



# REDIRECTING YOUR TIAA TRADITIONAL ANNUITY PAYMENT TO AN ALTERNATE INVESTMENT COMPANY

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 an alternate investment company.

**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](http://TIAA.org/forms), and scroll to Find tax forms.

## 1. PROVIDE YOUR INFORMATION

First Name	<input type="text"/>		Middle Initial	<input type="text"/>
Last Name	<input type="text"/>		Suffix	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	Contact Telephone Number	Extension		
<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"/>		
State of Legal Residence (if outside the U.S., write in Country of Residence)	Citizenship (if not U.S.)			
<input type="text"/>	<input type="text"/>			

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.

TIAA Traditional Number	Plan Name
<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"/>





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Your employer may restrict the investment companies that can receive transfers from your employer's retirement plan. Please call us to confirm whether the investment company you name can receive transfers.

A representative from the investment company receiving the transfer must complete this section.

Please sign using black or dark blue ink. Digital signatures are not accepted.

**3. ACCEPTANCE BY INVESTMENT COMPANY**

We agree to accept the direct transfers from TIAA and to deposit the amount in an account/annuity set up for the participant under the employer's retirement plan. We'll enforce applicable plan withdrawal restrictions on any elective deferrals or earnings on them, and any preretirement survivor annuity and joint and survivor annuity requirements of ERISA or of any plan provisions.

**INVESTMENT COMPANY INFORMATION**

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Account Number

Investment Company Representative's Signature

Today's Date (mm/dd/yyyy)

Investment Company Representative's Name (please print)

Title

The employer that contributed to your plan must complete this section.

This section must be completed in order to make a withdrawal.

Please sign using black or dark blue ink. Digital signatures are not accepted.

**4. EMPLOYER'S PLAN REPRESENTATIVE**

Separation Date (mm/dd/yyyy)

**EMPLOYER PLAN REPRESENTATIVE CERTIFICATION**

Employer Plan Representative's Signature

Today's Date (mm/dd/yyyy)

Employer Plan Representative's Name (please print)

Title





**5. YOUR SIGNATURE**

By signing below:

- You agree that this request will be effective with the next transfer following the 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. Digital signatures are not accepted. ▶

Your Signature

Today's Date (mm/dd/yyyy)

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**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](http://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.





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**CHECKLIST**

Did you remember to:

- Complete all necessary personal information.
- Your institution must approve the alternate carrier. Please call to verify if company is approved.
- 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.

