



Questions? Please call 800-927-3059 Monday - Friday 8 a.m. - 7 p.m. (ET). Fax: 800-914-8922.

STEP 1: BROKERAGE ACCOUNT INFORMATION

Brokerage Account Number	Brokerage Account Registration/Name
<input type="text" value="A"/> <input type="text" value="5"/> <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 style="width: 100%;" type="text"/>

STEP 2: SECURITY INFORMATION (SEPERATE FORM IS REQUIRED FOR EACH SECURITY)

CUSIP Number	Description	Quantity
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

STEP 3: REQUESTED ACTION AND AGREEMENT (REVIEW CAREFULLY AND SELECT ONE OPTION BELOW)

- Option 1: Removal of Nontransferable Security**
 I/We, the undersigned client(s), have determined that the above-referenced CUSIP number ("CUSIP") does not currently have a transfer agent over the past six years or less, and the shares cannot be registered in my name. Please issue to me a non-negotiable certificate of ownership for my nontransferable position and remove the position from my account. If the corporation reopens its transfer books, I understand that the issued non-negotiable certificate of ownership will need to be presented in order for my position to be re-established.
- Option 2: Removal of Insignificant Value Security (Notary Required)**
 I/We, the undersigned client(s), have determined that the security(ies) for the above-referenced CUSIP number ("CUSIP") is of insignificant value and, therefore, does not need to be transferred to my/our other account(s) at Pershing LLC ("Pershing") or to a third party. As such, I/We authorize Pershing to dispose of the CUSIP as Pershing finds appropriate. To effect the CUSIP's disposal, Pershing is authorized to sign any document related to this request on my/our behalf. I/We fully understand and acknowledge the consequences of granting Pershing this authority. I/We hereby relinquish my/our legal or beneficial title to the CUSIP and disclaim and abandon all rights and interests to any and all securities identified by the CUSIP, including proceeds resulting from its disposal. I/We further acknowledge and agree that Pershing shall in no way be liable to me/us, or to any third party acting on my/our behalf, for any losses, damages, fees, expenses, charges, taxes, levies or other amounts suffered or incurred, directly or indirectly, as a result of Pershing's reliance upon this document. I/We hereby authorize Pershing to disclose or transfer this document to any third party for any purpose related to the disposal of the securities identified by the CUSIP above. I/We acknowledge and accept the risks of disclosing and transferring my/our personal information without limitation. I/We also acknowledge and accept the risk that this personal information may be subject to further disclosure by a recipient to other parties, in accordance with the laws of the state and/or territory in which such recipient is located. I/We agree that in all respects this document shall be governed and construed in accordance with the laws of the state of New York. I/We acknowledge that this is a legal, binding document after I/We sign it. I/We have consulted, or waived the right to consult, with my/our legal and/or other professional advisor(s) before signing it. Per Internal Revenue Service (IRS), when Pershing is the tax reporting agent of a retirement account, use of this form will result in a distribution that is reportable to the IRS and, if applicable, to the tax authorities in your state. Moreover, your use of this form is an expressed election to not have federal and state income tax withheld from the distributed retirement assets.





STEP 4: SIGNATURES AND NOTARIZATION

Your Signature (Account Owner) <input type="text"/>	Print Name and Title (if applicable) <input type="text"/>	Today's Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>
Your Signature (Account Owner) <input type="text"/>	Print Name and Title (if applicable) <input type="text"/>	Today's Date (mm/dd/yyyy) <input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

NOTARY SIGNATURE

Print Name of the Signature that has been Notarized

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

State County

Notary Expiration Date (mm/dd/yyyy) / / 20 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.

RETURN COMPLETED FORM(S) TO:

FAX: 800-914-8922	STANDARD MAIL: TIAA P.O. Box 1280 Charlotte, NC 28201-1280	OVERNIGHT: TIAA 8500 Andrew Carnegie Blvd. Charlotte, NC 28262
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SEND US YOUR FORM ONLINE:

- Log in to your account at tiaa.org. On the top most menu, next to "Profile & Settings," select "Messages."
- Within the "Shared Files" tab in "Message Center," select the "Upload Files" button.

MOBILE UPLOAD:

- Log in to your TIAA app, and click on "Upload documents" from the menu.
- Follow the instructions to take a picture and upload your completed form.

