



REINVESTING YOUR TIAA TRADITIONAL ANNUITY TO VARIABLE ACCOUNTS AND/OR MUTUAL FUNDS

You currently have a TIAA Traditional Annuity and you want to change where the transfers are sent. Complete this form to transfer your TIAA Traditional Annuity account balance to one or more of your variable accounts and/or mutual funds in your TIAA and CREF contracts.

NOTE: If you have a Retirement Choice certificate, your institution has the right to change funding vehicles for your accumulations. If your institution exercises this right, accumulations from which you may be receiving payments may be moved to another carrier.

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, 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.)

If you don't have the contract numbers, please reference your quarterly statement.

2. PROVIDE YOUR ANNUITY INFORMATION

Transfer the TIAA Traditional accumulation from the contract listed below. If we are unable to transfer your TIAA Traditional accumulation to its companion CREF certificate, we will provide you with an enrollment form to establish a new CREF certificate for receiving transfers.

TIAA Traditional Number Plan Name

If you need assistance with available funds, please call us.

Contributions to and withdrawals from certain mutual funds may be subject to purchase or redemption fees. See the fund prospectuses for more details.

3. TELL US WHICH ACCOUNTS/FUNDS YOU ARE TRANSFERRING TO

Your allocation must be in whole numbers and total 100%.

Account/Fund Number	Investment Account/Fund Name	Percent of Account Balance
<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 type="text"/> %
<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 type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/> %
		TOTAL 100%





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4. YOUR SIGNATURE


By signing below:

- You agree that this request will be effective with the next transfer following receipt of this form and will govern all future transfers until you tell us otherwise.
- If you have a Retirement Choice certificate, you understand your institution has the right to change funding vehicles for your accumulations. If your institution exercises this right, accumulations from which you may be receiving payments may be moved to another carrier.

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.

Note: Item 4 serves no purpose beyond required reproduction of the official Form W-9 language. Please disregard item 4.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. 

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) TO:

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

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:

- Complete all necessary personal information.
- Indicate how much you want to withdraw by account or fund.
- Sign and date this form.
- 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.

