

Use this form to request normal or premature distributions from either your traditional or Roth IRA. Please refer to the disclosure statement for more details on whether any tax or penalty applies to your distribution. Of course, you should consult your tax advisor before making a decision.

You cannot use a single form to take distributions from BOTH traditional IRAs and Roth IRAs. Please use a separate IRA Distribution Form for each type of IRA from which you are taking distributions.

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.

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. Attach a copy of your current IRA statement to help expedite this process.

PREVIOUS OWNER:

Prefix <input type="text"/>	First Name <input type="text"/>	MI <input type="text"/>	Last Name <input type="text"/>
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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"/>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Date of Birth (mm/dd/yyyy) <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of Death (mm/dd/yyyy) <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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Account 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"/>	Type of IRA: <input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SIMPLE
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Address Street or P.O. Box (APO and FPO addresses will be accepted) <input type="text"/>	City <input type="text"/>	State <input type="text"/> <input type="text"/>	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) <input type="text"/>	City <input type="text"/>	State <input type="text"/> <input type="text"/>	Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Primary Phone Number <input type="text"/>	Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	Secondary Phone Number <input type="text"/>	Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business
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Alternate Phone Number <input type="text"/>	Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	Email Address <input type="text"/>
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2. DEATH BENEFIT PAYEE (REQUIRED)

Prefix First Name MI Last Name

Name of Entity

If you are opening an entity account as beneficiary due to death of the owner in this section and you are an authorized signer, you must complete the TIAA-CREF Funds Legal Entity Beneficial Ownership Certification Form in order for the account to be established. If this applies, please go to [TIAA.org/public/pdf/F40214.pdf](https://www.tiaa.org/public/pdf/F40214.pdf) to fill out and return the TIAA-CREF Funds Legal Entity Beneficial Ownership Certification Form along with this form.

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

Daytime Phone Number Evening Phone Number Social Security Number

3. BENEFICIARY TYPE SELECTION (REQUIRED)

In accordance with the SECURE Act of 2020, you must identify your beneficiary relationship with the original owner of the IRA/Roth IRA in order to open an account. Please select only **one** beneficiary type. If you need further guidance, contact your tax advisor. **Note:** If you select a beneficiary type marked by an asterisk (*), you are an eligible designated beneficiary. Therefore, you should not fill out Section III below.

The SECURE Act of 2020 modified the Internal Revenue Code definition of a retirement account beneficiary as well as the distribution rules a beneficiary must follow when distributing assets from an inherited retirement account. This in turn impacts when an inherited retirement account is considered abandoned under a state's unclaimed property law. As a result, we need to confirm your beneficiary type in relation to the original owner from whom you inherited the retirement account. To prevent your inherited retirement account from being considered abandoned, we recommend you maintain regular contact with TIAA by either periodically logging into your account or contacting customer service.

Please select one:

INHERITING DIRECTLY FROM THE ORIGINAL OWNER:

- ☐ **First Generation Non-Designated Beneficiary (1st Gen NDB)** Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust that is not a see-through trust).
- ☐ **First Generation Eligible Designated Sole Spouse Beneficiary* (1st Gen EDB-Sole Spouse)** Select this option if you are a sole spouse and you are not electing to treat as your own IRA.
- ☐ **First Generation Eligible Designated Minor Beneficiary of Deceased Owner* (1st Gen EDB-Minor)** Select this option if the inherited IRA is for a minor (under the age of 21) who is a direct descendent (son or daughter) of the deceased shareholder.
- ☐ **First Generation Eligible Designated Beneficiary – Other* (1st Gen DB)** Select this option if you are eligible for Life Expectancy payments (chronically ill beneficiary, disabled beneficiary, eligible designated beneficiary less than 10 years younger than original account owner).
- ☐ **First Generation Designated Beneficiary** Select this option if you are not eligible for Life Expectancy (sibling of deceased, grandchild of deceased, child over the age of 21).



3. BENEFICIARY TYPE SELECTION (REQUIRED) (CONTINUED)**INHERITING FROM A BENEFICIARY (NOT THE ORIGINAL OWNER):**

The previous beneficiary:

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Date of Death (mm/dd/yyyy)

☐ **Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary* (2nd or > Gen EDB-Sole Spouse)** Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole Spouse.

☐ **Succeeding Generation Beneficiary when First Generation was Eligible Designated Minor of Deceased Owner* (2nd or > Gen EDB-Minor)** Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 21) of the original account owner.

☐ **Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary – Other* (2nd or > Gen EDB-Other)** Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct decedent of the original account owner.

☐ **Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary (2nd or > Gen DB)** Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments.

I. Spouse Beneficiary Options

Election to Treat Decedent IRA as Your Own Only available for sole spouse beneficiaries

☐ Transfer decedent IRA into my existing IRA.

Fund/Account

☐ Transfer decedent IRA into a new IRA registered to me. (Complete new IRA application for this option.)

Life Expectancy Payment

☐ Pay the total account balance over the applicable life expectancy beginning on / 20 (mm/yyyy)
(May be no later than December 31 of the calendar year immediately following the year in which the IRA owner died.)

Request a Distribution

☐ Establish systematic distribution of \$ over a period of months/years.

☐ One-time distribution of \$

☐ Redeem the total balance in a single payment.



3. BENEFICIARY TYPE SELECTION (REQUIRED) (CONTINUED)**II. Non-Spouse Beneficiary Options**

A. If the non-spouse beneficiary is an entity (i.e., the estate, a charity or a trust that is not a see-through trust), the only option for such beneficiaries of (1) traditional IRAs if the IRA owner died before Required Minimum Distribution date,* or (2) Roth IRAs, is to distribute the full balance by the end of the fifth calendar year following the year of the IRA owner's death.

Request a Distribution

- ☐ Establish systematic distribution of \$ over a period of 5 years.
- ☐ One-time distribution of \$
- ☐ Redeem the total balance in a single payment.
- ☐ Request a distribution in the future.
- ☐ Pay the total account balance over the applicable life expectancy of the previous owner (option only available for non-spouse entity beneficiaries of a traditional IRA where the owner died on or after the Required Minimum Distribution age).

B. Non-Spouse Eligible Designated Beneficiary Options

If the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner; a child of the IRA owner who has not attained the age of 21 (upon such child attaining the age of majority, any remaining assets must be distributed no later than the end of the 10th calendar year after the calendar year in which the child reaches the age of 21); certain disabled and chronically ill individuals; and an individual not listed above who is less than 10 years younger than the IRA owner. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.

Life Expectancy Payment

- ☐ Pay the total account balance over the applicable life expectancy beginning on / 20 (mm/yyyy)

Request a Distribution

- ☐ Establish systematic distribution of \$ to begin on / 20 (mm/yyyy)
- ☐ One-time distribution of \$
- ☐ Redeem the total balance in a single payment.
- ☐ Request a distribution in the future.

III. Designated Beneficiary Options

As a general rule, for an IRA owner who died on or after January 1, 2020, the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the 10th calendar year following the year of the IRA owner's death.

Request a Distribution

- ☐ Establish systematic distribution of \$ over a period of 10 years.
- ☐ One-time distribution of \$
- ☐ Redeem the total balance in a single payment.
- ☐ Request a distribution in the future.



4. REMAINING REQUIRED MINIMUM DISTRIBUTION OF THE IRA OWNER

If the previous IRA owner had any unpaid Required Minimum Distribution (RMD) amounts within such owner's account, such unpaid RMD amounts cannot be transferred to your inherited IRA.

☐ I want TIAA to calculate the unpaid RMD amount. Distribute the amount of the remaining RMD to me in a single payment.

☐ I will provide my own calculated RMD amount. Please distribute \$ to satisfy the remaining RMD.

The remaining Required Minimum Distribution of the IRA owner is a nonperiodic distribution that is non-rollover eligible.

*Required Minimum Distribution date is April 1 of the calendar year following the calendar year in which the previous owner attained age 72.

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.

☐ 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.

STATE TAX WITHHOLDING FOR YOUR RMD

State income tax withholding may be required from your RMD.

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](https://www.tiaa.org/public/tax-withholding). Call TIAA if you have any questions at 800-842-2252.



5. DISTRIBUTION SCHEDULE

Please indicate the beginning month, date and frequency of your distributions.

☐ One-time Distribution ☐ Systematic Distribution: Beginning Month of Distributions:

Distribution Frequency:

☐ Monthly

☐ Quarterly

☐ Annually

Distribution Date:

☐ 1st of the month

☐ 15th of the month

☐ Check here if this is a change to an existing systematic withdrawal plan. An existing systematic withdrawal plan based on life expectancy cannot be changed.

6. QUALIFIED CHARITABLE DISTRIBUTIONS

An IRA owner who is interested in a distribution from his or her IRA directly to an eligible charity is strongly advised to consult a qualified tax advisor.

Account Number

How much would you like to distribute? (Please select only one)

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

☐ I would like to distribute the following amount(s) to Nonprofit Organizations. Indicate either the dollar amount OR percentage from each account. Percentages must be in whole numbers. The total amount will represent the total charitable distribution.

In the event you plan on making distributions to multiple charities or other party distributions, you can allocate how much each charity is to receive in Section 8, option F of this form. Qualified charitable distributions that do not exceed \$100,000 for the taxable year are not included in the IRA owner's gross income for the year.

Investment Account/Fund Name	Number of Shares		Percent of Fund Value		Withdrawal 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"/>
Total must equal 100%			<input type="text"/> <input type="text"/> <input type="text"/> %	Total \$	<input type="text"/>

IMPORTANT: Please be sure to complete Section 8, option F.



7. TAX WITHHOLDING FOR YOUR IRA DISTRIBUTIONS

FEDERAL TAX WITHHOLDING ELECTION (CHECK ONE):

We are required to withhold federal income taxes at a rate of 10% on your taxable IRA distributions, unless you elect to not have withholding apply. If you do not check a box, taxes will be withheld at a rate of 10% (except for Roth IRAs). The withholding election will remain in effect on your systematic withdrawal plan until revoked by you. You may change your election at any time by sending a written request prior to the distribution.

☐ 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.

Note: 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](https://www.tiaa.org/forms) and scroll to 'Find tax information.'

STATE TAX WITHHOLDING ELECTION

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](https://www.tiaa.org/public/tax-withholding). Call TIAA if you have any questions at 800-842-2252.



8. DISTRIBUTION INSTRUCTIONS (CHOOSE ONE ONLY.)

Please indicate how you would like to receive your distribution payments. A medallion signature guarantee is required for options B, D or F.

☐ A. Mail my distribution check to the address on my IRA account. If you have had an address change within the last 30 days, we require a medallion signature guarantee.

☐ B. Deposit my distribution directly into my checking or savings account using the Automated Clearing House. A medallion signature guarantee is required if banking information is not on file. *Attach a voided bank check or savings deposit slip. This will ensure accurate bank information.*

Bank Name

ABA Routing Number

Type of Account:

☐

Checking

☐

Savings

Bank Account Number

Name of Primary Bank Account Owner

☐ C. Please deposit my distribution directly into my TIAA-CREF Mutual Funds non-IRA account(s), registered in my name, listed below.

Fund Name	Fund Code	Account Number	Allocation/ Percentage
<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"/>	<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"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %



8. DISTRIBUTION INSTRUCTIONS (CHOOSE ONE ONLY.) (CONTINUED)

- ☐ D. Mail my distribution check to an address other than the address on record or to my current address which has changed within the last 30 days. A medallion signature guarantee is required. Mail to:

Payee Name (if different from registration)

Street Address

City

State

Zip Code

- ☐ E. Designate all or \$ of the excess contribution to a current year contribution.

- ☐ F. Charitable Distributions: A medallion signature guarantee is required in Section 10.

1. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

2. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

3. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

4. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

For additional payees, please provide on a separate piece of paper and attach.



9. SIGNATURE

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 the 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 five days, this transaction may be canceled.

Note: This paragraph only applies if you completed Section 6. I acknowledge that it is my responsibility to ensure the distribution(s) complies with the requirements of Sec. 1201 of the Pension Protection Act of 2006 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended. I assume full responsibility for any adverse tax consequences that may arise as a result of the distribution(s). I have consulted with my own tax advisor and understand the federal and state tax consequences of distribution(s). I have provided a current mailing address to the charitable organization(s). I understand that this is required in order for the charitable organization(s) to provide me with a proper receipt for my contribution. I further acknowledge that TIAA has not provided me with legal or tax advice about the distribution(s).

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 exactly as your name appears on your account confirmation statement. I certify that the statements made on this IRA Distribution Form are true, complete and accurate.

Your Signature

Today's Date (mm/dd/yyyy)

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10. MEDALLION SIGNATURE GUARANTEE

To deposit your distribution directly into your checking or savings account not on file (Section 8, option B), or to receive your distribution at an address other than the one on your account or your address has been changed within the last 30 days (Section 8, option D), or if you have opted for a Charitable Distribution (Section 8, option F), you must have the signature in Section 9 guaranteed.[†]

[†] A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange which participates in the medallion signature guarantee program.

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





A TIAA Company

**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.

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.





A TIAA Company

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

Page 1 of 2

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		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<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"/>
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STEP 1C.

Account 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"/>
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A TIAA Company

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

Page 2 of 2

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)

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A TIAA Company

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

OPTIONS TO RETURN COMPLETED FORM(S)

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 DELIVERY:

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





A TIAA Company

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.





A TIAA Company

**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.



To get started, simply complete the following sections, and return with the appropriate documentation as listed below. **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. If you have any questions regarding completion of this form, please call 800-223-1200, enter prompt 1, then prompt 2, weekdays, 8 a.m. – 6 p.m. (ET).**

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ENTITY ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information about the “beneficial owners” of business applicants. Businesses can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

What this means for you: This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the such individuals (i.e., the **beneficial owners**). This information will be verified to ensure the identity of all individuals opening a mutual fund account. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

DEFINING OWNERSHIP

- **Beneficial owner:** Any natural person who, directly or indirectly, owns 25% or more of the legal entity customer.
- **Control person:** An individual with significant responsibility to control, manage, or direct the legal entity. This includes a member of the organization with control (including chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer) and a controlling stake in the organization.

This form requires you to provide the information mentioned above for all of the entity’s beneficial owners, including individuals in a control role in the organization.

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under Section 3, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under Section 3, you must provide the identifying information of one individual under Section 2. It is possible that in some circumstances, the same individual might be identified under both sections (e.g., the president of Acme, Inc., who is a controlling person may also be a beneficial owner by holding 30% equity interest in the company). Thus, a completed form will contain the identifying information of at least one individual under Section 2, and up to four individuals in Section 3.

Please note this form must be completed along with the appropriate TIAA-CREF Funds Account Application or Adoption Agreement.

Please contact 800-223-1200, enter prompt 1, then prompt 2, if you need assistance obtaining one of these forms:

- TIAA-CREF Funds Account Application (F11154)
- TIAA-CREF Funds Account Application (Non-Retail Class Only) (F11488)
- TIAA-CREF Funds Account Application Advisor Funds (F11624)
- TIAA-CREF Funds Traditional and Roth IRAs New Account Form/Adoption Agreement (F11153)

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





3. BENEFICIAL OWNER INFORMATION (REQUIRED)

Any individual who, directly or indirectly, owns 25% or more of the equity interest of the legal entity named above. (If no individual meets this definition, please write "Not Applicable.")

A. Name (First, MI, Last) Date of Birth (mm/dd/yyyy) / / Social Security Number

Residential Address City State Zip Code

Citizenship For foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

☐ U.S. ☐ Resident Alien ☐ Nonresident Alien (Specify country) Alien ID or Passport Number

B. Name (First, MI, Last) Date of Birth (mm/dd/yyyy) / / Social Security Number

Residential Address City State Zip Code

Citizenship For foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

☐ U.S. ☐ Resident Alien ☐ Nonresident Alien (Specify country) Alien ID or Passport Number

C. Name (First, MI, Last) Date of Birth (mm/dd/yyyy) / / Social Security Number

Residential Address City State Zip Code

Citizenship For foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

☐ U.S. ☐ Resident Alien ☐ Nonresident Alien (Specify country) Alien ID or Passport Number

D. Name (First, MI, Last) Date of Birth (mm/dd/yyyy) / / Social Security Number

Residential Address City State Zip Code

Citizenship For foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

☐ U.S. ☐ Resident Alien ☐ Nonresident Alien (Specify country) Alien ID or Passport Number



4. CERTIFICATION (REQUIRED)

I hereby certify, as the natural person opening the account, to the best of my knowledge, that the information provided above is complete and correct. Further, I agree to notify TIAA-CREF Funds immediately in writing of any changes in the beneficial ownership interest of the above referenced organization.

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.

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.

PRIMARY AUTHORIZED INDIVIDUAL

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20
CHECKLIST

Remember to:

- Complete Section 1 with individual and entity information.
- Complete Section 2 with controlling party information.
- Complete Section 3 with beneficial owner information.
- Complete the certification in Section 4.
- Complete the appropriate new Account Application and Adoption Agreement and mail in with this form.
- Include any supporting documentation required.
- Make a copy of this form for your records.
- Please contact TIAA-CREF Funds with any questions, at 800-223-1200, enter prompt 1, then prompt 2, weekdays, 8 a.m. - 6 p.m. (ET).

