



GROUP ANNUITY (DEFINED BENEFIT PLAN) SINGLE SUM SURVIVOR BENEFIT PAYMENT (SPOUSE)

Print in uppercase using black or dark blue ink.

Please use this form to request a single sum payment from the retirement plan indicated below. Before completing this form, be sure to read the "Special Tax Notice Regarding Plan Payments."

Tell us if you're acting as a guardian or conservator of the beneficiary, an executor or administrator of the estate, or in some other capacity. Submit letters of appointment if they're not already been provided.

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

1. PROVIDE YOUR INFORMATION

First Name Middle Initial

Last Name Suffix

Social Security Number/
Taxpayer Identification Number Date of Birth (mm/dd/yyyy)

State of Legal Residence (if outside the U.S., write in Country of Residence) Citizenship (if not U.S.)

Address

City State Zip Code

Contact Telephone Number Contact Evening Telephone Number

Are you the beneficiary named by the deceased Participant?

YES
 NO

If you indicated NO, what is your relationship to the beneficiary?

2. RETIREMENT PLAN INFORMATION

Institution Name

Retirement Plan Name





3. DECEASED PARTICIPANT INFORMATION

First Name Middle Initial

Last Name Suffix

Social Security Number/
 Taxpayer Identification Number Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyyy)

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What is the beneficiary's relationship to this deceased participant?

Complete Section 4 or 5 if you would like to roll over the taxable portion of your payment directly to a Traditional or Roth IRA or to an eligible retirement plan. We'll report the payment to the IRS as a rollover. Unless you request otherwise, any after-tax contribution the deceased participant made to the plan will be sent directly to you.

If you elect to rollover your payment to a Roth IRA, be sure to complete Section 6, For Roth Only.

4. ROLL OVER MY PAYMENT TO ANOTHER INVESTMENT COMPANY

Investment Company Name

Account Number Contact Telephone Number

Address

City State Zip Code

Please indicate the type of account set up to receive these funds:
 Traditional IRA Roth IRA Other (provide IRC section):





Complete Section 4 or 5 if you would like to roll over the taxable portion of your payment directly to a Traditional or Roth IRA or to an eligible retirement plan. We'll report the payment to the IRS as a rollover. Unless you request otherwise, any after-tax contribution the deceased participant made to the plan will be sent directly to you.

* If you're rolling over your funds to a TIAA account please provide your account number at the right. We'll invest your funds using the allocation instructions on file.

If you need to open a new TIAA IRA please call us at **800-842-2252**.

If you elect to roll over your payment to a Roth IRA, be sure to complete Section 6, For Roth Only.

5. ROLL OVER MY PAYMENT TO ANOTHER TIAA ACCOUNT

What type of account are you rolling over to? (Choose only one and provide account number.)

My existing employer's plan*

TIAA Number

CREF Number

Plan Name (Contributing Employer's Plan)

My existing TIAA Roth or Traditional IRA*

TIAA Number

CREF Number

A new TIAA Roth or Traditional IRA
(Check here and attach enrollment form. Call **800-842-2252** for form.)

Another TIAA account*

TIAA Number

CREF Number

6. FOR ROTH ONLY

If you're rolling over to a Roth IRA, you may owe taxes on your pretax amount. Do you want taxes withheld from the pretax amount you're rolling over to a Roth IRA?

Federal Income Tax Withholding (select one)

No, do not withhold federal taxes.

Yes, withhold %





Complete this section only if you don't want a direct rollover, and instead want us to send your payment directly to you or your bank account, with 20% withheld for federal taxes. (State tax withholding may also be required.)

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 mail or upload 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.

7. 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. 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

B. Mail an original letter from your bank with the following information:

- 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. Mail or upload a Bank Generated Deposit Set Up Form from your bank that includes the following information:

- 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.





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8. YOUR AGREEMENT AND SIGNATURE


By signing, I authorize TIAA to send my payment directly to an IRA or eligible employer plan if I so indicated; if my withdrawal is not directly rolled over to an IRA or an eligible employer plan, 20% of the taxable portion of my withdrawal will be withheld for federal income taxes. (State income taxes also may apply.)

If I elected to receive my payment as an electronic funds transfer (EFT), I authorize TIAA to deposit my payment to my account at the bank stated in Section 7. I also authorize the bank to charge my account and to refund any overpayments to TIAA. My bank is released from any liability to TIAA for overpayments above the amount of funds available in my account at the time TIAA requests a refund. **To verify this information, I have attached a voided or cancelled check from my account.**

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. 

Your Signature

Today's Date (mm/dd/yyyy)

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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.

