



# TIAA BROKERAGE SERVICES INCOMING ACCOUNT TRANSFER FORM INSTRUCTIONS

To ensure efficient transfer processing, please provide all information requested on the TIAA Brokerage Services Incoming Account Transfer Form as outlined within the instructions below.

**NOTE: Please attach a full copy of the most current statement (dated within six months) of the account that you are transferring into TIAA Brokerage.** Additional documentation may be required if the transfer results in a change in ownership or if there is a question as to ownership.

Example 1 – a notarized Letter of Authorization is required and must be signed by all account owners when transferring an individual account into a joint account or when a joint account is transferred into an individual account.

Example 2 – a “Same Name Letter” is required when different registrations exist for the same owner, i.e., John H. Doe is also John Henry Doe is also John Doe.

## 1. TIAA BROKERAGE ACCOUNT INFORMATION

**Name(s) on Account:** This is the title or registration of your TIAA Brokerage account. Example: John H. Doe, John and Mary Doe, John H. Doe Living Trust.

**Brokerage Account Number:** Please leave the account number blank if this is accompanying a new account application. If you are transferring into an already established account, enter your existing brokerage account number. A separate transfer form is required for each account receiving transferred assets.

**Social Security Number (SSN):** List the SSN of the primary account owner or the Tax ID number of the Trust account if applicable. Enter the joint owner’s SSN if applicable.

**Type of Account:** Check only one option. Complete a separate form for each account registration.

## 2. DELIVERING ACCOUNT INFORMATION

**Name(s) on Account:** This is the title or registration of the account you are transferring from. Enter this just as it appears on your statement. Example: John H Doe, John and Mary Doe, John H Doe Living Trust. This registration should match the TIAA Brokerage account registration.

**Social Security Number (SSN):** List the SSN of the primary account owner or Tax ID number of the Trust account if applicable.

**Delivering Account Number:** This is your account number at the delivering firm as it appears on your statement.

**Type of Account:** Check only one option. Complete a separate form for each account registration.

**Delivering Institution name, contact information and address:** This is the name of the company that currently holds your account. Please provide a contact name and phone number so that we may address any concerns on your transfer request. Please provide a physical overnight mailing address to expedite your transfer request.

## 3. TRANSFER INSTRUCTIONS

Indicate the type of transfer you are requesting by checking the appropriate box. Only one box should be checked.

**Transfer my entire account In Kind:** This is a full transfer request. This option only applies if the delivering account is a brokerage account. TIAA Brokerage Services (TBS) cannot accept written instructions to sell assets held in brokerage accounts. You must contact the delivering firm to sell any assets you would like to liquidate prior to submitting your transfer request form. TBS will transfer all assets held in the delivering account “In Kind.”

**Transfer only the assets listed below In Kind:** This is a partial transfer request. This option only applies if the delivering account is a brokerage account. TBS cannot accept written instructions to sell assets held in brokerage accounts. You must contact the delivering firm to sell any assets you would like to liquidate prior to submitting your transfer request form. TBS will transfer “In Kind” only the assets listed in this section.

**Direct Mutual Fund Company Transfers:** This is a transfer of your mutual fund holdings held directly at the Mutual Fund company. Complete a separate form for each mutual fund company transfer. List each fund name and account number that you would like to transfer. You must provide the number of shares or enter “ALL” if you would like to transfer the entire position. You must indicate either “In Kind” or “Liquidate” for each fund being transferred. If liquidation is selected you will receive the current market price once your transfer request has been received, reviewed, and determined to be in good order by the delivering firm. If no indication is selected, the transfers will be processed “In Kind.”





## TIAA BROKERAGE SERVICES INCOMING ACCOUNT TRANSFER FORM INSTRUCTIONS

### 3. TRANSFER INSTRUCTIONS (Continued)

**Dividend Reinvestment Plan/Direct Registration Transfers:** This is a transfer of equity holdings held directly with the transfer agent. Do not complete a transfer form for the physical certificates you possess. The Transfer Agent will only deliver whole shares; any fractional shares will be redeemed.

**Bank or Credit Union Transfers:** This is a transfer of any retirement plan carried by a bank or credit union containing Certificates of Deposit. You must indicate whether you would like to liquidate your CD immediately and transfer cash, or if you want to liquidate your CD at maturity and then transfer the cash. If you choose to liquidate your CD prior to maturity, penalties may be imposed by your bank. If you elect to transfer at maturity, please submit your transfer request 30 days prior to maturity. Requests to transfer checking or non-retirement savings accounts will not be accepted.

**Direct Rollover request from a Qualified Retirement Plan (QRP) or 403(b) Plan:** Please consult with your Plan Administrator for procedures on moving your plan assets. Many plans require additional paperwork and/or authorization from the plan administrator before assets can be transferred. Additionally, some plans may not allow "In Kind" transfers.

### 4. PARTICIPANT SIGNATURE AND CERTIFICATION

The form must be read, signed, and dated by all account holders. Signatures must match account titles. Example. John H. Doe should also be signed as John H Doe.

**Age 70½ restrictions:** If you are over the age of 70½ you attest that the amount to be transferred will not include the required minimum distribution (RMD) for the current year pursuant to Section 401 (a) (9) of the Internal Revenue Code.

**Rollover Certification of Employee:** I understand the rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this rollover transaction and will hold neither Pershing LLC nor TIAA Brokerage Services liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a rollover contribution.





# TIAA BROKERAGE SERVICES INCOMING ACCOUNT TRANSFER FORM

Use this form only to transfer assets into your TIAA Brokerage accounts. If you are transferring assets from more than one account, please complete a separate form for each account. Transfers must occur between "like" registered accounts. (e.g., from a joint account into a joint account).

If I am rolling over funds from an employer sponsored retirement plan, I have reviewed the "Your Money. Your Future. Your Options." document located at [TIAA.org/Making-a-change](http://TIAA.org/Making-a-change). I have determined that an IRA rollover is the right option for me.

**A copy of the most current statement (dated within six months) of the account you are transferring is required. Questions? Please call 800-927-3059 Monday - Friday 8 a.m. - 7 p.m. (ET).**

## 1. TIAA BROKERAGE ACCOUNT INFORMATION (REQUIRED)

Name(s) on Account (as it appears on your statement)

Brokerage Account Number  
(leave blank if new account)

Pershing Clearing Number

0443 Pershing



RPD-150 ACAT

Social Security Number/  
Taxpayer Identification Number

TYPE OF ACCOUNT (Check only one. Complete a separate transfer form for each registration type)

Nonretirement:  Individual  Joint  Custodial  Trust  Other

Retirement:  Traditional/  
Rollover IRA  Roth IRA  SEP IRA  Inherited IRA  SIMPLE IRA

## 2. DELIVERING ACCOUNT INFORMATION

Name(s) on Account (as it appears on your statement)

Delivering Account Number

Social Security Number/  
Tax Identification Number

TYPE OF ACCOUNT (Check only one. Complete a separate transfer form for each registration type)

Nonretirement:  Individual  Joint  Custodial  Trust  Other

Retirement:  Traditional/  
Rollover IRA  Roth IRA  SEP IRA  Inherited IRA  SIMPLE IRA

Qualified Plan

Name of Delivering Institution (Brokerage Firm, Mutual Fund Company, Bank, etc.)

Delivering Firm's Clearing Number (if known)

Contact Person's Name

Contact Person's Phone Number

Delivering Firm's Overnight Address (No P.O. Box)

City

State

Zip Code





3. TRANSFER INSTRUCTIONS (CHOOSE ONLY ONE)

NOTE: Money market funds must be liquidated and will be transferred as cash.

- Transfer my entire account in kind.** (All liquidation requests must be made through your delivering firm by you prior to submitting a full transfer request.)
- Transfer only the assets listed below in kind.** (If you need additional space, you may copy this page to indicate your instructions. Any additional pages included must also be signed and dated.)

Security Description/Symbol/CUSIP

Number of Shares or "All"


- Direct Mutual Fund Company Transfers.** (All dividends/capital gains will be reinvested, unless otherwise specified. If you have requested a liquidation, your market price is not guaranteed. You will receive the current market price after your transfer request is received, reviewed, and determined to be in good order by the delivering firm. If no indication is made, all transfers will occur in full and in kind. If you need additional space, you may copy this page to indicate your instructions. Please complete a separate transfer form for each fund family.)

Fund Name/Symbol/CUSIP

Fund Account Number

Number of Shares or "All"

Method

			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate

- Dividend Reinvestment Plan/Direct Registration Transfer.** (Do not complete a transfer form for physical certificates that you currently hold.) **NOTE:** Transfer agent will electronically send position or issue a certificate for whole shares and redeem fractional shares.

Symbol/CUSIP

- Bank or Credit Union Transfers for retirement accounts only.** (Check only one. We cannot request transfers of retail accounts.)

- Liquidate my CD/savings account **immediately** and transfer cash. I acknowledge there may be a penalty for my early withdrawal from my CD.
- Liquidate my CD/savings **at maturity** and transfer cash. Maturity must be within 30 days of the date the transfer was submitted.

(month/day/year)

Specify the CD maturity date:  /  /  20





**3. TRANSFER INSTRUCTIONS** (CHOOSE ONLY ONE) (Continued)

**Direct Rollover Request From A Qualified Retirement Plan or 403(b) Plan.** Please consult with your plan administrator prior to submitting a transfer request. Your plan may require you to complete only their paperwork or ask that you send additional paperwork along with this form. If no amount is indicated in the partial rollover box, a full rollover will be processed.

Full Rollover

Partial Rollover \$ \_\_\_\_\_

**Annuity Transfers:** To the extent an annuity is being transferred, liquidation will take place and the transaction could result in tax consequences, penalties, surrender fees and/or other fees associated with it. If no amount is indicated, a full transfer will be processed.

Full Transfer

Partial Transfer \$ \_\_\_\_\_

**4. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS**

**Age 70½ restrictions:** If you are over the age of 70½ you attest that the amount to be transferred will not include the required minimum distribution (RMD) for the current year pursuant to Section 401 (a) (9) of the Internal Revenue Code.

**Rollover Certification of Employee:** I understand the rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this rollover transaction and will hold neither Pershing LLC nor TIAA Brokerage Services liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a rollover contribution.

If I am rolling over funds from an employer-sponsored retirement plan, I have reviewed the "Your Money. Your Future. Your Options." document located at [TIAA.org/Making-a-change](http://TIAA.org/Making-a-change). I have determined that an IRA rollover is the right option for me. I understand that TIAA does not provide tax or legal advice. Additionally, TIAA does not provide fiduciary investment advice with respect to the advisability of rolling over funds to an IRA.

**For Internal Use Only:**

**To the Prior Trustee:**

Pershing LLC accepts appointment as successor custodian.

Please be advised that TIAA-CREF Trust Company, FSB does hereby accept appointment as successor custodian/trustee.

Successor Custodian/Trustee Signature:

\_\_\_\_\_

Today's Date (mm/dd/yyyy)

/ / 2 0





**5. PARTICIPANT SIGNATURE AND CERTIFICATION (REQUIRED)**

To the Delivering Firm Named Above: If this account is a qualified retirement account, I have amended the applicable plan so that it names as successor custodian the trustee listed below. Unless otherwise indicated in the instruction above, please transfer all assets in my account to Pershing without penalties, such assets may be transferred within the time frames required by Financial Industry Regulatory Authority (FINRA) Rule 11870 or similar rule of FINRA or other designated examining authority.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian.

If I am rolling over funds from an employer-sponsored retirement plan, I have reviewed the "Your Money. Your Future. Your Options." document located at [TIAA.org/Making-a-change](http://TIAA.org/Making-a-change). I have determined that an IRA rollover is the right option for me. I understand that TIAA does not provide tax or legal advice. Additionally, TIAA does not provide fiduciary investment advice with respect to the advisability of rolling over funds to an IRA.

I authorize you to deduct any outstanding fees due to you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of the sale, when, and as directed to me.

I understand that TIAA will accept debit balances passed by the delivering firm and it will be my responsibility to cover these outstanding debits.

If transferring an annuity, I acknowledge that the annuity will be liquidated and I am aware that this transaction may have tax consequences, penalties, surrender fees and/or other fees associated with it. If no amount was indicated in the partial transfer box, I hereby acknowledge that a full transfer will be processed.

I understand that upon receiving a copy of this transfer information, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my brokerage account. I understand that you will contact me with respect to the disposition of any assets in my brokerage account that are nontransferable.

Your Signature (Primary Account Owner/  
Trustee/Custodian)

Print Name and Title (if applicable)

Today's Date (mm/dd/yyyy)

 /  / 20

Your Signature (Secondary Account Owner/  
Trustee)

Print Name and Title (if applicable)

Today's Date (mm/dd/yyyy)

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Your Signature (Additional Account Owner/  
Trustee)

Print Name and Title (if applicable)

Today's Date (mm/dd/yyyy)

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Signature Guaranteed By:





## TIAA BROKERAGE SERVICES INCOMING ACCOUNT TRANSFER FORM

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### 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

### SEND US YOUR FORM ONLINE:

- Log in to your account at **TIAA.org**. On the main menu, under "My Account," select the "Upload documents" link.
- Within the "Shared Files" tab in "Message Center," select the "Upload Files" button.

### MOBILE UPLOAD:

- Log in to your TIAA app, and click on "Message Center" from the top right menu.
- Click on "Shared Files."
- In the bottom right corner, click on the upload icon and select the folder to upload to.
- Follow the instructions to take a picture and upload your completed form.

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### CHECKLIST

Did you remember to:

- Include a current copy of you delivering account statement (dated within the last 6 months)
- Confirm that all debit balances and restrictions have been cleared at the delivering firm.
- Form is signed and dated by all receiving account holders.
- All account holders have signed and dated any additional instructions that were included.
- Provide a notarized letter of authorization if the delivering account and receiving account registrations do not match.

