



Use this form to roll over qualified retirement funds received from an alternate financial services provider. If you are completing this rollover 60 days after receiving the distribution, you must complete Step 4 of this form. Please send this form along with the check to the address indicated in the Return Completed Form section. Please retain a copy for your records.

Please print using black or dark blue ink.

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

1. PROVIDE YOUR INFORMATION

First Name Middle Initial
 Last Name Suffix
 Social Security Number/
 Taxpayer Identification Number Contact
 Telephone Number Date of Birth (mm/dd/yyyy) / /

If you have questions or need help locating your contract numbers, call us at 844-TIAA-IRA.

Weekdays
 8 a.m. - 10 p.m. (ET)

Or visit us online at TIAA.org 24 hours a day. Have your user ID and password ready.

*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. Please consult your tax advisor for further guidance regarding the status of your rollover. This IRS rule does not impact direct trustee-to-trustee transfers between IRAs. For more information on the above, or on your ability to qualify for a waiver on the 60-day time limit, please see irs.gov.

2. HOW WOULD YOU LIKE TO APPLY YOUR ROLLOVER?

I am rolling over funds to a new TIAA IRA*:
 Traditional IRA Roth IRA SEP IRA

OR

I am rolling over funds to an existing TIAA IRA*:
 TIAA IRA Account Number IRA Plan Number

Is this request related to the repayment of one or more of the following:

Birth or Adoption Qualified Reservist Distribution Natural Disaster Coronavirus

Amount \$

In general regarding Coronavirus-Related Distributions, a qualified individual who receives a Coronavirus-Related Distribution that is eligible for tax-free rollover treatment is permitted to recontribute, at any time in a 3-year period, any portion of the distribution to an eligible retirement plan that is permitted to accept eligible rollover contributions. Please consult your tax advisor for your eligibility to roll over such a distribution to a TIAA IRA.





ALLOCATION INFORMATION

Your rollover will be invested according to your allocation instructions on file. If you would like to change your allocation, please visit our website at TIAA.org or call us at 844-TIAA-IRA.

3. YOUR ACCOUNT AT THE PRIOR INVESTMENT COMPANY

Name of Investment Company

Account Number

Rollover Amount

\$

Check Distribution Date (mm/dd/yyyy)

/ /

Tell us the type of funds you're rolling over.

Keogh
 Roth IRA
 SIMPLE IRA
 Traditional IRA
 SEP IRA
 Employer-Sponsored Plan

Only complete Step 4 if you are completing this rollover 60 days after receiving the distribution and the rollover is NOT a Coronavirus-Related Distribution Rollover, a Birth or Adoption Rollover, a Qualified Reservist Distribution Rollover or a Disaster Relief Distribution Rollover. Retain a copy of this for your records.

4. SELF-CERTIFICATION FOR LATE ROLLOVER CONTRIBUTION

Check Date (mm/dd/yyyy)

/ /

Contract Number

Pursuant to Internal Revenue Service Revenue Procedure 2016-47, I certify that my contribution of

\$ missed the 60-day rollover deadline for the reason(s) listed below under "Reasons for Late Contribution." I am making this contribution as soon as practicable after the reason or reasons listed below no longer prevent me from making the contribution. I understand that this certification concerns only the 60-day requirement for a rollover and that, to complete the rollover, I must comply with all other tax law requirements for a valid rollover and with TIAA rollover procedures.

Pursuant to Revenue Procedure 2016-47, unless you have actual knowledge to the contrary, TIAA may rely on this certification to show that I have satisfied the conditions for a waiver of the 60-day rollover requirement for the amount identified above. TIAA may not rely on this certification in determining whether the contribution satisfies other requirements for a valid rollover.



4. SELF-CERTIFICATION FOR LATE ROLLOVER CONTRIBUTION (CONTINUED)

REASONS FOR LATE CONTRIBUTION

I intended to make the rollover within 60 days after receiving the distribution but was unable to do so for the following reason(s) (check all that apply):

- An error was committed by the financial institution making the distribution or receiving the contribution.
- The distribution was in the form of a check and the check was misplaced and never cashed.
- The distribution was deposited into and remained in an account that I mistakenly thought was a retirement plan or IRA.
- My principal residence was severely damaged.
- One of my family members died.
- I or one of my family members was seriously ill.
- I was incarcerated.
- Restrictions were imposed by a foreign country.
- A postal error occurred.
- The distribution was made on account of an IRS levy and the proceeds of the levy have been returned to me.
- The party making the distribution delayed providing information that the receiving plan or IRA required to complete the rollover despite my reasonable efforts to obtain the information.

GENERAL INFORMATION

If a rollover-eligible payment is distributed from an employer plan and is payable to the individual participant, the distributing institution must withhold 20% to prepay federal taxes. This will apply even if your intention is to roll over the distribution within the 60-day limit, since the 20% withholding is considered part of the distribution. If the amount rolled over is less than the full amount (partial rollover) of the distribution (amount of check and tax withholding), it will be considered taxable income. If you do not want a taxable event, then you must make up all of the tax withholding out-of-pocket to claim the full amount as a rollover contribution.

Please note: If you are requesting the 60-day rollover from an IRA, the 20% tax withholding is not mandatory.

TAX REPORTING:

60-day rollovers are tax reportable. You will receive a 1099-R from the distributing trustee, which reports the gross amount of the distribution and any withholding. TIAA will send a 5498 to you for rollover contributions made to Traditional IRAs and Roth IRAs. Rollover contributions made into a qualified employer plan will not result in a 5498 being mailed as you will need to use confirmation statements of the transaction for reporting purposes.





You must sign and date this section.

5. AUTHORIZATION AND ACKNOWLEDGMENT

I authorize TIAA to complete my 60-day rollover request to my TIAA IRA contract.

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/knowyouroptions. I understand that this document is educational in nature and is not intended to be relied on as a primary basis for making an investment decision. 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, I understand TIAA does not provide fiduciary investment advice with respect to the advisability of rolling over funds to an IRA.

I declare that the representations made in this document are true and that the IRS has not previously denied a request for a waiver of the 60-day rollover requirement with respect to a rollover of all or part of the distribution to which this contribution relates. I understand that in the event I am audited and the IRS does not grant a waiver for this contribution, I may be subject to income and excise taxes, interest, and penalties. If the contribution is made to an IRA, I understand TIAA will be required to report the contribution to the IRS. I also understand that I should retain a copy of this signed certification with my tax records.

If I am a non-resident alien individual, I acknowledge that the below tax certifications do not apply to me. I have provided TIAA with an IRS Form W-8BEN within the last three years or will submit a W-8BEN prior to requesting a distribution from this account. I acknowledge that I must have a W-8BEN on file to request a distribution.

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.

If you need to print the IRS Form W-8BEN, go to TIAA.org/forms and scroll to "Find tax information."

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

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20 



RETURN COMPLETED FORM AND ROLLOVER CHECK TO:

STANDARD MAIL:

TIAA
Attn: IRA Department
P.O. Box 1271
Charlotte, NC 28201-1271

OVERNIGHT:

TIAA
Attn: IRA Department
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

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, D.C., 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.

