



## CASH WITHDRAWAL OR ROLLOVER TRANSFER PAYOUT ANNUITY FOR PRIVATE EMPLOYER PLANS

NEED HELP? 800-842-2252

Weekdays  
8 a.m. – 10 p.m. (ET)

Or visit [TIAA.org](https://www.tiaa.org).

Have your ID and password  
ready.

### WHAT IS A TRANSFER PAYOUT ANNUITY?

The Transfer Payout Annuity (TPA) is an option for transferring some or all of your TIAA Traditional account balances as a rollover or as a cash withdrawal, in 10 payments over 9 years.

Since the TIAA portfolio is made up of long-term investments, transfers can only be made in 10 payments over 9 years.

### HOW DOES IT WORK?

You complete the enclosed forms choosing an amount of \$10,000 or more (100% if your account balance is less than \$10,000 but greater than \$2,000) from your TIAA Traditional account, which is then placed into a new Transfer Payout Annuity contract. Each year this new contract will automatically transfer 10% of the value, plus any earnings, to the rollover or cash withdrawal option that you choose.

### KEY INFORMATION TO CONSIDER

- If you want to withdraw funds from your CREF accounts, please call us. There are different rules for these withdrawals, so you must complete separate forms.
- We will continue to use the beneficiary designation we have on file for the original contract. Once your Transfer Payout Annuity contract is issued, you may go online at [TIAA.org](https://www.tiaa.org) to update your beneficiary designations.
- We'll send the withdrawal or rollover amount within four to seven business days after we receive your completed forms or from the start date you requested. To avoid delays, be sure to complete all sections.
- 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're under age 59½ when you take this withdrawal.
- A withdrawal is taxable if it is not rolled over to another tax-deferred account. For withdrawals (not rollovers) we are required to withhold 20% for federal taxes. To withhold more than 20% federal taxes, you can download Tax Form W4-P from our website.
- 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, 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.
- Visit us at [TIAA.org/Traditional](https://www.tiaa.org/Traditional) for information about your lifetime income options.

**Required Minimum Distribution (RMD):** If you will be 70½ or older in this calendar year and you are separated from service, then the IRS requires that you receive your Required Minimum Distribution (RMD) amount prior to any rollover amount you request. If you have already satisfied your RMD for this calendar year, then you can continue with this rollover request. If you have not satisfied your RMD for this calendar year and you submit these rollover forms, then TIAA will pay your RMD amount for this calendar year prior to this rollover. TIAA will calculate your RMD amount using the IRS Uniform Life Expectancy table. Once the RMD amount is calculated, TIAA will pay this RMD amount out proportionately across all of your available funds. TIAA will send the RMD check to your address of record, withholding 10% for federal taxes and any applicable state taxes. If you want different options, then you will need to call us to request cash forms to have your RMD amount satisfied and then you will need to submit a new set of rollover forms to TIAA.

**NOTE:** If this is a 403(b) plan and you have already satisfied your RMD for this calendar year with another 403(b) carrier, then you can attest to this and continue with your rollover request.





CASH WITHDRAWAL OR ROLLOVER  
**TRANSFER PAYOUT ANNUITY**  
FOR PRIVATE EMPLOYER PLANS

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](http://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

**3. WHEN WILL YOUR ANNUAL TRANSFERS BEGIN**

We'll make the first transfer when we issue your Transfer Payout Annuity contract. And for future transfers, we'll transfer funds annually on the first business day of that month, with funds received within 2 (two) business days. If you wish to change your annual transfer date to a later date, please tell us below.

Date (mm/yyyy)  
I want annual transfers to begin on the first day of:  /  20





Be sure to discuss all tax implications. If any, with your tax advisor.

**4. ROTH ACCUMULATIONS**

If you made Roth (After-Tax) contributions to the plan you are withdrawing from, please complete this section. If not please move to next section.

Do you have ROTH accumulations?  Yes  No

Add ONLY non-Roth accumulations to withdrawal.

**OR**

Add ONLY Roth accumulations to withdrawal.

**OR**

Add both non-Roth and Roth accumulations to withdrawal.

\*\* The minimum transfer is \$10,000, or 100% if the account balance is less than \$10,000.

Remember, account balances change daily based on market performance. Log in to your account at [TIAA.org](http://TIAA.org) or call us for automated up-to-date account information.

**5. CHOOSE THE AMOUNT TO TRANSFER FROM TIAA TRADITIONAL (CHOOSE ONE)**

A. I want to transfer my entire TIAA Traditional amount.

B. I want to transfer only a part of my TIAA Traditional available account balance as indicated.

*If you are not withdrawing/rolling over your entire available account balance, indicate the dollar amount or percentage. Percentages and amounts must be in whole numbers.*

Dollar Amount\*\*                      Percent of Account Balance  
\$                       OR      %





6. PROVIDE PAYMENT INSTRUCTIONS

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

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

Direct Deposit to my bank account already on file:  
Bank Name:   
Account Number ending in:

Direct Deposit to my new Checking or Savings Account:  
 Checking Account OR  Savings Account

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

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

OR

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

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

OR

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

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

Mail a check to my current address on file.

**Note:** To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us so we can discuss some of your options for completing your request.

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

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

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





\* 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.

**7. ROLL OVER MY WITHDRAWAL TO ANOTHER TIAA ACCOUNT**

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.

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

My TIAA account\*

TIAA Number                      CREF Number  
          

Plan Name (Contributing Employer's Plan)

Plan Number                      Sub Plan Number  
        

Brokerage

Mutual Funds

After-Tax Annuity

Trust Services

New TIAA IRA (My IRA enrollment form is attached.)

IRA or Roth IRA

Please select one of the following for the allocation of funds:

**Like to Like** – Roll over to the same investment(s) as your entitlement funds. If they are not available in the receiving account, the funds will be applied to the money market fund.

**Allocation on File** – The current allocation in the contract to which the rollover is being applied.

**NOTE:** If you do not choose an election, we will default to the Allocation on File.

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    %





**8. ROLL OVER MY WITHDRAWAL TO ANOTHER INVESTMENT COMPANY**

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.

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   %

Other Plan (complete the Investment Company Information and the Acceptance By Investment Company)

**INVESTMENT COMPANY NAME**

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Account Number

**ACCEPTANCE BY INVESTMENT COMPANY**

We certify that the Internal Revenue Code of the plan receiving the direct rollover is (choose one)

401(a)  403(a)  457(b) Public  401(k)  403(b)

Other (provide IRC Code)

**We agree to accept the direct rollover (select only one)**

and will account for both pretax and after-tax amounts.

of only the pretax amounts.

Investment Company Representative's Signature

Today's Date (mm/dd/yyyy)

Title

Telephone Number

The investment company receiving your rollover must complete the Investment Company Information. If the rollover is not going to an IRA account, then the investment company must also complete the Acceptance By Investment Company.

A representative of the investment company receiving the direct rollover must complete and sign this section.

If you have after-tax contributions and the plan receiving your direct rollover can't accept them, we'll send you a check for that amount to your mailing address on file.





If you answer **Yes** and provide a separation date, you are certifying that you have or will have separated from service by that date.

If you answer **No** or don't enter a separation date, you are certifying that you understand the repercussions of authorizing this withdrawal while still employed.

**9. EMPLOYMENT STATUS**

Before you start your withdrawals, will you have separated from all employers that contributed to the plans from which you're withdrawing funds?

Separation Date (mm/dd/yyyy)  
 **Yes**, I certify that I have or will have separated from service on:   /   /      
 **No**, I will not have separated from service.

Please contact your employer's benefit office to discuss any consequences if you're authorizing withdrawals from the account balance from your current employer's plan.

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

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

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

**10. 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





If you're married, you must sign and date this section before your spouse signs Section 13.

**11. YOUR AUTHORIZATION AND SIGNATURE**

By signing below:

- You authorize TIAA to make withdrawals from your TIAA Traditional account balances, as stated in this form.
- The date we issue your Transfer Payout Annuity contract cannot be before we receive all necessary papers.
- Once we issue your Transfer Payout Annuity contract, it cannot be revoked and the amount cannot be changed.
- If you transfer the full value of your TIAA contract to your Transfer Payout Annuity, that TIAA contract will be of no value.
- You authorize the continuation of the beneficiaries under the original contract listed in Section 2. Once the contract is issued, you reserve the right to change this designation at any time.
- 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 is 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.

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 or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted. ►

Your Signature

Today's Date (mm/dd/yyyy)

 /  / 





**Unmarried Verification:** If you are unmarried, ONLY complete Section 12.

Please sign in black or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

**12. 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 13.

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

Please sign in black or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

### 13. 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 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. 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

Your Signature  Today's Date (mm/dd/yyyy)  /  / 20

### 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. 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)  /  / 20

Plan Representative's Name (Please print)  Title





## CASH WITHDRAWAL OR ROLLOVER TRANSFER PAYOUT ANNUITY FOR PRIVATE EMPLOYER 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 a new) direct deposit to the bank account you provided, please include some additional documentation. You can upload a photo of a voided check by following the instructions below. If you prefer to mail your documentation, you can send an original voided check, a letter from your bank, or a bank generated deposit setup form by standard or overnight mail.

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

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

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

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

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

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

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

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

#### FAX:

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

#### STANDARD MAIL:

TIAA  
P.O. Box 1268  
Charlotte, NC 28201-1268

#### OVERNIGHT:

TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262





## CASH WITHDRAWAL OR ROLLOVER TRANSFER PAYOUT ANNUITY FOR PRIVATE EMPLOYER PLANS

### CHECKLIST

Did you remember to:

- Complete all necessary personal information.
- Tell us how much you would like to transfer. (Section 5)
- Let us know where to send your withdrawal: direct deposit to your bank account, by check to your address, or direct rollover to TIAA or to another investment company. (Section 6, 7 and 8)
- 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. (Section 6)
- The employer who contributed to the plan from which you're making the withdrawal must provide the date you terminated employment. (Section 10)
- Complete the "Additional Requirements Based on Marital Status" section. If you are single, complete Section 12; if you are married, your spouse must complete Section 13 in front of a notary public or your contributing employer's plan representative.
- If applicable, complete all necessary tax withholding election forms.
- Sign and date this form. (Section 11)
- 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.

