

You should use this IRA 60-day Rollover Request form to roll over qualified retirement funds received from an alternative financial services provider to TIAA-CREF Funds. Be sure to complete the IRA New Account Form/Adoption Agreement if you are opening a new IRA with TIAA-CREF Funds. Please complete a separate IRA 60-day Rollover Request for each different type of account being rolled over.

By signing this form, investor(s) acknowledges that neither TIAA-CREF Funds nor any Teachers Advisors, LLC affiliate or service provider to TIAA-CREF Funds has provided the investor(s) with advice, recommendations or suggestions as to any specific investment decisions. Investors in TIAA-CREF Funds are urged to consult their own advisors before making investment-related decisions, including but not limited to, those related to transfer or rollover from retirement plans, purchase or sale of investments, selection or retention of investment managers, or selection of account beneficiaries.

**Please send your signed and completed form to TIAA-CREF Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. Please call 800-223-1200, enter prompt 1, then prompt 2, with any questions, weekdays, 8 a.m. – 6 p.m. (ET).**

### 1. ACCOUNT REGISTRATION (REQUIRED)

Please print or type.

#### Owner's Name

Prefix	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number/

Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

Gender

<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"/>
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<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	Male	<input type="checkbox"/>	Female
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Nonresident Aliens: Enter your Social Security Number/Individual Taxpayer Identification Number.

Address Street or P.O. Box (APO and FPO addresses will be accepted)

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address (If the above address is a P.O. Box, you must also provide a street address)

City

State

Zip Code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Primary Phone Number

Phone Number Type

Secondary Phone Number

Phone Number Type

<input type="text"/>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Home	<input type="checkbox"/>	Business
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<input type="text"/>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Home	<input type="checkbox"/>	Business
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Alternate Phone

Phone Number Type

Email Address

<input type="text"/>	<input type="checkbox"/>	Mobile	<input type="checkbox"/>	Home	<input type="checkbox"/>	Business
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<input type="text"/>
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## 2. HOW WOULD YOU LIKE TO APPLY YOUR ROLLOVER?

I am rolling over funds to a new TIAA-CREF Funds IRA\*:

Traditional IRA                       Roth IRA

OR

I am rolling over funds to an existing TIAA-CREF Funds IRA\*:

Traditional IRA Account Number     Roth Account Number

  

\*Please be advised that you can make only one rollover from an IRA to another (or the same) IRA in any 12-month period, regardless of the number of IRAs you own. Exceptions are trustee-to-trustee transfers and Roth IRA conversions. For more information, please see [irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule](https://www.irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule).

If you have questions or need help locating your account numbers, call us at 800-223-1200, enter prompt 1, then prompt 2.

## 3. CURRENT CUSTODIAN

Please confirm the address below with your current custodian. Please attach a copy of your current statement to help expedite this request.

Name of Current Custodian

Account Representative (If applicable)

Contact Telephone Number

Account Number

Address

Address

City

State

 

Zip Code

Rollover Amount

\$

Check Distribution Date (mm/dd/yyyy)

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## SOURCE OF MONEY BEING TRANSFERRED

Please check the box that corresponds to the source of funds being rolled over.

- |   |                                  |                                      |                                      |   |
|---|----------------------------------|--------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> 401(a)               | <input type="checkbox"/> 401(k)  | <input type="checkbox"/> 403(b)      | <input type="checkbox"/> 403(b)(7)   | <input type="checkbox"/> 414(h)             |
| <input type="checkbox"/> 457(b) Public        | <input type="checkbox"/> Keogh   | <input type="checkbox"/> Roth IRA    | <input type="checkbox"/> SIMPLE IRA  | <input type="checkbox"/> Traditional IRA    |
| <input type="checkbox"/> Defined Benefit Plan | <input type="checkbox"/> SEP IRA | <input type="checkbox"/> Roth 401(k) | <input type="checkbox"/> Roth 403(b) | <input type="checkbox"/> Roth 457(b) Public |



#### 4. INVESTMENT ALLOCATION

Please indicate the funds in which you are investing. Note: If you are opening a new fund with the allocations given below, please check the box for acknowledgment in the Signature section.\*\* If you are investing in an existing TIAA-CREF Funds IRA, please fill in your IRA Fund Account number below. If you would like to invest in multiple existing IRAs, please attach a separate sheet with the additional information. The minimum investment per new fund is \$2,000 and \$100 for existing funds.

Account Number



Please check here to set this allocation for future investments unless other instructions are received.

#### RETAIL CLASS

FUND NAME (FUND CODE)	DOLLAR AMOUNT	FUND NAME (FUND CODE)	DOLLAR AMOUNT
Bond Index (91)	\$ <input type="text"/>	Lifestyle Conservative (78)	\$ <input type="text"/>
Core Bond (66)*	\$ <input type="text"/>	Lifestyle Growth (93)	\$ <input type="text"/>
Core Impact Bond (45)*	\$ <input type="text"/>	Lifestyle Income (77)	\$ <input type="text"/>
Core Plus Bond (96)*	\$ <input type="text"/>	Lifestyle Moderate (79)	\$ <input type="text"/>
Emerging Markets Debt (2794)	\$ <input type="text"/>	Managed Allocation (99)	\$ <input type="text"/>
Emerging Markets Equity (67)	\$ <input type="text"/>	Mid-Cap Growth (86)	\$ <input type="text"/>
Emerging Markets Equity Index (69)	\$ <input type="text"/>	Mid-Cap Value (87)	\$ <input type="text"/>
Equity Index (65)	\$ <input type="text"/>	Money Market (63)	\$ <input type="text"/>
Green Bond (2608)	\$ <input type="text"/>	Quant International Small-Cap Equity (2966)	\$ <input type="text"/>
Growth & Income (64)	\$ <input type="text"/>	Quant Small-Cap Equity (88)	\$ <input type="text"/>
High-Yield (95)	\$ <input type="text"/>	Quant Small/Mid-Cap Equity (2956)	\$ <input type="text"/>
Inflation-Linked Bond (90)	\$ <input type="text"/>	Real Estate Securities (89)	\$ <input type="text"/>
International Bond (2957)	\$ <input type="text"/>	Short Duration Impact Bond (2609)	\$ <input type="text"/>
International Equity (61)	\$ <input type="text"/>	Short-Term Bond (97)	\$ <input type="text"/>
International Opportunities (49)	\$ <input type="text"/>	Short-Term Bond Index (2797)	\$ <input type="text"/>
Large-Cap Growth (68)	\$ <input type="text"/>	Social Choice Equity (62)	\$ <input type="text"/>
Large-Cap Value (85)	\$ <input type="text"/>	Social Choice International Equity (2762)	\$ <input type="text"/>
Lifecycle Retirement Income (70)	\$ <input type="text"/>	Social Choice Low Carbon Equity (2763)	\$ <input type="text"/>
Lifestyle Aggressive Growth (94)	\$ <input type="text"/>	5-15 Year Laddered Tax-Exempt Bond (98)	\$ <input type="text"/>
		<b>Total Amount</b>	\$ <input type="text"/>

\*The following fund name changes are effective 3/1/20:

Formerly: Bond; Renamed Core Bond

Formerly: Bond Plus; Renamed Core Plus Bond

Formerly: Social Choice Bond; Renamed Core Impact Bond



## 5. SELF-CERTIFICATION FOR LATE ROLLOVER CONTRIBUTION

Only complete Section 5 if you are completing this rollover 60 days after receiving the distribution. Retain a copy of this for your records.

Check Date (mm/dd/yyyy)

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Contract Number

Pursuant to IRS Revenue Procedure 2016-47, I certify that my contribution of:

\$  missed the 60-day rollover deadline for the reason(s) listed below under "Reasons for Late Contribution." I am making this contribution as soon as practicable after the reason or reasons listed below no longer prevent me from making the contribution. I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with TIAA-CREF Funds rollover procedures.

Pursuant to Revenue Procedure 2016-47, unless I have actual knowledge to the contrary, TIAA-CREF Funds may rely on this certification to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the amount identified above. TIAA-CREF Funds may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.

### REASONS FOR LATE CONTRIBUTION

I intended to make the rollover within 60 days after receiving the distribution but was unable to do so for the following reason(s) (check all that apply):

- An error was committed by the financial institution making the distribution or receiving the contribution.
- The distribution was in the form of a check, and the check was misplaced and never cashed.
- The distribution was deposited into and remained in an account that I mistakenly thought was a retirement plan or IRA.
- My principal residence was severely damaged.
- One of my family members died.
- I or one of my family members was seriously ill.
- I was incarcerated.
- Restrictions were imposed by a foreign country.
- A postal error occurred.
- The distribution was made on account of an IRS levy, and the proceeds of the levy have been returned to me.
- The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.

### GENERAL INFORMATION

If a rollover-eligible payment is distributed from an employer plan and is payable to the individual participant, the distributing institution must withhold 20% to prepay federal taxes. This will apply even if your intention is to roll over the distribution within the 60-day limit, since the 20% withholding is considered part of the distribution. If the amount rolled over is less than the full amount (partial rollover) of the distribution (amount of check and tax withholding), it will be considered taxable income. If you do not want a taxable event, then you must make up all of the tax withholding out of pocket to claim the full amount as a rollover contribution.

**Please note:** If you are requesting the 60-day rollover from an IRA, the 20% tax withholding is not mandatory.

### TAX REPORTING:

60-day rollovers are tax reportable. You will receive a 1099-R from the distributing trustee which reports the gross amount of the distribution and any withholding. TIAA-CREF Funds will send a 5498 to you for rollover contributions made to Traditional IRAs and Roth IRAs. Rollover contributions made into a qualified employer plan will not result in a 5498 being mailed as you will need to use confirmation statements of the transaction for reporting purposes.



**6. SIGNATURE**

I hereby authorize TIAA-CREF Funds to complete my 60-day Rollover Request as indicated on this form.

**\*\*PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT**

Please check the box below acknowledging your receipt of the following documents:

Prospectuses and Product Disclosures for the investment options available to you ([TIAA.org/public/prospectuses](http://TIAA.org/public/prospectuses))

TIAA Privacy Policy ([TIAA.org/public/support/privacy-policy](http://TIAA.org/public/support/privacy-policy))

TIAA Business Continuity Policy ([TIAA.org/public/about-tiaa/business-continuity](http://TIAA.org/public/about-tiaa/business-continuity))

**Please check this box ▶  
to acknowledge  
electronic receipt of  
prospectuses and other  
required documents**

I acknowledge that I consent to receiving and have received the above-referenced documents through TIAA's website. I further acknowledge that I am able to access these documents on the website. I understand that this acknowledgment applies only to this initial account application.

To select this acknowledgment and consent, you must have access to the website noted above. In either case, you must also be able to download, view and print the documents. You will need Adobe Reader to view and print electronic PDF documents. If you don't have Adobe Reader, go to [adobe.com](http://adobe.com) to download a free copy. To request assistance with accessing these documents electronically, please contact us toll-free at **800-842-2273**. You understand and acknowledge that accessing documents electronically may involve additional costs, including but not limited to subscription access fees from an internet service provider and printing costs.

Paper versions of the above documents can be ordered, both now and in the future, by calling toll-free **877-518-9161** or by going to [TIAA.org](http://TIAA.org). If you are unable to acknowledge that you have received and accessed these documents on the website, please call **877-518-9161** for paper prospectuses at no charge.

**Note:** Unless indicated above, I acknowledge that I have received paper copies of the above-referenced documents.

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.

I have determined that an IRA rollover is the right option for me. I understand that TIAA-CREF Funds does not provide tax or legal advice. Additionally, TIAA-CREF Funds does not provide fiduciary investment advice with respect to the advisability of rolling over funds to an IRA.

If I have completed Section 5 above, I declare that the representations made in this document are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest and penalties. If the contribution is made to an IRA, I understand I will be required to report the contribution to the IRS. I also understand that I should retain a copy of this signed certification with my tax records.

**Please Sign Here**

Owner's Signature (Exactly as it appears in Section 1)

Today's Date (mm/dd/yyyy)

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**RETURN COMPLETED FORM(S) TO:**

Please return ALL numbered pages, including any pages you did not need to complete.

**STANDARD MAIL:**

TIAA-CREF Funds  
P.O. Box 219227  
Kansas City, MO 64121-9227

**OVERNIGHT:**

TIAA-CREF Funds  
430 W. 7th Street, Suite 219227  
Kansas City, MO 64105-1407

