



## CASH WITHDRAWAL FROM YOUR KEOGH PLANS

NEED HELP? Call TIAA at  
800-842-2252, weekdays,  
8 a.m.-10 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 advisor.

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.





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](http://TIAA.org), click on "Manage My Portfolio" and select "Rollover or Withdraw Money." Some restrictions may apply.

Please print using black 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 certify your foreign tax status by providing IRS Form W-8BEN within the last three years or submit a W-8BEN in addition to this form. To print the W-8BEN form, go to [TIAA.org/forms](http://TIAA.org/forms) and scroll to 'Find tax information.'

**1. PROVIDE YOUR INFORMATION**

Title  First Name  Middle Initial

Last Name  Suffix

Social Security Number/  
Taxpayer Identification Number  Contact Telephone Number  Extension

State of Legal Residence (Including U.S. territories.  
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, call TIAA at 800-842-2252, weekdays, 8 a.m.-10 p.m. (ET).

**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 72 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)





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

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.

4. 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 5).

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.

Date (mm/dd/yyyy)

FUTURE DATE: Please process my withdrawal request on: 20

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

IMPORTANT NOTE: If you are currently subscribed to RetirePlus and you choose specific funds, your account will be subsequently rebalanced using your RetirePlus 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.

5. 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.

Table with 3 columns: Investment Account/Fund Name, Withdrawal Amount, Percent of Fund Value. Includes input fields for dollar amounts and percentages.



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.

You can choose to stop recurring payments at any time.

## 6. 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 5<sup>th</sup> to the 28<sup>th</sup> of the month. All others may choose any date from the 1<sup>st</sup> to the 28<sup>th</sup>.

(mm/dd/yyyy)

Start Date:   /   / 2 0

(mm/dd/yyyy)

Stop Date:   /   / 2 0

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

- A. Direct Deposit to my bank account. (Also complete Section 8)
- B. Roll over to another TIAA account.\* (Also complete Section 10)
- C. Roll over to another investment company.\* (Also complete Section 11)
- D. 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 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.



### 8. PROVIDE PAYMENT INSTRUCTIONS

**OPTION 1: Direct Deposit to my verified bank account**

Please provide the bank account information you previously verified with TIAA to request a direct deposit.

*If the account has not been verified, follow the steps in the next section. Once this has been completed and TIAA has verified the bank account, please provide the information below.*

Bank Name

Account Number  
ending in

Checking Account  Savings Account

**OPTION 2: 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.

### 9. ADD BANK ACCOUNTS FOR ELECTRONIC TRANSFERS FOR PERSONAL BANK ACCOUNT AND ESTATE, TRUST AND THIRD-PARTY ACCOUNTS

TIAA must verify your bank account information before making any electronic payments to you. Based on the type of account to be used, follow the instructions below.

#### OPTION 1: PERSONAL BANK ACCOUNT

In many instances, personal bank accounts can be verified immediately using your bank routing and account numbers. Have this information ready before you start. To verify your bank account information, TIAA offers the following options:

1. Add a bank account online (best option)
  - Log in to [TIAA.org](https://www.tiaa.org)
  - Click the *Actions* tab
  - Click *Manage external accounts*
  - Click *Add New Account* and follow the instructions on the screen

OR

2. Verify an account by phone
  - Call TIAA at **800-842-2252**, weekdays, 8 a.m. to 10 p.m. (ET)
  - Explain that you would like to verify a bank account
  - Provide the account type, bank routing number and account numbers
  - TIAA will process your request

Account verification often is completed quickly. In some cases, however, we may need to verify your account using test deposits. This may take one or two business days to complete, and you will be guided on any actions you may need to take.

**NOTE:** If any of the items specified above are missing, we will send your payment by check to the current address on file. To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days.



## OPTION 2: ESTATE, TRUST AND THIRD-PARTY ACCOUNTS

For accounts not owned directly by a TIAA customer, documentation is needed to verify transfer authorizations. In these cases, please provide the necessary information as noted below:

1. Send by 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**

2. Send by mail, or upload, an original letter from your bank on bank letterhead providing:

- Name of the account
- Address on the account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)
- Authorized signers for the account
- Signature of the financial institution's representative, confirmed 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.

**NOTE:** If any of the items specified above are missing, we will send your payment by check to the current address on file. To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days.



**10. 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.

If you checked Roth IRA, and want federal taxes withheld from the pretax amount you're converting to a TIAA Roth IRA, please complete Section 12. If you don't complete Section 12, we will not withhold federal taxes.

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.

**11. 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)

If you checked Roth IRA, and want federal taxes withheld from the pretax amount you're converting to a TIAA Roth IRA, please complete Section 12. If you don't complete Section 12, we will not withhold federal taxes.

Other Plan (complete the Investment Company Information)

**INVESTMENT COMPANY INFORMATION**

Investment Company Name

Investment Company Address

City

State

Zip Code

Contact Telephone Number

Account Number





Federal laws may require mandatory federal income tax be withheld from your distributions. 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 cash distributions.

## **12. TAX WITHHOLDING FOR YOUR ROLLOVER TO A ROTH IRA**

Tax withholding from rollover amounts to your Roth IRA will be governed by this section and not by any other section in this form.

### **VOLUNTARY FEDERAL WITHHOLDING FOR YOUR ROLLOVER TO YOUR ROTH IRA**

For a rollover to a Roth IRA, in accordance with IRS guidance, TIAA will not withhold amounts for federal tax purposes unless you complete a W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. If you desire federal withholding, please check the box below to agree to voluntary withholding:

I hereby notify TIAA that I will provide a federal form W-4R Withholding Certificate, and I will voluntarily elect federal withholding by entering a rate between 0% and 100% on such form.

**I understand that if I do not complete and submit a federal form W-4R Withholding Certificate to TIAA with this transactional form, TIAA will not withhold federal withholding.**

### **STATE WITHHOLDING FOR YOUR ROLLOVER TO YOUR ROTH IRA**

State income tax withholding may be required from your rollover to Roth IRA.

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://TIAA.org/public/tax-withholding). Call TIAA if you have any questions at **800-842-2252**.



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

### 13. TAX WITHHOLDING FOR AMOUNTS DISTRIBUTED TO YOU

If you have requested a cash withdrawal, such withdrawals are rollover-eligible distributions.

#### ROLLOVER ELIGIBLE WITHDRAWAL (CHECK ONE)

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

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 20%.

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 of a rate greater than the default rate of 20% as indicated on my substitute federal form W-4R Withholding Certificate.

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

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.

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.

### 14. TAX WITHHOLDING FOR YOUR HARDSHIP WITHDRAWAL OR RMD

If you receive a hardship withdrawal required minimum distribution, such distributions are nonperiodic distributions that are non-rollover eligible.

#### NONPERIODIC DISTRIBUTIONS THAT ARE NON-ROLLOVER ELIGIBLE (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.

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.

Continued on next page



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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**

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

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 17.

**15. 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 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 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.

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)

 /  /    



**Unmarried Verification:** If you are unmarried, ONLY complete Section 16.

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience.

Please sign your full legal name with suffix, if applicable, using black ink.

**16. 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.

**Note:** The Plan Representative will need to certify in the Plan Representative Certification section below.

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 17.

Your spouse's consent is required for distributions taken in a form other than a qualified joint and survivor annuity to the extent your plan is subject to the Employee Retirement Income Security Act (ERISA), or due to the terms of your employer's plan requiring such consent.

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

This section must be completed by a Notary Public. TIAA accepts online notarization. You may notarize your documents online by visiting www.Notarize.com/TIAA. Notarize.com is a third-party vendor that charges a fee for each notary transaction. If you reside outside the United States, you can go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

NOTE: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy or validity of that document.

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

Please sign in black ink.

17. SPOUSE'S WAIVER OF SURVIVOR BENEFITS

As the spouse of a participant in an employer-sponsored retirement plan, and in accordance with federal pension law and/or the terms of the participant's 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 as well as a required minimum distribution (RMD) in the event your spouse has provided instructions to roll over the requested distribution and has not received RMDs in accordance with federal tax law. 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. 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) [ ] / [ ] / 20[ ] [ ]

OPTION 1: NOTARY PUBLIC CERTIFICATION

State [ ] County [ ] Notary Expiration Date (mm/dd/yyyy) [ ] / [ ] / 20[ ] [ ]

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) [ ] / [ ] / 20[ ] [ ]

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires.

FOR NOTARY PUBLICS IN FLORIDA

The foregoing instrument was acknowledged before me, by means of:

[ ] Physical presence [ ] Online notarization

OPTION 2: PLAN REPRESENTATIVE CERTIFICATION

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

Plan Representative's Signature [ ] Today's Date (mm/dd/yyyy) [ ] / [ ] / 20[ ] [ ]

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.

**18. 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)  /  /

**EMPLOYER PLAN REPRESENTATIVE CERTIFICATION**

Please sign using black ink.

Employer Plan Representative's Signature  Today's Date (mm/dd/yyyy)  /  / 20

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, non-U.S. citizens must complete Form W-8BEN. If we did not include a copy, please visit our website at [TIAA.org](http://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](http://irs.gov).

**19. 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.

Please complete Section 14 for federal and state tax withholding.

**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)   /   / 20

Employer Plan Representative's Name (please print)  Title

Telephone Number

Please sign using black ink.





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

**20. 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 ink.

**21. EMPLOYER'S PLAN REPRESENTATIVE**

Separation Date (mm/dd/yyyy)

 /  / 

**EMPLOYER PLAN REPRESENTATIVE CERTIFICATION**

Employer Plan Representative's Signature

Today's Date (mm/dd/yyyy)

 /  / 20 

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.

To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. Call us to discuss your options.

### OPTIONS TO RETURN COMPLETED FORM(S)

#### OPTION 1: Digitally sign and submit your form.

- If you received a digital form, complete the online signature digital process.

#### OPTION 2: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

#### OPTION 3: If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

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

#### OPTION 4: If you prefer to fax or mail this form, use the information provided below:

##### FAX:

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

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

##### STANDARD MAIL:

TIAA

P.O. Box 1268

Charlotte, NC 28201-1268

##### OVERNIGHT DELIVERY:

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, D.C., 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.





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

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**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. For periodic payments, submit a substitute form W-4P instead of this substitute form W-4R.

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.





**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
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**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

City	State	Zip Code
<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"/>	<input type="text"/>
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**PROVIDE YOUR CONTRACT NUMBERS**

Note: Please indicate the contract number to which your tax election will apply. (No dashes required.)

**STEP 1C.**

TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>

TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>

TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>

TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>

TIAA Number	CREF Number
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TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>





**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
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SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

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)

		/			/	2	0		
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**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

**OPTIONS TO RETURN COMPLETED FORM(S)**

**Option 1:** Digitally sign and submit your form.

- If you received a digital form, complete the online signature digital process.

**OPTION 2:** Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

**OPTION 3:** If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

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

**OPTION 4:** If you prefer to fax or mail this form, use the information provided below:

**FAX:**

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

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

**STANDARD MAIL:**

TIAA

P.O. Box 1268

Charlotte, NC 28201-1268

**OVERNIGHT DELIVERY:**

TIAA

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**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](http://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.





# 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.

