



# REQUEST FOR A CHARITABLE DISTRIBUTION FROM AN INDIVIDUAL RETIREMENT ACCOUNT (IRA)

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Please print using black ink.

**IMPORTANT:** A full Social Security Number/Taxpayer Identification Number is required to process your request.

NEED HELP? Call TIAA at 800-842-2252 weekdays, 8 a.m.-10 p.m. (ET).

## 1. PROVIDE YOUR INFORMATION

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Suffix	
<input type="text"/>	<input type="text"/>	
Social Security Number/ Taxpayer Identification Number	Contact Telephone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>

Complete this section and select the Traditional IRA the charitable distribution will come from.

## 2. PROVIDE YOUR CONTRACT NUMBER

TIAA IRA Account Number	IRA Plan Number
<input type="text"/>	<input type="text"/>

**NOTE:** The amount to each nonprofit organization will be distributed proportionately across all available funds.

## 3. CHARITABLE DISTRIBUTIONS

Please issue a check payable to each nonprofit organization listed below.

### 1. Name of Nonprofit Organization

Mailing Address

City

State

Zip Code

Attention

Amount of Check

\$

### 2. Name of Nonprofit Organization

Mailing Address

City

State

Zip Code

Attention

Amount of Check

\$





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If you want to list additional organizations, you may copy this page and include it with your instructions.

## 3. CHARITABLE DISTRIBUTIONS (CONTINUED)

### 3. Name of Nonprofit Organization

Mailing Address

City

State

Zip Code

Attention

Amount of Check

\$

### 4. Name of Nonprofit Organization

Mailing Address

City

State

Zip Code

Attention

Amount of Check

\$

### 5. Name of Nonprofit Organization

Mailing Address

City

State

Zip Code

Attention

Amount of Check

\$





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## 4. SIGN YOUR FORM

I acknowledge that it is my responsibility to ensure the distribution(s) complies with the requirements of Sec. 1201 of the Pension Protection Act of 2006 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended. I assume full responsibility for any adverse tax consequences that may arise as a result of the distribution(s). I have consulted with my own tax advisor and understand the federal and state tax consequences of distribution(s). I have provided a current mailing address to the charitable organization(s). I understand that this is required in order for the charitable organization(s) to provide me with a proper receipt for my contribution. I further acknowledge that TIAA has not provided me with legal or tax advice about the distribution(s).

For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of the steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within 5 days, this transaction may be canceled.

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.

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience.

Your Signature

Today's Date (mm/dd/yyyy)

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## REQUEST FOR A CHARITABLE DISTRIBUTION FROM AN INDIVIDUAL RETIREMENT ACCOUNT (IRA)

Please return **ALL** numbered pages including any pages you did not need to complete.

### OPTIONS TO RETURN COMPLETED FORM(S)

#### Option 1: Digitally sign and submit your form.

- If you received a digital form, complete the online signature digital process.

**OPTION 2:** Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

**OPTION 3:** If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

- Log in to your **TIAA.org** account and select the **Actions** tab.
- Choose **Upload document(s)** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

**OPTION 4:** If you prefer to fax or mail this form, use the information provided below:

#### 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 DELIVERY:

TIAA

8500 Andrew Carnegie Blvd.

Charlotte, NC 28262

