



CASH WITHDRAWAL FROM YOUR KEOGH PLANS

NEED HELP? 800-842-2252

Weekdays

8 a.m. – 10 p.m. (ET)

Saturday

9 a.m. – 6 p.m. (ET)

GENERAL INFORMATION

Tax information in this form is not intended as tax advice. If you have any questions about the impact of a requested distribution on your personal tax situation, you should consult a qualified tax adviser.

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 this plan is subject to ERISA, the spousal waiver section is only valid for 180 days from the date the Notary Public validates it. The signature on the withdrawal form is valid for 365 days.

WITHDRAWALS

Withdrawals from a money purchase Keogh plan due to hardship, as defined by the IRS, are not allowed.

IRS regulations governing withdrawals from a profit-sharing Keogh plan due to hardship provide that the accumulation available for withdrawal can consist only of contributions, generally not earnings, and withdrawals due to hardship are:

- Subject to the 10% penalty tax if the withdrawal is made before age 59½;
- Subject to optional 10% income tax withholding; and
- Not eligible to be rolled over to any IRA or another plan.

We will send you the withdrawal amount after we receive your completed forms in good order. To avoid delays, be sure to complete all sections.

TAX INFORMATION

Certain plan restrictions may apply to withdrawals under the following circumstances: in-service, separated from service, disabled, or have encountered a hardship as defined by the Internal Revenue Service (IRS).

You may be subject to a 10% federal tax penalty for early withdrawal if you were under age 55 when your employment ended or if you are under age 59½ when you take this withdrawal. Please see your tax advisor.

A withdrawal is taxable if it is not rolled over to another tax-deferred account. For rollover eligible withdrawals, we are required to withhold 20% for federal taxes.

You can download Tax Form W4-P from [TIAA.org/forms](https://www.tiaa.org/forms), and scroll to Find tax forms.

We may be required to withhold state tax if you reside in: AR, CA, DE, DC, GA, IA, KS, ME, MD, MA, MI, NE, NC, OK, OR, VT, and VA. To review your state options or if your state tax form is not included, go to [TIAA.org/forms](https://www.tiaa.org/forms), and scroll to Find tax forms.





Do you want to receive your money faster? Find out if you can request your withdrawal online - just log in to your account at TIAA.org, click on "Manage My Portfolio" and select "Rollover or Withdraw Money." Some restrictions may apply.

Please print using black or dark blue 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 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, and scroll to Find tax forms.

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

* The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them, please reference your quarterly statement.

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number

Plan Number* Sub Plan Number*

Plan Name

Was this contract issued as a result of a Divorce (Qualified Domestic Relations Order)?
 Yes No

3. REQUIRED MINIMUM DISTRIBUTIONS

If you are over 70½ 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)





If this is a rollover eligible withdrawal and you did not select any federal tax withholding, then TIAA will withhold 20% for federal taxes.

4. FEDERAL TAX WITHHOLDING

ROLLOVER ELIGIBLE WITHDRAWAL

For all rollover eligible withdrawals, TIAA is required to withhold a mandatory 20% for federal taxes unless your payment is being rolled over to another tax-deferred account.

I choose the following federal tax percentage be withheld from the taxable portion of my payment (must be greater than 20%): %

NON-ROLLOVER ELIGIBLE WITHDRAWAL (CHECK ONE)

A non-rollover eligible withdrawal is a withdrawal that cannot be rolled over or is considered non-rollover eligible because of taxation rules. Some examples of non-rollover eligible withdrawals are Hardship and Required Minimum Distribution (RMD).

Please select one option below.

No withholding, I will satisfy any tax obligation separately.

Default Federal Withholding of 10%

Fixed percentage % (must be greater than 10%)

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.

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

5. WITHDRAWAL AMOUNT (CHECK ONE)

OPTION 1: Withdraw entire amount available (Skip to Section 8).

OPTION 2: Withdraw only a portion of account balance (Continue to Section 6).

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 2.

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.

FUTURE DATE: Please process my withdrawal request on: Date (mm/dd/yyyy) / /

OPTION 3: Systematic Withdrawal (Continue to Section 6).





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

*Example: If you enter \$15,000 and you're paying off \$8,000 total in loan(s) then you will receive a withdrawal amount of \$7,000.

6. 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.

7. 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?

If your plan is funded by a Transfer Payout Annuity (TPA), you may choose any date from the 5th to the 28th of the month. All others may choose any date from the 1st to the 28th.

(mm/dd/yyyy)
Start Date: / / 20

(mm/dd/yyyy)
Stop Date: / / 20

You can choose to stop recurring payments at any time.



8. TELL US WHERE TO SEND YOUR WITHDRAWAL? (CHOOSE ONE)

A. Direct Deposit to my bank account. (Also complete Section 8A)

OR

B. Roll over to another TIAA account.* (Also complete Section 8B)

OR

C. Roll over to another investment company.* (Also complete Section 8C)

OR

D. Mail a check to my current address on file.

Note: To ensure my 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 selected option B or C above, then please tell us how to apply your after-tax monies:

Include in my rollover

Do not include in my rollover. TIAA will send you a check.



When 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.

8A. 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)





8B. ROLL OVER 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 Number Sub Plan Number

Plan Name

My existing Roth or Traditional IRA (Please choose ONE of the following):

I already have my account number:

I opened my account within the last 30 days and do not yet have the account number to provide.

Do you want federal taxes withheld from the pretax amount you're converting to a Roth IRA?
If you don't check a box, we'll withhold 20% for federal taxes.

No, do not withhold federal taxes.

Yes, withhold % (must be greater than 20%)

A new Roth or Traditional IRA

Check here and attach enrollment form (call 800-842-2252 for form).

How would you like the funds allocated? (Choose only one)

Allocations on File (of the receiving plan).

Different Allocations – provide detail below.
Indicate either the dollar amount or percentage to each account/fund. Amounts or percentages must be whole numbers.

We will default to Allocations on File if no selection is made.

NOTE: If the amount you are rolling over includes funds currently invested in the TIAA Real Estate Account, please provide your investment allocations to the right.

Investment Account/Fund Name	Rollover 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"/> %





The investment company receiving your rollover must complete the Investment Company Information.

8C. ROLL OVER MY WITHDRAWAL TO ANOTHER INVESTMENT COMPANY

What type of account are you rolling over to? (Choose only one)

Traditional IRA (complete the Investment Company Information)

Roth IRA (complete the Investment Company Information)

Do you want federal taxes withheld from the pretax amount you're converting to a Roth IRA? If you don't check a box, we'll withhold 20% for federal taxes.

No, do not withhold federal taxes.

Yes, withhold % (must be greater than 20%)

Other Plan (complete the Investment Company Information)

INVESTMENT COMPANY NAME

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Extension

Account Number





You must read, date and sign where indicated in order to make a withdrawal.

If you're married, you must sign and date this section before your spouse signs Section 11.

9. YOUR AUTHORIZATION AND SIGNATURE


By signing in the "Your Signature" box below:

- You authorize TIAA to make withdrawals from your TIAA account balances, as stated in this form.
- If you requested that your withdrawal be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA. You release your bank from any liability to TIAA for overpayment above the amount of the funds available at the time TIAA requests a refund.
- If you make a direct rollover into another employer's plan, you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the rollover and the funds in which your direct rollover are invested. You further understand that if you make a direct rollover to another employer's plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), spousal rights will apply to these funds and you may need a signed waiver from your spouse in order to receive a subsequent distribution of these funds.
- 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.

Note: There are no FATCA code entries on this form, so 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)

 / / 20



Unmarried Verification: If you are unmarried, ONLY complete Section 10.

Please sign using black or dark blue ink.

10. 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.
Please sign below in the presence of the Plan Representative.

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 11.

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

Please sign using black or dark blue ink.

This section must be completed by either a Notary Public or Plan Representative. If you reside outside the U.S., then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

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

11. SPOUSE'S WAIVER OF SURVIVOR BENEFITS

As the spouse of a participant in an employer-sponsored retirement 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. 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. And 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)

NOTARY PUBLIC CERTIFICATION

State County Notary Expiration Date (mm/dd/yyyy)

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)

FOR NOTARY PUBLICS IN MA

Indicate the type of identification:

- Valid federal or state ID
Testimony of a credible witness
Personal knowledge of the subscriber

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

PLAN REPRESENTATIVE CERTIFICATION

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

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

Plan Representative's Name (Please print) Title





To the Plan Owner:
You must complete and sign this section if the early withdrawal is due to disability.

12. EARLY WITHDRAWAL CERTIFICATION-DISABILITY

Your employer's plan representative must complete and sign this section if your withdrawal is because of disability.

I certify that the person named below is eligible for a distribution of retirement plan contributions, as permitted by the Internal Revenue Code (IRC) and the terms of the retirement plan, because he/she is disabled as defined by the IRC. The individual is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that is expected to result in death or to be of a long-continued and indefinite duration. The disability was as of the following date:

First Name of Participant

Middle Name of Participant

Last Name of Participant

Disability Date
of Participant (mm/dd/yyyy)

		/			/				
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EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

Please sign using black or dark blue ink.

Employer Plan Representative's Signature

Today's Date (mm/dd/yyyy)

		/			/	2	0		
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Employer Plan Representative's Name (please print)

Title

Telephone Number





Enter the percentage or dollar amount if you want taxes withheld. If you are a U.S. citizen residing outside the United States, you must elect income tax withholding.

Nonresident aliens must complete Form W-8BEN. If we did not include a copy, please visit our website at TIAA.org to print Form W-8BEN, or call us, and we'll mail one to you. Form W-8BEN is also available from the Internal Revenue Service website at irs.gov.

13. EARLY WITHDRAWAL CERTIFICATION-HARDSHIP

You and your employer's plan representative must complete this section.

A. YOU COMPLETE THIS PORTION.

Yes, I certify I have an immediate and heavy financial need and I am requesting a hardship withdrawal.

Yes, withhold the following amount from my withdrawal for federal income taxes.

% OR \$

No, I do not want any amount withheld from my withdrawal for federal income taxes.

If you do not make an election above, we will apply the default withholding rate, which is 10% of the taxable amount for U.S. citizens residing in the U.S.

B. YOUR EMPLOYER COMPLETES THIS PORTION.

I certify that, having met the Internal Revenue Code and regulations financial hardship definition as of the date shown, the below-named person is eligible for a distribution of any of the following:

- 403(b) and/or 401(k) elective deferral contributions (excluding post-1988 403(b) earnings);
- employer contributions, as permitted by the employer's plan, to a 401(a) profit sharing plan or to a 403(b) (1) annuity contract.

I understand that it is my responsibility to verify whether a participant is entitled to receive an in-service distribution or plan loan and whether the participant will be required to take such a distribution or loan prior to authorizing the hardship distribution.

First Name of Participant

Middle Name of Participant

Last Name of Participant

Date of Eligibility (mm/dd/yyyy)

 / /

EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

Plan Name

Amount Approved for Hardship

\$

Employer Plan Representative's Signature

Today's Date (mm/dd/yyyy)

 / /

Employer Plan Representative's Name (please print)

Title

Telephone Number

Please sign using black or dark blue ink.





Complete this section if your plan permits you to make withdrawals while still employed.

14. CERTIFICATION OF OTHER PLAN REQUIREMENTS

I certify that all plan requirements for a preretirement (in-service) cash withdrawal have been met.

Employer Plan Representative's Signature

Title

Plan Name

Telephone Number

The employer that contributed to your plan must complete this section.

This section must be completed in order to make a withdrawal.

Please sign using black or dark blue ink.

15. EMPLOYER'S PLAN REPRESENTATIVE

Separation Date (mm/dd/yyyy)

EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

Employer Plan Representative's Signature

Today's Date (mm/dd/yyyy)

Employer Plan Representative's Name (please print)

Title





CASH WITHDRAWAL FROM YOUR KEOGH PLANS

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

RETURN COMPLETED FORM(S) TO:

If this is your first or new direct deposit to the bank account listed, you must include an original check or an original letter from your bank or a bank generated deposit set up form. You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.

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](https://www.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.

FAX: (Faxes are only acceptable if you chose direct deposit to a bank account we already have on file.)

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

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

CHECKLIST

Did you remember to:

- Complete all necessary personal information and indicate how much you want to withdraw by account or fund.
- If you chose direct deposit to a **NEW** checking or savings account, include an original voided check or an original letter from your bank or a bank generated setup form with the completed forms package. **(We cannot accept faxed copies.)** **NOTE:** You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.
- Remember to sign this form.
- Remember to sign Unmarried Verification or Spouse’s Waiver.
- The employer who contributed to the plan you are making the withdrawal from must provide the date you separated from service.
- If your withdrawal is due to disability, then the employer who contributed to the plan you’re making the withdrawal from must provide the date of your disability.
- Call TIAA if you have any questions or need assistance at **800-842-2252**.





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.

