



CERTIFICATION OF DISABILITY FOR PUBLIC EMPLOYERS

For account information, or to check the status of your 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, or rollover amount after we receive your completed forms. To avoid delays be sure to complete all sections.
- You may be subject to a 10% federal tax penalty for early withdrawal if you were under age 55 when your employment ended, or if you're under age 59½ when you take this withdrawal.
- A withdrawal is taxable if it is not rolled over to another tax-deferred account. For withdrawals (not rollovers) we are required to withhold 20% for federal taxes. To withhold more than 20% federal taxes, you can download Tax Form W4-P from our website.
- State income tax withholding may be required if you are not rolling over the withdrawal. 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](https://www.tiaa.org/public/tax-withholding). Call TIAA if you have any questions at **800-842-2252**.
- **If you're under age 59½** (subject to the terms of your employer's plan), you can withdraw the amount of your account balance as of December 31, 1988. To withdraw post-1988 amounts, you must be separated from service, disabled or have encountered hardship as defined by the Internal Revenue Service (IRS).
- A cash withdrawal from your TIAA Traditional Retirement Annuity is generally not available. A cash withdrawal from your TIAA Traditional Group Retirement Annuity is available only within 120 days of your termination of employment if permitted by your employer and is subject to a 2.5% surrender charge. (If your TIAA Traditional account balance is \$2,000 or less, you may be able to withdraw the entire amount and without a surrender charge.)





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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.)

The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them, please reference your quarterly statement.

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number CREF Number

Plan Number Sub Plan Number

Plan Name

Withdrawals from certain mutual funds may be subject to redemption fees. See the fund prospectus for additional information.

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.

3. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE)

A. I want to withdraw the entire amount available from all my accounts.

OR

B. I want to withdraw only a portion of my available account balances as indicated.

If you are not withdrawing/rolling over your entire available account balance, indicate the dollar amount or percentage. Percentages and amounts must be in whole numbers.

Investment Account/Fund Name	Dollar Amount		Percent of Account Balance
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %
TOTAL REQUESTED AMOUNT:		\$	<input type="text"/>





If you want to receive multiple systematic withdrawals, complete Part B and tell us when you want to start receiving withdrawals. You can pick a date from the 1st to the 28th of the month. This date is called the effective date and is the date we use to value your account which must be a business day. Whenever the effective date is not a business day, we'll use the next business day. You'll receive each withdrawal shortly after the effective date.

4. WHEN AND HOW OFTEN DO YOU WANT TO RECEIVE WITHDRAWALS?

A. ONE-TIME SINGLE WITHDRAWAL (LEAVE THE REST OF THIS SECTION BLANK)

OR

B. MULTIPLE SYSTEMATIC WITHDRAWALS (PLEASE COMPLETE THE REST OF THIS SECTION BELOW)

Monthly Quarterly Semiannually Annually

Date (mm/dd/yyyy)

Start my withdrawals on / /

TELL US HOW LONG YOU WANT TO RECEIVE WITHDRAWALS. (Please select only one.)

I want to receive the following number of withdrawals

OR

Date (mm/dd/yyyy)

I want withdrawals to stop on / /

OR

Continue withdrawals until there are no funds in the designated accounts, or until I request that withdrawals stop.



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.

5. 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.

Please indicate where you would like us to send the money:

Direct Deposit to my bank account already on file:

Bank Name:

Account Number ending in:

Direct Deposit to my new Checking or Savings Account:

Checking 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.





* If you're rolling over your funds to a TIAA account, please provide your account number at the right. We'll invest your funds using the allocation instructions on file.

** The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them, please reference your quarterly statement.

If you need to open a new TIAA IRA, please call us.

Conversions to TIAA Roth IRAs will be made first as a rollover to a Traditional IRA, and then converted to a Roth IRA.

If you're converting to a TIAA Roth IRA, check one of the boxes for federal tax withholding.

6. ROLL OVER MY WITHDRAWAL TO ANOTHER TIAA ACCOUNT

My existing TIAA account*

TIAA Number CREF Number [input boxes]

Plan Name (Contributing Employer's Plan) [input box]

Plan Number** Sub Plan Number** [input boxes]

OR

My new TIAA IRA (My IRA enrollment form is attached)

WHAT TYPE OF ACCOUNT ARE YOU ROLLING OVER TO? (Choose only one)

Roth IRA Traditional IRA Other [input box]

If you checked Roth IRA, do you want federal taxes withheld from the pretax amount you're converting to a TIAA Roth IRA? If you don't check a box, we'll withhold 10% for federal taxes.

No, do not withhold federal taxes. Yes, withhold [input] % OR \$ [input]

If you're rolling over to a Roth IRA, you may owe federal taxes on your pre-tax amount.

The investment company receiving your rollover must complete the Investment Company Information. If the rollover is not going to an IRA account, then the investment company must also complete the Acceptance By Investment Company.

7. ROLL OVER MY WITHDRAWAL TO ANOTHER INVESTMENT COMPANY

WHAT TYPE OF ACCOUNT ARE YOU ROLLING OVER TO? (Choose only one)

Roth IRA Traditional IRA Other [input box]

If you checked Roth IRA, do you want federal taxes withheld from the pretax amount? If you don't check a box, we'll withhold 10% for federal taxes.

No, do not withhold federal taxes. Yes, withhold [input] % OR \$ [input]

INVESTMENT COMPANY INFORMATION

Investment Company Name [input box]

Address [input box]

City State Zip Code [input boxes]

Contact Telephone Number Account Number [input boxes]





If the rollover is not going to an IRA account, then a representative of the investment company receiving the direct rollover must complete and sign this section.

If you have after-tax contributions and the plan receiving your direct rollover can't accept them, we'll send you a check for that amount to your mailing address on file.

7. ROLL OVER MY WITHDRAWAL TO ANOTHER INVESTMENT COMPANY (CONTINUED)

ACCEPTANCE BY INVESTMENT COMPANY

We certify that the Internal Revenue Code of the plan receiving the direct rollover is (select only one)

401(a) 403(a) 457(b) Public Other: (Provide IRC Code)

We agree to accept the direct rollover (select only one)

and will account for both pretax and after-tax amounts.

of only the pretax amounts.

Investment Company Representative Signature

[Signature box]

Today's Date (mm/dd/yyyy)

20 [Month] [Day]

Title

[Title box]

Telephone Number

[Telephone box]

To view your loan balance (loan plus accrued interest), visit our website at TIAA.org, or call us.

- If you check Yes, we will repay your loan(s) and send any remaining balance.
If you check No, or leave this section blank, we will not repay any loan. However, your request will not include any collateral amount required.

8. TIAA ANNUITY LOAN REPAYMENT

If you have an outstanding loan and are requesting a Rollover/Withdrawal of your entire account balance, you need to provide instructions regarding your TIAA loan(s) below. Your account number and loan amount have been prefilled on this form.

Yes, I want to repay my entire outstanding loan balance(s).

No, I do not want to repay my entire outstanding loan balance(s) from this request. I understand that the collateral amount supporting my outstanding loan(s) will remain until loan is repaid.

Outstanding loan amount as of (mm/dd/yyyy)

20 [Month] [Day]

Account Loan Number

[Account Loan Number box]

\$ [Amount box]

[Account Loan Number box]

\$ [Amount box]

[Account Loan Number box]

\$ [Amount box]

[Account Loan Number box]

\$ [Amount box]

[Account Loan Number box]

\$ [Amount box]





Please read and sign where indicated.

You must sign and date this section in order to make a withdrawal.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

9. YOUR AUTHORIZATION AND SIGNATURE

By signing 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.
If you make a direct rollover into another employer's plan, you understand your right to receive a distribution of these funds...

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.

Your Signature

[Signature box]

Today's Date (mm/dd/yyyy)

[Date box: / 2 0]

10. CERTIFICATION OF DISABILITY

You may request a withdrawal of retirement plan contributions under the terms of the Internal Revenue Code and the terms of the retirement plan if you are totally and permanently disabled as defined by the Internal Revenue Code. To process the distribution, TIAA requires proof of your total and permanent disability.

Any one of the following items is acceptable proof:

- A letter from your doctor on the doctor's letterhead that includes the date of disability and specifically includes the following statement: [Your name] is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that is expected to result in death or to be of a long-continued and indefinite duration.
OR
A written representation from the Social Security Administration stating that you are permanently disabled under their regulations.
OR
A written representation from your insurance company stating you are currently receiving benefits under a Long-Term Disability policy.





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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.

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

CHECKLIST

Did you remember to:

- Complete all necessary personal information and indicate how much you want to withdraw by account or fund. (Sections 1, 2 and 3)
- Let us know where to send your withdrawal: direct deposit to your bank account, by check to your address, or direct rollover to TIAA or to another investment company.
- 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.
- Remember to sign and date this form.
- Your withdrawal is due to disability. Section 10 lists acceptable supporting documentation of your disability. You must provide a copy of the documentation with this form or your request for a distribution will be rejected.





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.

