



MANDATORY STATE INCOME TAX WITHHOLDING ELECTION FOR PERIODIC WITHDRAWALS THAT ARE ROLLOVER ELIGIBLE

NEED HELP? 800-842-2252

Weekdays

8 a.m. – 10 p.m. (ET)

Saturday

9 a.m. – 6 p.m. (ET)

Or visit TIAA.org.

Have your ID and password ready.

IMPORTANT INFORMATION

PLEASE READ BEFORE FILLING OUT FORM

State laws may require mandatory state income tax be withheld from your distributions. Our records indicate that you are a legal resident of one of the states listed in Section 3 of this form, and may therefore be subject to state withholding from your cash distributions. If your legal residence is not one of the states listed on this form, please contact us to ensure you receive the proper withholding form. If you do not return a withholding form, TIAA is required to withhold state income taxes at the state tax default rate shown on this form. Before making an election, be sure to read any notes in Section 3 that may apply to your state of residence.

Please keep in mind:

1. Rollover Eligible Payments are payments that can be directly rolled over to an IRA or other similar retirement plan. If you directly roll over your distribution to another account, no taxes will be withheld.
2. There may be penalties for not paying enough state income tax during the year.
3. State tax withholding rates are always subject to change.
4. If you are a resident of Kansas and the distribution is from a Kansas Board of Regents plan, the distribution may be exempt from tax; therefore, you may elect to have no withholding.
5. If you are a resident of North Carolina and the distribution is considered exempt under the Bailey/Emory/Patton Settlement, the distribution may be exempt from tax; therefore, you may elect to have no withholding.
6. If you are a resident of Michigan and:
 - You (or your spouse if filing jointly) were born prior to 1946, all benefits from public sources (as defined by the Michigan Department of Treasury) are exempt from Michigan state taxes. Benefits from private sources may be subtracted for a single filer or married filer filing separately or if married filing a joint return for the current tax year. Any private pension payment in excess of the limits above is taxable.
 - You (or your spouse if filing jointly) were born during the period 1946 through 1952, a portion of all private and public pension and annuity benefits may be subtracted from Michigan taxable income.
 - You (and your spouse) were born after 1952, all private and public pension and annuity benefits are fully taxable and may not be subtracted from Michigan taxable income.
 - If you feel your distribution is not subject to state taxes then you may elect to have no withholding.

Be sure to read and fill out all necessary parts of this form to avoid any delay in the processing of your request.

You can change your withholding elections online by visiting TIAA.org 24 hours a day.

Any tax information included in this written or electronic communication was not intended or written to be used, and it cannot be used by the taxpayer, for the purpose of avoiding any penalties that may be imposed on the taxpayer by any governmental taxing authority or agency

RETURN COMPLETED FORM(S) TO:

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:
TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

SEND US YOUR FORM ONLINE:

- Log in to your account at TIAA.org. On the main menu, under “My Account,” select the “Upload documents” link.
- Within the “Shared Files” tab in “Message Center,” select the “Upload Files” button.

MOBILE UPLOAD:

- Log in to your TIAA app, and click on “Message Center” from the top right menu.
- Click on “Shared Files.”
- In the bottom right corner, click on the upload icon and select the folder to upload to.
- Follow the instructions to take a picture and upload your completed form.





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FOR PERIODIC WITHDRAWALS THAT ARE ROLLOVER ELIGIBLE**

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Print in uppercase using black or dark blue ink.

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

1. PROVIDE YOUR INFORMATION

First Name Middle Initial

Last Name Suffix

Social Security Number/
Taxpayer Identification Number Contact Telephone Number Extension

State of Legal Residence Citizenship (if not U.S.)

Please indicate the contract number to which your tax election will apply.

NOTE: The Plan and Sub Plan numbers are for internal use only.

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number CREF Number

Plan Number Sub Plan Number

Plan Name

Based on your state of legal residence, state income taxes will be withheld from your payments at the following rate, unless you choose one of the available options.

***Iowa residents:** If you do not make a state election and your payments are less than \$500 per month, there will be no state withholding.

3. WITHHOLDING ELECTION (SELECT ONE PER PAYMENT TYPE)

Arkansas	5%	Maryland	7.75%
Delaware	5%	Nebraska	5%
District of Columbia	No Withholding	North Carolina	4%
Iowa*	5%	Vermont	24% of federal withholding
Kansas	4.5%	Virginia	4%
Maine	5%		

If you would like state withholding from your distributions in an amount **GREATER THAN** the state prescribed rate, please check the appropriate box below and indicate your election.

I choose the following percentage be withheld from the taxable portion of my payments: %

(Note: Percentage cannot be less than the mandatory rate for your state.)

My distribution is exempt: (Note: Applicable in North Carolina or Kansas only. See important information section section for details.)





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3. WITHHOLDING ELECTION (SELECT ONE PER PAYMENT TYPE) (CONTINUED)

California	10% of federal withholding	Michigan	4.25%
Georgia	Married with 3 allowances	Oklahoma	Married with 3 allowances
Massachusetts	0 exemptions	Oregon	Single with 0 exemptions

If you would like state withholding from your distributions in an amount **OTHER THAN** the state prescribed rate, please check the appropriate box below and indicate your election.

I choose the following percentage be withheld from the taxable portion of my payments: %

I choose **NOT** to have taxes withheld from my payment.
(For Massachusetts Only: You can only elect no state withholding **only** if you have elected no federal withholding.)

Marital Status: (Does not apply to Massachusetts and Virginia)

Single Married

Total number of withholding allowances

Withhold the following **ADDITIONAL** amount from each payment \$

For Massachusetts Only: Instead of electing a fixed percentage, I choose :
(May select more than one option)

Total number of withholding allowances

Head of Household

Withhold the following **ADDITIONAL** amount from each payment \$


4. YOUR SIGNATURE

This form will become effective with your next available payment. You may revoke this election at any time by filing a new state 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.

Note: Item 4 serves no purpose beyond required reproduction of the official Form W-9 language. Please disregard item 4.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Digital signatures are not accepted. 

Your Signature

Today's Date (mm/dd/yyyy)

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