund provider is hereby authorized to release information pertaining to the contributions and earnings attributable to the transfer/rollover amount and any other information necessary to expedite this transaction, as requested by TIAA.


I am aware that certain penalties and/or surrender charges may apply.

If I am rolling over funds from an employer-sponsored retirement plan, I have reviewed the "Your Money. Your Future. Your Options." document located at TIAA.org/knowyouroptions. I understand that this document is educational in nature and is not intended to be relied on as a primary basis for making an investment decision. I have determined that an IRA rollover is the right option for me. I understand that TIAA does not provide tax or legal advice. Additionally, I understand TIAA does not provide fiduciary investment advice with respect to the advisability of rolling over funds to an IRA.

Continued on the next page



If you need to print the IRS Form W-8BEN, go to TIAA.org/forms and scroll to 'Find tax information.'

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience. 

Continued from previous page

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

If I am a non-resident non-citizen of the United States, I acknowledge that the below tax certifications do not apply to me. I have provided TIAA with an IRS Form W-8BEN within the last three years or will submit a W-8BEN prior to requesting a distribution from this account. I acknowledge that I must have a W-8BEN on file to request a distribution.

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.

Your Signature

Today's Date (mm/dd/yyyy)

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9. MEDALLION SIGNATURE GUARANTEE

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

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

Authorized Officer to Place Stamp Above

FOR INTERNAL USE ONLY

No documents to be mailed; transfer has been initiated with other financial institution or participant has received the funds.





Please do not mail checks to the Charlotte addresses.

In the event you have both a check and this completed TIAA form, please mail to this address in Atlanta.

OPTIONS TO RETURN COMPLETED FORM(S)

Please return **all** numbered pages, including any pages you didn't need to complete.

OPTION 1: Digitally sign and submit your form.

If you received a digital form, complete the digital signature process.

OPTION 2: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Tap the **Profile** icon in the lower-right corner of your screen, then tap **Upload files** and follow the step-by-step instructions.

OPTION 3: Use your personal computer to quickly upload your completed document(s).

Go to tiaa.org/upload, select **Upload files**, and follow the step-by-step instructions.

OPTION 4: If you prefer to fax or mail your completed documents, use the information provided below.

FAX:

800-914-8922 (within U.S.)
704-595-5795 (outside U.S.)

STANDARD MAIL:

TIAA
P.O. Box 1271
Charlotte, NC 28201-1271

OVERNIGHT DELIVERY:

TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

WHEN SENDING A CHECK, MAIL TO:

TIAA
P.O. Box 532093
Atlanta, GA 30353-2093

CHECKLIST

Remember to:

- **Confirm with your other financial institution whether a Medallion Signature Guarantee is required. If required, TIAA can provide that service with the inclusion of a complete copy of your most recent statement, dated within the last 12 months, from your financial institution.**
- Sign and date this form in Section 8.
- Call TIAA at 844-TIAA-IRA if you have any questions or need assistance.



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, D.C., 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.

