



## **AUTHORIZATION FOR AN UNFORESEEABLE EMERGENCY WITHDRAWAL FROM A PUBLIC 457(b) DEFERRED COMPENSATION PLAN**

Before you return this form, please read the following information. If you have questions or need additional assistance, please call our Telephone Counseling Center.

Call **800-842-2252**

Weekdays

8 a.m. - 10 p.m. (ET)

### **COMPLETING THE WITHDRAWAL FORM**

If your employer has determined that you are eligible to obtain an in-service cash withdrawal due to an unforeseeable emergency, you and your employer have to complete the enclosed Authorization for an Unforeseeable Emergency Withdrawal From a Public 457(b) Deferred Compensation Plan form.

### **HOW MUCH YOU CAN WITHDRAW**

How much you can withdraw before you terminate employment is restricted by the Internal Revenue Code and depends on the rules of your employer's deferred compensation plan.

### **ELECTRONIC FUNDS TRANSFER**

You can get your payment faster with electronic funds transfer (EFT). If you complete the Direct Deposit Authorization on the Payment Destination Instructions form (which can be downloaded at [TIAA.org](http://TIAA.org)), we'll transfer your payment to your bank account electronically. You won't have to worry about postal delays or checks getting lost or stolen.

### **EFFECTIVE DATE OF PAYMENT**

Your withdrawal will be effective the day we receive your properly completed forms, and your withdrawal will be sent shortly after that.





**AUTHORIZATION FOR AN  
UNFORESEEABLE EMERGENCY WITHDRAWAL  
FROM A PUBLIC 457(b) DEFERRED COMPENSATION PLAN**

Please print using black or dark blue ink.

**IMPORTANT: A full Social Security Number is required to process your request.**

If you claim residence AND citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print the W-8BEN form, go to [TIAA.org/forms](http://TIAA.org/forms), and scroll to Find tax forms.

**1. PROVIDE YOUR INFORMATION**

First Name	<input type="text"/>		Middle Initial	<input type="text"/>
Last Name	<input type="text"/>		Suffix	<input type="text"/>
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"/>	Contact Telephone Number	<input type="text"/>	
State of Legal Residence (if outside the U.S., write in Country of Residence)	<input type="text"/>		Citizenship (if not U.S.) <input type="text"/>	

If you don't have the contract numbers, please reference your quarterly statement.

**2. PROVIDE YOUR CONTRACT NUMBERS**

TIAA 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"/>	CREF 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"/>
Name of Employer	<input type="text"/>		

Unless you choose otherwise, current law requires us to withhold federal income tax at a flat rate of 10% from the taxable portion of your payment.

**3. FEDERAL TAX WITHHOLDING DECISION**

A 457(b) Public Unforeseeable Emergency withdrawal is considered a non-rollover eligible withdrawal because of taxation rules. Please select one option below for how we should handle the federal income tax from your payment.

- No withholding; I will satisfy any tax obligation separately.
- Default Federal Withholding of 10%
- Fixed percentage  % (must be greater than 10%)





**AUTHORIZATION FOR AN  
UNFORESEEABLE EMERGENCY WITHDRAWAL  
FROM A PUBLIC 457(b) DEFERRED COMPENSATION PLAN**

**4. PROVIDE PAYMENT INSTRUCTIONS**

NOTE: If TIAA is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

Direct Deposit to my bank account already on file:

Bank Name:

Account Number ending in:

Direct Deposit to my new Checking or Savings Account:

Checking Account    **OR**     Savings Account

Provide documentation described in item A, B or C below.

**A.** Upload a photo of a voided check through our TIAA mobile app or log in to **TIAA.org**. You can also mail an original voided check to TIAA with this form. Starter checks, deposit slips, third-party checks and photocopies of checks are not acceptable.

**OR**

**B.** Mail an original notarized letter from your bank (including all the information below) to TIAA with this form. Photocopies of checks are not acceptable.

- On bank letterhead, which includes address of bank
- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)
- Signature of the financial institution's representative. This signature must either be notarized 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.
- If any of the bullet points above are missing, we will send your payment to the current address on file.

**OR**

**C.** Upload a photo of a Bank Generated Setup Form (including all the information below) through our TIAA mobile app or log in to **TIAA.org**. You can also mail an original to TIAA with this form. Photocopies of checks are not acceptable.

- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)

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. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us so we can discuss some of your options for completing your request.

If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

You may fax copies of forms and documents if you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must upload or mail original documents (not faxed copies) with this form.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8-10 business days for you to receive it.





**AUTHORIZATION FOR AN  
UNFORESEEABLE EMERGENCY WITHDRAWAL  
FROM A PUBLIC 457(b) DEFERRED COMPENSATION PLAN**

**5. SUBSTITUTE FORM W-9**

For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within 5 days, this transaction may be canceled.

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.

**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, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted. ▶

Your Signature

Today's Date (mm/dd/yyyy)

 /  / 20  

Name (Please print)

Please sign in black or dark blue ink. Digital signatures, such as signing with Adobe Acrobat, are not accepted.

**6. EMPLOYER AUTHORIZATION**

Certification of Unforeseeable Emergency

I certify that (name of participant)  is eligible for a distribution of \$  because he/she is faced with an unforeseeable emergency as defined by federal tax law. I understand that by signing I am approving this cash withdrawal, which will be paid directly to the participant.

Signature

Today's Date (mm/dd/yyyy)

 /  / 20  

Title

Contact Telephone Number

Extension

Name of Institution





## AUTHORIZATION FOR AN UNFORESEEABLE EMERGENCY WITHDRAWAL FROM A PUBLIC 457(b) DEFERRED COMPENSATION PLAN

### RETURN COMPLETED FORM(S) TO:

If this is your first (or a new) direct deposit to the bank account you provided, please include some additional documentation. You can upload a photo of a voided check by following the instructions below. If you prefer to mail your documentation, you can send an original voided check, a letter from your bank, or a bank generated deposit setup form by standard or overnight mail.

If you're using a bank we already have on file for direct deposit, you don't need to provide the documentation listed above.

### Upload your documents easily from your mobile device or computer.

Use the TIAA mobile app to quickly upload your completed documents. It's as simple as taking a picture:

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Select the **Files** header and tap **Upload**. That's it!

Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Don't have a smartphone? It's still easy. From your personal computer, here's what you'll need to do:

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

Faxing a document or using standard or overnight mail are also available, but can take more time. If you prefer one of these methods, use the information provided below to complete the process.

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

**STANDARD MAIL:**  
TIAA  
P.O. Box 1259  
Charlotte, NC 28201-1259

**OVERNIGHT:**  
TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

### 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, DC 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.

