



PUBLIC SAFETY OFFICER DISTRIBUTION REQUEST

NEED HELP? Call TIAA at
800-842-2252, weekdays,
8 a.m.-10 p.m. (ET).

DEFENDING PUBLIC SAFETY EMPLOYEES' RETIREMENT ACT

Beginning January 1, 2016, qualified public safety officers (e.g., police, fire, and emergency medical services) are eligible to take withdrawals from their defined contribution and defined benefit plans penalty free (not subject to the 10% early withdrawal penalty) provided the public safety officer has retired and obtained age 50.

GENERAL INFORMATION

Your account will be valued as of market close on the date we receive this form in good order. If your request is received after market close, it will be valued at the close of the next business day. If you changed your address with us in the last 14 days, a Bank Letter is required; otherwise, you must wait 14 days after the address change to submit the withdrawal request.

- If you are unmarried, you must sign the Unmarried Verification. If you're married, your spouse must sign and date the Spousal Waiver section on or after you sign the form.

PLEASE NOTE: A cash withdrawal from your TIAA Traditional Account may not be available.





PUBLIC SAFETY OFFICER DISTRIBUTION REQUEST

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
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Suffix
<input type="text"/>		<input type="text"/>
Social Security Number/ Taxpayer Identification Number	Contact Telephone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>
State of Legal Residence (Including U.S. territories. If outside the U.S., write in Country of Residence)		Citizenship (if not U.S.)
<input type="text"/>		<input type="text"/>

2. PROVIDE YOUR CONTRACT NUMBERS

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

The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them, call TIAA at **800-842-2252** weekdays, 8 a.m.-10 p.m. (ET).





PUBLIC SAFETY OFFICER DISTRIBUTION REQUEST

Be sure to discuss all tax implications, if any, with your tax advisor.

3. ROTH ACCUMULATIONS

If you made Roth (after-tax) contributions to the plan you are withdrawing from, please complete this section. If not, please move to next section.

Do you have Roth accumulations? Yes No

Are you requesting ONLY non-Roth accumulations in withdrawal? Yes No

OR

Are you requesting ONLY Roth accumulations in withdrawal? Yes No

OR

Are you requesting BOTH Roth and non-Roth accumulations in withdrawal? Yes No

4. REQUIRED MINIMUM DISTRIBUTIONS

If you are over age 72, or 70½ on or before December 31, 2019, and using this withdrawal to satisfy IRS Required Minimum Distribution, please complete this section. If not, please move to next section.

This is to satisfy my required minimum distribution (current year only).

I have provided my own calculation. \$

I want TIAA to calculate my minimum distribution.

Are you married? Yes No

Spouse's Name

Spouse's Date of Birth (mm/dd/yyyy)



Federal laws may require mandatory federal income tax be withheld from your distributions. Our records indicate that you are a U.S. person (U.S. citizen or resident, non-U.S. citizen) and may therefore be subject to federal tax withholding from cash distributions. If this is a rollover eligible withdrawal and you did not select any federal tax withholding, then TIAA will withhold 20% for federal taxes.

If this is a non-rollover eligible withdrawal and you do not select an available federal withholding option, then TIAA will withhold 10% for federal taxes.

Please consult with your tax advisor to determine which section(s) pertain to your distribution(s).

5. FEDERAL TAX WITHHOLDING ELECTION

ROLLOVER-ELIGIBLE DISTRIBUTIONS (CHECK ONE)

For a rollover-eligible distribution, TIAA is required to withhold the default rate of 20% for federal taxes unless your payment is being directly rolled over to another tax-deferred account. A rollover-eligible distribution is any distribution to an employee except: (i) certain periodic payments, (ii) a required minimum distribution (RMD), or (iii) a distribution made upon the hardship of an employee.

I hereby notify TIAA that I decline to provide a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I understand that federal withholding will be withheld at the default rate of 20%.

I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am making a federal withholding election of a rate greater than the default rate of 20% as indicated on my substitute federal form W-4R Withholding Certificate.

NONPERIODIC DISTRIBUTIONS THAT ARE NON-ROLLOVER ELIGIBLE (CHECK ONE)

A nonperiodic distribution that is non-rollover eligible is a single withdrawal or a payment stream of one year or less that cannot be rolled over to another tax-deferred plan. Some examples of non-rollover eligible withdrawals are: (i) RMDs, and (ii) distributions made upon the hardship of the employee.

Please select one option below.

I hereby notify TIAA that I decline to provide a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I understand that federal withholding will be withheld at the default rate of 10%.

I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am making a federal withholding election as indicated on my substitute federal form W-4R Withholding Certificate by entering a rate between 0% and 100% on line 2.

I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am choosing to have no federal income tax withheld by entering “-0-” on line 2.

Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including 0%) on payments to be delivered outside of the United States and its possessions.

If you are a nonresident, non-U.S. citizen, you must certify your foreign tax status by providing IRS Form W-8BEN prior to requesting a distribution. A W-8BEN is maintained on file for a three-year period. To print the W-8BEN form, go to TIAA.org/forms and scroll to ‘Find tax information.’

STATE TAX WITHHOLDING

State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note that the state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to TIAA.org/public/tax-withholding. Call TIAA if you have any questions at 800-842-2252.





PUBLIC SAFETY OFFICER DISTRIBUTION REQUEST

Withdrawals from certain mutual funds may be subject to redemption fees. See fund prospectus for additional information.

PLEASE NOTE: Your account will be valued as of either the close of business on the date we receive this form in good order or a future date if you specified a date in Option 1 or Option 2.

6. WITHDRAWAL AMOUNT (CHECK ONE)

OPTION 1: Withdraw entire amount available.

OPTION 2: Withdraw only a portion of account balance. See Section 7 below.

If you have chosen OPTION 1 or OPTION 2 above and do not want these monies sent to you immediately, please specify a future date for TIAA to send the funds to you.

Date (mm/dd/yyyy)

FUTURE DATE: Please process my withdrawal request on: / / 20

OPTION 3: Systematic Withdrawal. See Sections 7 and 8 below.

IMPORTANT NOTE: If you are currently subscribed to RetirePlus and you choose specific funds, your account will be subsequently rebalanced using your RetirePlus instructions on file.

7. CHOOSE THE AMOUNT TO WITHDRAW FROM INVESTMENTS

How much would you like to withdraw? (please select only one)

I would like to withdraw \$ proportionately from all available investments.
(Enter the dollar amount here and leave the specific investment section below blank.)

I would like to withdraw the following amount(s). Indicate either the dollar amount OR percentage from each account. Percentages must be in whole numbers.

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



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.

You can choose to stop recurring payments at any time.

8. SYSTEMATIC WITHDRAWALS

Complete this section if you wish to establish a series of systematic payments. If not, move to next section.

How often do you want to receive withdrawals (choose one) (The amount(s) you note above, will be the amount you receive at the frequency selected below).

Monthly Quarterly Semiannually Annually

Your payments will continue as above until there are no monies in designated funds.

When do you want to start receiving withdrawals?

(mm/dd/yyyy)
Start Date: / / 2 0

(mm/dd/yyyy)
Stop Date: / / 2 0

9. PROVIDE PAYMENT INSTRUCTIONS

OPTION 1: Direct Deposit to my verified bank account

Please provide the bank account information you previously verified with TIAA to request a direct deposit.

If the account has not been verified, follow the steps in the next section. Once this has been completed and TIAA has verified the bank account, please provide the information below.

Bank Name	Account Number ending in
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Checking Account Savings Account

OPTION 2: 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.



10. ADD BANK ACCOUNTS FOR ELECTRONIC TRANSFERS FOR PERSONAL BANK ACCOUNT AND ESTATE, TRUST, AND THIRD-PARTY ACCOUNTS

TIAA must verify your bank account information before making any electronic payments to you. Based on the type of account to be used, follow the instructions below.

NOTE: If any of the items specified below in Option 1 or 2 are missing, we will send your payment by check to the current address on file. To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days.

OPTION 1: PERSONAL BANK ACCOUNT

In many instances, personal bank accounts can be verified immediately using your bank routing and account numbers. Have this information ready before you start. To verify your bank account information, TIAA offers the following options:

1. Add a bank account online (best option)

- Log in to [TIAA.org](https://www.tiaa.org)
- Click the *Actions* tab
- Click *Manage external accounts*
- Click *Add New Account* and follow the instructions on the screen

OR

2. Verify an account by phone

- Call TIAA at **800-842-2252**, weekdays, 8 a.m. to 10 p.m. (ET)
- Explain that you would like to verify a bank account
- Provide the account type, bank routing number and account numbers
- TIAA will process your request

Account verification often is completed quickly. In some cases, however, we may need to verify your account using test deposits. This may take one or two business days to complete, and you will be guided on any actions you may need to take.

OPTION 2: ESTATE, TRUST, AND THIRD-PARTY ACCOUNTS

For accounts not owned directly by a TIAA customer, documentation is needed to verify transfer authorizations. In these cases, please provide the necessary information as noted below:

1. Send by mail, or upload a photo of, an original voided check with this form. Starter checks, deposit slips, and third-party checks are not acceptable.

OR

2. Send by mail, or upload, an original letter from your bank on bank letterhead providing:


- Name of the account
- Address on the account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)
- Authorized signers for the account
- Signature of the financial institution's representative, confirmed 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.



11. YOUR SIGNATURE

By signing, I certify that I meet the definition of eligible public safety officer under The Defending Public Safety Employees' Retirement Act, as applicable.

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.

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

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20

Unmarried Verification: If you are unmarried, ONLY complete Section 12.

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

12. 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.

Note: The Plan Representative will need to certify in the Plan Representative Certification section below.

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 13.

Your spouse's consent is required for distributions taken in a form other than a qualified joint and survivor annuity to the extent your plan is subject to the Employee Retirement Income Security Act (ERISA), or due to the terms of your employer's plan requiring such consent.

Remember, spouse must sign and date this waiver on or after the participant has signed this form.

This section must be completed by a Notary Public. TIAA accepts online notarization. You may notarize your documents online by visiting www.Notarize.com/TIAA. Notarize.com is a third-party vendor that charges a fee for each notary transaction. If you reside outside the United States, you can go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

NOTE: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy or validity of that document.

Please contact your benefits office to complete the Plan Representative Certification instead of a Notary Public Certification.

Please sign in black ink.

13. SPOUSE'S WAIVER OF SURVIVOR BENEFITS

As the spouse of a participant in an employer-sponsored retirement plan, and in accordance with federal pension law and/or the terms of the participant's plan, you have the right to receive a survivor benefit of at least 50% of the participant's (the account owner's) accumulation if he or she dies before you (referred to as a qualified joint and survivor annuity ("QJSA")). The amount may be more depending on the plan provisions. With this form, your spouse is requesting a distribution in a form other than the QJSA as well as a required minimum distribution (RMD) in the event your spouse has provided instructions to roll over the requested distribution and has not received RMDs in accordance with federal tax law. Because this means that the money used for the distribution will no longer be available to provide a QJSA survivor benefit to you, we must get your consent before completing the transaction. Please read and sign the statement below only if you agree to the distribution in a form other than the QJSA. You do not have to sign this form. If you do not, you will receive the QJSA survivor benefit described in the Explanation of the Qualified Joint and Survivor Annuity.

IMPORTANT: You must have your signature witnessed by a Notary Public OR the contributing employer's Plan Representative. You must sign and date this waiver on or after your spouse has signed the distribution form.

By signing, I confirm that I have read and understand the Explanation of the Qualified Joint and Survivor Annuity, which includes information about the QJSA and the requirements for spousal consent. I hereby agree to this distribution and understand that the amount to be distributed will not be available as a QJSA survivor benefit. 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) [] / [] / 20 [] []

OPTION 1: NOTARY PUBLIC CERTIFICATION

State [] County [] Notary Expiration Date (mm/dd/yyyy) [] / [] / 20 [] []

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) [] / [] / 20 [] []

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires.

FOR NOTARY PUBLICS IN FLORIDA

The foregoing instrument was acknowledged before me, by means of:

[] Physical presence [] Online notarization

OPTION 2: PLAN REPRESENTATIVE CERTIFICATION

By signing, you are certifying you witnessed the spouse's signature.

Plan Representative's Signature [] Today's Date (mm/dd/yyyy) [] / [] / 20 [] []

Plan Representative's Name (Please print) [] Title []





PUBLIC SAFETY OFFICER DISTRIBUTION REQUEST

Please check all the appropriate boxes. Based on the information you checked, an Employer Authorization may be required by the employer that contributed to your plan for TIAA to process your withdrawal request.

* 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 will not be able to process your withdrawal request.

Please sign using black.

14. EMPLOYER'S PLAN REPRESENTATIVE SIGNATURE

1. Do you qualify for this withdrawal based on the Heart Act of 2008 Legislation? Yes No
(being a qualified reservist called to active duty within provisions of the Heart Act of 2008)

If Yes, provide date of leave: (mm/dd/yyyy) / /

2. Have you separated from service from your employer? Yes No

3. Are you requesting an in-service withdrawal? Yes No

Check here if this in-service withdrawal is related to an Employer Authorized Phase Retirement Program.

4. Are you currently disabled? (proof of disability must be provided upon 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, the employer will receive the nonvested account balance and the vested account balance will be available to the participant.

PLAN REPRESENTATIVE APPROVAL

By signing, you are approving this request.

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

Plan Representative's Signature

Today's Date (mm/dd/yyyy)
/ /

Plan Representative's Name (Please print)

Title





PUBLIC SAFETY OFFICER DISTRIBUTION REQUEST

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

To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. Call us to discuss your options.

OPTIONS TO RETURN COMPLETED FORM(S)

OPTION 1: Digitally sign and submit your form.

- If you received a digital form, complete the online signature digital 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 **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

OPTION 3: If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

- Log in to your **TIAA.org** account and select the **Actions** tab.
- Choose **Upload document(s)** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

OPTION 4: If you prefer to fax or mail this form, use the information provided below:

FAX:

800-914-8922 (within U.S.)

704-595-5795 (outside U.S.)

STANDARD MAIL:

TIAA

P.O. Box 1268

Charlotte, NC 28201-1268

OVERNIGHT DELIVERY:

TIAA

8500 Andrew Carnegie Blvd.

Charlotte, NC 28262

CHECKLIST

Remember to:

- Complete all necessary personal information and indicate how much you want to withdraw by account or fund.
- Choose direct deposit to your TIAA-validated bank account or choose to have a check sent to you at the address we have on file. To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days.
- Sign and date this form.
- Complete either the Unmarried Verification or Spouse's Waiver section.
- Call TIAA if you have any questions or need assistance at **800-842-2252**.





PUBLIC SAFETY OFFICER DISTRIBUTION REQUEST

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.





**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

IMPORTANT INFORMATION

PLEASE READ BEFORE FILLING OUT FORM

This substitute form W-4R applies to non-rollover eligible payments that are nonperiodic and rollover-eligible payments. For periodic payments, submit a substitute form W-4P instead of this substitute form W-4R.

Federal laws may require mandatory federal income tax be withheld from cash withdrawals. Our records indicate that you are a U.S. person (U.S. citizen or resident non-U.S. citizen), and may, therefore, be subject to federal tax withholding from your cash distribution. If you claim residence AND citizenship outside the United States, you must complete Form W-8BEN instead of this form W-4R to certify your foreign tax status. To print the W-8BEN form, go to [TIAA.org/forms](https://www.tiaa.org/forms) and scroll to Find tax forms. U.S. citizens living abroad, except in any U.S. territories, must elect to have taxes withheld. Distributions from retirement plans are subject to a federal default withholding rate depending on the type of payment. If you want the federal default rate applied, you do not need to submit this form as the federal default rate will be applied automatically. If you want a rate other than the federal default rate for either a non-periodic payment or an eligible rollover distribution or want no withholding on a non-periodic payment, please submit this form.





**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

1. PROVIDE YOUR INFORMATION

STEP 1A.

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	Suffix
<input type="text"/>	<input type="text"/>

Mailing Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Telephone Number	Extension
<input type="text"/>	<input type="text"/>

STEP 1B.

Social Security Number/
Taxpayer Identification Number

<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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

PROVIDE YOUR CONTRACT NUMBERS

Note: Please indicate the contract number to which your tax election will apply. (No dashes required.)

STEP 1C.

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

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

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

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

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

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

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

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





**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Instructions attached at the end of this form for more information.

Step 2

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Instructions and the Marginal Rate Tables attached at the end of this form for additional information.

Enter the rate as a whole number (no decimals) _____ Line 2 _____ %

STEP 3. YOUR SIGNATURE

The form will become effective with your next available payment. You may revoke this election at any time by filing a new federal income tax withholding election form with TIAA.

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.

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

Your Signature

Today's Date (mm/dd/yyyy)

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--





**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

OPTIONS TO RETURN COMPLETED FORM(S)

Option 1: Digitally sign and submit your form.

- If you received a digital form, complete the online signature digital 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 **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

OPTION 3: If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

- Log in to your **TIAA.org** account and select the **Actions** tab.
- Choose **Upload document(s)** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

OPTION 4: If you prefer to fax or mail this form, use the information provided below:

FAX:

800-914-8922 (within U.S.)

704-595-5795 (outside U.S.)

STANDARD MAIL:

TIAA

P.O. Box 1268

Charlotte, NC 28201-1268

OVERNIGHT DELIVERY:

TIAA

8500 Andrew Carnegie Blvd.

Charlotte, NC 28262





**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS
AND ELIGIBLE ROLLOVER DISTRIBUTIONS
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS**

IRS FORM W-4R WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS INSTRUCTIONS

GENERAL INSTRUCTIONS

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 MARGINAL RATE TABLES

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the next page for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of Household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

GENERAL INSTRUCTIONS (CONTINUED)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.





WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also Nonperiodic payments—10% withholding above.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

SPECIFIC INSTRUCTIONS

LINE 1B

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

LINE 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on the previous page to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.

