



Use of this form will result in a reportable distribution to the Internal Revenue Service and State tax authorities, as required. Do not use this form to request a trustee-to-trustee transfer of assets to another IRA.

Please be advised that effective January 1, 2015, you may only complete one 60-day rollover between any of your IRAs in any 365-day period. This new IRS rule does not impact direct trustee-to-trustee transfers between IRAs. For more information, please visit [www.irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule](http://www.irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule).

Questions? Please call 800-927-3059 weekdays 8 a.m. - 7 p.m. (ET).

**STEP 1: BROKERAGE ACCOUNT INFORMATION (REQUIRED)**

Brokerage IRA Account Number



IRA-100 DIST

Brokerage IRA Account Owner's Name

**STEP 2: TYPE OF DISTRIBUTION (SELECT ONE.)**

- Normal (Age 59½ and older, including RMD if applicable)
- Roth IRA
- Early (Under age 59½—no known exceptions)
- SIMPLE IRA Early (Use if “2-year rule” not satisfied, and under age 59½)
- Due to Death from Inherited IRA
- Direct Rollover to a Qualified Retirement Plan, 403(b), or 457(b) Governmental Plans  
(Letter of Acceptance from the new Custodian is required)
- Return of Excess Contribution for Tax Year

Is excess being removed prior to the tax return date, including extensions?  Yes  No

Specify excess amount and exact date the contribution was made. \$

Contribution Date (mm/dd/yyyy)

  /   /    

Earnings on excess contribution. \$





**STEP 3: DELIVERY METHOD (SELECT ONE. IF LEFT BLANK, DELIVERY WILL BE IN THE FORM OF A CHECK MAILED TO THE ADDRESS OF RECORD.)**

Mail a check to the address of record  Overnight check request  
 (Not available for periodic distributions. Legal address required. \$12 delivery fee.)

Mail a check to an alternate address (**Notary required.** Indicate above if you would like overnight delivery.)

Alternate Mailing Address City State Zip Code

Mail a check made payable to another person/entity. (**Notary required**)

Payee Name

Mailing Address City State Zip Code

ACH to a bank profile already established on your Brokerage IRA  
 (Note: An ACH authorization form is required if a profile is not already established.)

Bank Name Bank Account Number

Distribution to an After-Tax TIAA Brokerage account

Federal Funds Wire request (Not available for periodic distributions or third-party wires. \$25 Federal Funds Wire fee will be assessed. Notary is required for gross distribution amount greater than \$250,000.)

Name of Bank

Mailing Address City State Zip Code

Bank ABA/Routing Number Bank Account Number

Intermediary Bank Account Name (If applicable) Intermediary Bank Account Number (If applicable)

Ultimate Beneficiary's Name Ultimate Beneficiary's Account Number

Ultimate Beneficiary's Residential Address (If different than the IRA Owner's Address) City State Zip Code





**STEP 4: ONE-TIME DISTRIBUTION INSTRUCTIONS**

Total Distribution (If you are requesting a cash payment, all assets must be liquidated prior to your request being submitted. Account will be closed and the IRA Termination Fee charged.)

Partial One-Time Distribution (If you request a distribution amount that will drop your account balance below the listed IRA Termination Fee in the Commissions and Fee Schedule, your request will be processed as a total distribution.)

Cash in the amount of \$

In-kind distribution of securities to my TIAA Brokerage account.

Symbol/CUSIP/Description	Quantity
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**STEP 5: PERIODIC INSTRUCTIONS**

Note: If frequency is not provided, your payment will be delivered on the 5th of each month.

Select One:  New Request  Change of Instruction

Frequency: (If your request is received after your beginning date, your payment will be scheduled for the next available date based on your frequency. Periodic payments are only available on the 5<sup>th</sup> or 20<sup>th</sup> of each month.)

Monthly  Quarterly  Annually

Beginning   /   <sup>(Check One)</sup> 5<sup>th</sup> or   <sup>YYYY</sup> 20

End After (Optional)   /   <sup>(Check One)</sup> 5<sup>th</sup> or   <sup>YYYY</sup> 20

**Periodic Instructions:**

Principal payment amount \$

Income (Only available for Self-Directed accounts and includes Dividends, Capital Gains and Interest. Excludes money market interest.)

**STEP 6: REQUIRED MINIMUM DISTRIBUTIONS (RMD)**

By selecting the Required Minimum Distribution (RMD) option, you agree to a “supplemental” distribution (up to the available cash in your account) to meet the RMD amount if the account’s RMD obligations for the year have not been met by the last day of the year.

Please note: any additional distributions, either from one-time distribution(s) or additional periodic distributions plans, will not automatically reduce your annually calculated RMD scheduled payment amount. In addition, other attributes of your periodic RMD payment schedule will not change. So you may end up distributing more than your required minimum distribution amount for the year.

Select One:  New Request  Change of Instruction

Frequency: If your request is received after your beginning date, your payment will be scheduled for the next available date based on your frequency. RMD payments are only available on the 20<sup>th</sup> of each month.

Monthly  Quarterly  Annually Beginning   / 20<sup>th</sup> /   <sup>MM</sup>   <sup>YYYY</sup> 20   End After (Optional)   / 20<sup>th</sup> /   <sup>MM</sup>   <sup>YYYY</sup> 20



**STEP 6: REQUIRED MINIMUM DISTRIBUTIONS (RMD) (CONTINUED)**

- Scheduled Required Minimum Distribution (RMD due to reaching age 70½).
- Scheduled Required Minimum Distribution due to death (Scheduled RMD from an Inherited IRA)

**A. Spouse as Beneficiary**

Your distribution will be calculated using the Single Life Expectancy factor for your age in the year distributions are required to begin. Then each year thereafter, the factor will change each year according to your age in the year the distribution is being taken.

- Select this box to calculate your RMD using your age at the end of the year following the year of the owner's death. You are a beneficiary who set up a separate account by December 31 of the year following the year of the owner's death.

Note: Original IRA Owner Died Pre-RMD—As the spouse beneficiary, you have the option to defer payments until the original IRA owner would have turned 70½ or defer distribution of the assets up to December 31 of the fifth year following the year of the decedent's death. If you elect to defer payments, you do not need to complete this form.

**B. Non-Spouse as Beneficiary**

Your distribution will be calculated using the Single Life Expectancy factor for your age in the year distributions begin. The original calculated factor is then reduced by one each year thereafter.

Select one:

- Calculate my RMD using my age at the end of the year following the year of the owner's death. I am a beneficiary who set up a separate account by December 31 of the year following the year of the owner's death.
- Calculate my RMD using the oldest beneficiary's date of birth. I am one of multiple beneficiaries who did not set up separate accounts by December 31 of the year following the year of the owner's death.

(mm/dd/yyyy)

Oldest Beneficiary's Date of Birth:   /   /

Note: Original IRA Owner Died Pre-RMD—As the non-spouse beneficiary, you have the option to a full distribution of the assets up to December 31 of the fifth year following the year of the decedent's death. If you elect to defer payments, you do not need to complete this form.

**C. 2nd Generation Beneficiary (Use this option if the IRA you inherited was already in an Inherited IRA)**

- Select this box if the Inherited IRA is the result of a 2nd generation IRA. Your payments will continue using the original beneficiary's single life expectancy, reduced by one each year thereafter. Distributions will not be calculated using your single life expectancy factor. Note: This option is only allowed if the original beneficiary was taking distributions based on their single life expectancy.

(mm/dd/yyyy)

Original Beneficiary's Date of Birth:   /   /



**STEP 7: TAX WITHHOLDING ELECTION**

**A. FEDERAL INCOME TAX WITHHOLDING** (Select one. Please note that if you do not make a withholding election we will automatically apply an election based on your account type. On Roth IRAs we will default to 0% federal income tax to be withheld. On any other account types, we will automatically set the federal income tax to be withheld at a rate of 10%. A minimum of 10% must be withheld if a specific percentage or dollar amount is provided. State income tax withholding may be required when you elect federal income tax withholding.)

- Do NOT withhold federal income tax from the gross distribution amount. (Not applicable to distributions subject to mandatory withholding.)
- Withhold  % or \$  (minimum of 10%) based on the gross distribution amount. (Cash must be available for in-kind distribution.)

**B. STATE INCOME TAX WITHHOLDING** (Select one. Certain states require mandatory state tax withholding when you elect federal income tax withholding. Tax rates are subject to change without notice. We will withhold the minimum state withholding amount or your requested amount, whichever is greater.)

- Do NOT withhold state income tax from the distribution. (Not applicable to all states if you elect federal income tax withholding.)
- Withhold  % or \$  of state income tax. (Cash must be available for in-kind distribution. State tax withholding is not available for AK, FL, HI, NH, NV, SD, TN, TX, WA, WY. Some states have minimum tax withholding requirements. We will withhold the state minimum or your requested amount, whichever is greater.)
- State of Residence (For state tax reporting purposes. If left blank, we will default to your legal state of residence on record.)

**C. STANDING INSTRUCTIONS (OPTIONAL)**

- Select this box if you would like to establish standing instructions for all future on-demand payments using the tax withholding instructions indicated above.





**STEP 8: SIGNATURE AND NOTARY CERTIFICATION (THIS REQUEST CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE AND DATE. MUST BE DATED WITHIN 30 DAYS OF RECEIPT.)**

By signing this form, I acknowledge that I have read and understood the tax withholding instructions and TIAA-CREF Individual & Institutional Services, LLC ("TIAA") and Pershing, LLC ("Pershing") is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal and state income tax withholding election is applicable to any subsequent scheduled distributions, until I revoke the election under the procedure established by TIAA/Pershing. I certify that I have provided TIAA/Pershing with correct information, and I understand that a distribution or distributions will be made from my IRA based on that information, and as a result of this direction. I certify that this distribution request is in accordance with the provisions of the IRA and satisfies applicable federal and state law requirements. I understand that I am responsible for maintaining sufficient cash in my account to support these distributions. I understand that TIAA/Pershing does not provide tax or legal advice, and that TIAA/Pershing strongly recommends that I consult my tax or legal advisor prior to completing and signing this form. I hereby indemnify and hold harmless TIAA/Pershing and its affiliates for any tax consequences of this distribution request and the elections made above. TIAA/Pershing may rely on my certification without further investigation or inquiry and shall not be liable for any misrepresentation of fact. This authority is to remain in full force and effect until TIAA/Pershing has received written notification from me of its termination in such time and in such manner as to afford TIAA/Pershing and my bank/credit union a reasonable opportunity to act on it.

Note: Failure to take the RMD by the deadline will result in a 50% excise tax on any portion of the required amount not withdrawn. As a reminder, if securities must be liquidated to accommodate a cash distribution, please ensure that the settlement date of the transaction occurs on or before the date the request is processed. Clients with instructions for scheduled periodic distributions may have already satisfied a portion of their RMD amount. As a result, only a portion of the calculated amount may need to be withdrawn to satisfy the RMD. Please note that this scheduled instruction will continue for the yearly RMD calculation, unless new instructions are received.

Note: Last Business Day of the Year Processing: If your account has active scheduled RMD instructions, and the account's RMD obligation for the year has not been met by the last day of the year, a "supplemental" distribution (up to the available cash in your account) will occur in order to meet the RMD amount. For this purpose, we will add all scheduled and one-time distributions taken during the year when determining if the RMD has been met. Any changes that affect your calculation-factor and/or the fair market value of the IRA for the previous year may affect the calculation of your RMD amount.

Your Signature (IRA Account Owner)  Print Name and Title (if applicable)  Today's Date (mm/dd/yyyy) / / 20

**NOTARY PUBLIC CERTIFICATION**

Notary is required if: 1.) A check is being mailed to an alternate address 2.) A check is made to an alternate payee 3.) A Federal Funds Wire request is for an amount greater than \$250,000.

Print Name of signature that has been notarized

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.

**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.





## 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.)

**STANDARD MAIL:**  
TIAA  
P.O. Box 1280  
Charlotte, NC 28201-1280

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

