



# 1035 EXCHANGE AUTHORIZATION TO CHANGE AN AFTER-TAX TRANSFER PAYOUT ANNUITY TO ALTERNATE INVESTMENT COMPANY

NEED HELP? 800-842-2252

Weekdays

8 a.m. - 10 p.m. (ET)

Saturday

9 a.m. - 6 p.m. (ET)

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

Have your ID and password ready.

Use this form if you currently have an After-Tax Transfer Payout Annuity (TPA) and wish to change your TPA destination to an alternate investment company.

## FEDERAL TAXATION

Your Authorization is for a tax-free transfer from your TIAA After-Tax Retirement Annuity to another insurance company. This type of transfer is called a "1035 Exchange" by the Internal Revenue Service. You are authorizing the transfer of this and future annual payments to the alternate investment company. **We must receive your completed Authorization with the other insurance company's 1035 Exchange form in order to make your transfer.** Please note that the Internal Revenue Service considers the TIAA Personal Annuity or Personal Annuity Select as from "other insurance companies," and therefore you will need to provide 1035 Exchange forms if you want to make transfers to them. A 1035 Exchange is a tax free exchange, and must be reported to the Internal Revenue Service.

## FUTURE TRANSFERS

Your Transfer Payout Annuity contract provides you with the right to change the destination of your future annual transfers. If you change to a new alternate investment company, a new 1035 exchange will be required.





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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.)

## 2. PROVIDE YOUR CONTRACT NUMBER

Transfer Payout Annuity Number

## 3. CHANGING YOUR EXISTING TRANSFER PAYOUT ANNUITY

Yes, I want to change the destination of my existing Transfer Payout Annuity. I am returning a 1035 Exchange form from the insurance company that is accepting this and future transfers.

**NOTE:** Please contact the other insurance company for a 1035 Exchange Letter of Acceptance form.

## 4. INSURANCE COMPANY INFORMATION

Insurance Company Name

Address

City  State  Zip Code

Contact Telephone Number  Account Number





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## 5. YOUR AUTHORIZATION AND SIGNATURE

By signing below, you agree that:

- You will return your completed Authorization with a 1035 Exchange form from the insurance company that is accepting this and future transfers;
- You hereby transfer all rights, title, and interest in the above-referenced contract accumulation to the designated accepting insurance company;
- You intend this transfer to be part of an exchange under Internal Revenue Code Section 1035; no part of the contract accumulation hereby assigned and transferred shall be received actually or constructively by you;
- You represent and warrant that no person, firm, or corporation has an interest in the captioned contract except the undersigned, and that no proceedings of either a legal or equitable nature are pending which might affect said contract;
- You represent that a copy of this original transfer shall be as valid as original;
- 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 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)





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

## RETURN COMPLETED FORM(S)

### 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 1259  
Charlotte, NC 28201-1259

**OVERNIGHT:**  
TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

## CHECKLIST

Did you remember to:

- Complete all necessary information.
- Sign and date this form.
- Call TIAA if you have any questions or need assistance at **800-842-2252**.





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## FRAUD WARNING

FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE/WARNING REQUIRED BY MANY STATES

This notice/warning does not apply in New York.

*Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.*

**Colorado residents, please note:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Virginia and Washington, DC residents, please note:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

