

For account information, or to check the status of your request or any questions:

request or any questions:
Call 800-842-2252
Weekdays
8 a.m. — 10 p.m. (ET)
Saturday
9 a.m. — 6 p.m. (ET)
Or visit us online at
TIAA.org 24 hours a day.
Have your user ID
and password ready.

KEY INFORMATION TO CONSIDER

- We'll send the withdrawal amount after we receive your completed forms. The completed forms must be in good order. To avoid delays, be sure to complete all sections.
- Prior to taking a hardship withdrawal, you must obtain all other currently available distributions under the plan and all other plans of deferred compensation, whether qualified or nonqualified, maintained by your employer. Your employer's plan may also require you to first obtain all nontaxable loans available under the plan and all other plans maintained by the employer. Any cash distribution taken prior to a hardship withdrawal will be taxed at a federal tax withholding rate of 20% and, if applicable, state withholding will apply. Please consult your plan administrator if you have any questions regarding these requirements.
- Internal Revenue Service (IRS) regulations governing withdrawals due to hardship provide that:
 - Withdrawals due to hardship are not eligible to be rolled over, and
 - They may be subject to optional income tax withholding. The default tax withholding is 10%.
- State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note: The state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to TIAA.org/public/tax-withholding. Call TIAA at 800-842-2252 if you have any questions.
- A hardship withdrawal from your TIAA Traditional Annuity within Retirement Annuity (RA), Group Retirement Annuity (GRA) and Retirement Choice (RC) contracts is not available.





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Please print using black or	1. PROVIDE YOUR INFORMATION								
dark blue ink. IMPORTANT: A full Social	First Name								
Security Number is required									
to process your request. If you claim residence AND	Last Name	Suffix							
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.	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.)	n							
***************************************	2. DDOVIDE VOLID CONTRACT NUMBERS								
* The Plan and Sub Plan Numbers should have	2. PROVIDE YOUR CONTRACT NUMBERS TIAA Number CREE Number								
been provided when you requested the form. If you	TIAA Number CREF Number								
do not have them, please reference your quarterly statement.	Plan Number Sub Plan Number								
	Plan Name								
Withdrawals from certain	3. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE)								
mutual funds may be subject to redemption fees	A. I want to withdraw the entire amount available for hardship.**								
and may not be eligible for hardship. See the fund	(The amount of the distribution may not exceed the amount of the documented finar	ted financial need.)							
prospectus for additional	Please indicate whether this is a net or gross amount.								
information. Not all of your account balances may	Net (amount after taxes) Gross (amount before taxes)								
be available for hardship distribution. The amount	(The amount will default to gross if no selection is made.) OR								
eligible will be calculated based on the requirements	B. I want to withdraw only a portion of my available account balances as indicated.**								
of your employer's plan	(If you are not withdrawing your entire available hardship balance, indicate the dollar	amount.)							
documents and applicable IRS regulations. Remember, account balances change daily based on market performance. Log in to your account at TIAA.org or call us for automated up-to-date account information.	Dollar Amount**								
	\$								
	Please indicate whether this is a net or gross amount.								
	Net (amount after taxes) Gross (amount before taxes)								
	(The amount will default to gross if no selection is made.)								
account mornadom	** Your hardship payment will be made proportionately based on all of your available	e funds.							

TACCT/OTCPAYHARD F11270 (12/19)

Teachers Insurance and Annuity Association of America (TIAA) acts as recordkeeper for the plan and will carry out transactions you direct in accordance with the plan.





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If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and

documentation.

You may fax copies of forms and documents if you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must upload or mail original documents (not faxed copies) with this form.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8-10 business days for you to receive it.

4. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

1 1 121

Please indi	icate where you would like us to send the money:		
Direct Deposit to my bank account already on file:			
Bank N	Name:		
Accour	nt Number ending in:		
Direct Deposit to my new Checking or Savings Account:			
Ch	hecking Account OR Savings Account		

Provide documentation described in item A, B or C below.

A. Upload a photo of a voided check through our TIAA mobile app or log in to TIAA.org. You can also mail an original voided check to TIAA with this form. Starter checks, deposit slips, third-party checks and photocopies of checks are not acceptable.

OR

- B. Mail an original notarized letter from your bank (including all the information below) to TIAA with this form. Photocopies of checks are not acceptable.
 - On bank letterhead, which includes address of bank
 - Name on your account
 - Address on your account
 - Bank/ABA routing number
 - Account number
 - Account type (personal checking account or personal savings account)
 - Signature of the financial institution's representative. This signature must either be notarized by the financial institution's notary or it must be a signature guarantee, including the stamp or seal from the financial institution's authorized representative.
 - If any of the bullet points above are missing, we will send your payment to the current address on file.

OR

- C. Upload a photo of a Bank Generated Setup Form (including all the information below) through our TIAA mobile app or log in to TIAA.org. You can also mail an original to TIAA with this form. Photocopies of checks are not acceptable.
 - Name on your account
 - Address on your account
 - Bank/ABA routing number
 - Account number
 - Account type (personal checking account or personal savings account)

Mail a check to my current address on file.

Note: To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us so we can discuss some of your options for completing your request.





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You must provide a copy of the applicable documentation with this form or your request for a distribution will be rejected.

The amount of the distribution may not exceed the amount of the documented financial need. If the total requested in Section 3 exceeds the amount of the documented need, then only the amount of the documented need will be paid.

5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP

Please check the reason for your hardship withdrawal. Listed below each reason is acceptable supporting

documentation of the unpaid/outstand	ding expenses.	cceptable supporting
Reason for Hardship	Documentation Required	Date of Documentation
Expenses directly related to the purchase of my principal residence	Copy of purchase contract signed by buyer and seller. AND Copy of estimated closing costs documented by a financial institution. A Good Faith Estimate/Closing Cost worksheet has the estimated amount needed at closing.	Dated within the last 6 months and must not have been paid.
Funds needed to prevent eviction from my principal residence or foreclosure of mortgage on my principal residence	Copy of eviction notice/letter clearly stating the principal residence address, dollar amount that is due and the date it is due to prevent eviction. Supporting documentation from a private landlord must include the residential address and the contact information of the landlord inclusive of the telephone number, the name and signature of the landlord.	Dated within the last 3 months and must not have been paid.
	OR Copy of foreclosure notice/letter from mortgage company clearly stating the dollar amount that is due and the date it is due to prevent foreclosure proceedings. Default notices must state the loan will be accelerated and/or foreclosure proceedings will begin if default is not cured.	
Expenses related to repair of damage to my principal residence incurred as a result of certain	Copy of unpaid repair bill that indicates the address at which the work is performed. Provide the type of casualty and when it occurred and that it was a direct result of this casualty.	Dated within the last 6 months and must not have been paid.
casualty damage IRS defines deductible casualty event as	Insurance documents that show what was and was not reimbursable.	
the damage, destruction, or loss of property resulting from an identifiable event that is sudden, unexpected, or unusual (i.e., floods, hurricanes, tornadoes, terrorist attacks, vandalism and volcanic eruptions). Sudden is	By signing the form requesting a hardship withdrawal, I certify that the damage covered by the attached bill occurred to my primary residence AND qualifies for a casualty loss deduction under Internal Revenue Code Section 165 that is not reimbursable by insurance.	
swift, not gradual or progressive. Unexpected is ordinarily unanticipated and unintended. Unusual is not a day-to-day occurrence and that is not typical of the activity in which you were engaged.	Note: This does not include home improvements, additions, remodeling, routine upkeep and maintenance or progressive deterioration.	





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5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP (CONTINUED) Reason for Hardship **Documentation Required** Date of Documentation Dated within the last 6 months. Copy of food and shelter invoices and/or unpaid Expenses and losses related to a repair bills indicating the address at which such federally declared disaster expenses were incurred. If claiming loss of income, documentation from your employer evidencing the IRS defines such expenses and losses dates and amounts of lost salary, wages, and other (including loss of income) as those incurred compensation resulting from your inability to work in on account of a disaster declared by the an area designated by FEMA as a federally declared Federal Emergency Management Agency disaster. (FEMA) under the Robert T. Stafford By signing the form requesting a hardship withdrawal, Disaster Relief and Emergency Assistance I certify that the expenses and losses covered by the Act, Public Law 100-707, provided that the attached documentation occurred to my principal employee's principal residence or principal residence or place of employment due to a FEMA place of employment at the time of the designated disaster. disaster was located in an area designated by FEMA for individual assistance with respect to the disaster. Copies of insurance statements showing amounts not Dated within the last 6 months Medical expenses that would be reimbursed, along with unpaid bills. Explanation of and must not have been paid. deductible under the Internal benefits without an invoice is not acceptable. Revenue Code for Me, My Spouse, If there is no insurance coverage, provide copies of My Dependent and/or Primary medical bills showing the uninsured portion of the Beneficiary under the Plan. medical expenses, and Medical expenses/co-payments must clearly be IRS Publication 502, Medical and Dental outstanding. Expenses is a useful tool for determining which expenses are deductible. Please These expenses can also be incurred by your spouse use the following link to access a list of or your dependent, so please indicate who is incurring deductible medical expenses: irs.gov/ the expense. Relationship to the employee must be publications/p502. indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.). Copies of unpaid tuition bill or statement from school/ Dated within the last 6 months Tuition, related educational college/university for up to the next 12 months. and must not have been paid. fees, and room and board AND/OR expenses, for up to the next Copies of unpaid bills or receipts for other related fees 12 months of postsecondary and expenses (i.e., books) or room and board for the education for Me, My Spouse, next 12 months. My Dependent and/or Primary These expenses can also be incurred by your spouse Beneficiary under the Plan. or your dependent, so please indicate who is incurring the expense. Relationship to the employee must be indicated on the form and proof of dependency will be required (i.e., copies of tax forms, marriage license, etc.). Note: Bills for previously attended semesters, or student loans, are not acceptable documentation. Must have an actual bill or invoice; hardship withdrawals cannot be processed for estimated costs of attendance. Copy of unpaid bill for funeral or burial expenses. Dated within the last 6 months Burial or funeral expenses that and must not have been paid. These expenses can also be incurred by your spouse would be deductible under the or your dependent, so please indicate who is incurring Internal Revenue Code for a Parent, the expense. Relationship to the employee must be Spouse, Dependent and/or Primary indicated on the form and proof of dependency will be Beneficiary under the Plan. required (i.e., copies of tax forms, marriage license, etc.).





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Enter the percentage if you want taxes withheld. If you are a U.S. citizen residing outside the United States, you must elect income tax withholding. If no selection is made, federal taxes will default to 10%.

5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP (CONTINUED)

TAX WITHHOLDING

A Hardship withdrawal is considered a non-rollover eligible withdrawal because of taxation rules. Please select one option below for how we should handle the federal income tax from your payment.

No withholding; I will satisfy any tax obligation separately.

Default federal withholding of 10%

Fixed percentage % (must be greater than 10%)

If you do not make an election above, we will apply the default withholding rate, which is 10% of the taxable amount for U.S. citizens residing in the Uited States.

SIGNATURE (Please read the following and sign your name to this form in the "Your Signature" box on the next page.)

- I affirm that I have an immediate and heavy financial need, and I represent and affirm that I have insufficient cash or other liquid assets reasonably available to satisfy this financial need.
- I affirm that I have already obtained all other currently available distributions under the plan from which I am taking this hardship distribution and under all other plans of deferred compensation, whether qualified or nongualified, maintained by my employer.
- I certify that the amount of the distribution that I have requested is not in excess of this immediate and heavy financial need.
- I certify that the documentation that I have provided with this form is authentic.
- If required by my employer's plan, I certify that I have obtained all loans currently available from all funding vehicles under all plans of my employer and any other employer that is related to my employer. Maximizing loan availability may require a transfer of assets between funding vehicles. I understand that TIAA may verify this information at the direction of the employer and that TIAA will be entitled to rely on that verification to determine my eligibility for hardship withdrawal requests. (NOTE: Certification is not necessary if the taking of all available loans prior to a hardship withdrawal is not required by your plan rules; consult your plan administrator with any questions.)
- I understand that TIAA will process my hardship distribution when all required documentation has been received and all required verification has been completed.
- I understand that the amount of my hardship distribution cannot exceed the amounts available for hardship in my contract and that the amounts available for hardship can fluctuate based on market conditions. I understand that the amount verified as available for hardship distribution may be less than the amount that I have requested and less than the amount indicated on the documentation that I have submitted.
- I understand that my hardship distribution may not be sent as a rollover to an IRA or to an employer's retirement plan.





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If you're married, you must sign and date this section before your spouse signs Section 6B.

5. EARLY WITHDRAWAL CERTIFICATION—HARDSHIP (CONTINUED)

- I understand that the tax consequences of any withdrawal are my responsibility to determine and satisfy. I am aware that a 10% early distribution tax penalty may be assessed by the IRS if I am under the age of 59½.
- I hereby authorize TIAA, its authorized representatives and the Plan Sponsor to use my personal information, including personal medical information, for the purpose of processing my hardship withdrawal request. Except where ordered by a court of law or by a governmental agency, TIAA, its authorized representatives, and the Plan Sponsor shall not release any personal information used to process my request to any party without my prior written approval.
- I understand that my account will not be liquidated until TIAA receives this form and has verified my eligibility for a hardship distribution under the terms of my employer's plan and applicable tax law. This verification may take up to one (1) business day after the day TIAA has received this form. If my form is received after market close on a business day, then the process of determining my eligibility for a hardship distribution may not begin until the next business day. The amount of money that I receive will depend on the price at which TIAA can liquidate my account. Due to market fluctuations, such liquidation price could be less than the price at the time I submit this form to TIAA. As a result, the amount of money that I receive as a result of the liquidation of my account for a hardship distribution could be less than the market value as of the date that I submit this form.

AUTHORIZE YOUR REQUEST

By signing this form in the "Your Signature" box below:

- You authorize TIAA to make withdrawals from your TIAA account balances, as stated in this form.
- If you requested that your withdrawal be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA. You release your bank from any liability to TIAA for overpayment above the amount of the funds available at the time TIAA requests a refund.
- 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 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 or dark blue ink. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

Signature Today's Date (mm/dd/yyyy)											
				/			/	2	0		





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

RETURN COMPLETED FORM(S) TO:

If this is your first (or a new) direct deposit to the bank account you provided, please include some additional documentation. You can upload a photo of a voided check by following the instructions below. If you prefer to mail your documentation, you can send an original voided check, a letter from your bank, or a bank generated deposit setup form by standard or overnight mail.

If you're using a bank we already have on file for direct deposit, you don't need to provide the documentation listed above.

UPLOAD YOUR DOCUMENTS EASILY FROM YOUR MOBILE DEVICE OR COMPUTER.

Use the TIAA mobile app to quickly upload your completed documents. It's as simple as taking a picture:

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Select the Files header and tap Upload. That's it!

Haven't downloaded the TIAA mobile app? Get it today in the App Store or Google Play.

Don't have a smartphone? It's still easy. From your personal computer, here's what you'll need to do:

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

Faxing a document or using standard or overnight mail are also available, but can take more time. If you prefer one of these methods, use the information provided below to complete the process.

STANDARD MAIL: OVERNIGHT: FAX: 800-914-8922 (within U.S.) TIAA TIAA 704-595-5795 (outside U.S.) P.O. Box 1259 8500 Andrew Carnegie Blvd.

Charlotte, NC 28201-1259 Charlotte, NC 28262

CHECKLIST

Did you remember to:

- Complete all necessary personal information and indicate how much you want to withdraw. (Sections 1, 2 and 3)
- Let us know where to send your withdrawal: direct deposit to your bank account, or by check to your address on file. (Section 4)
- If you chose direct deposit to a NEW checking or savings account, include an original voided check or an original letter from your bank or a bank generated setup form with the completed forms package. (We cannot accept faxed copies.) NOTE: You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.
- Sign and date this form. (Section 5)





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.

