



NEED HELP? 800-842-2252

Weekdays

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

Saturday

9 a.m. - 6 p.m. (ET)

GENERAL INFORMATION

Tax information in this form is not intended as tax advice. If you have any questions about the impact of a requested distribution on your personal tax situation, you should consult a qualified tax adviser.

Your account will be valued as of market close on the date we receive this form in good order. If your request is received after market close, it will be valued at the close of the next business day. If you changed your address with us in the last 14 days, a Bank Letter is required; otherwise, you must wait 14 days after the address change to submit the withdrawal request.

WITHDRAWALS

If you are withdrawing funds due to hardship as defined by the IRS; withdrawing funds from a 457(b) plan due to an unforeseeable emergency; withdrawing funds from an account other than your retirement investments; or changing your systematic withdrawals, you must use a different form. For these withdrawal types, please call us to obtain the correct form.

We will send you the withdrawal amount after we receive your completed forms in good order. To avoid delays, be sure to complete all sections.

TAX INFORMATION

Certain plan restrictions may apply to withdrawals under the following circumstances: in-service, separated from service, disabled, or have encountered a hardship as defined by the Internal Revenue Service (IRS).

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 are under age 59½ when you take this withdrawal (this penalty tax does not apply to balances in 457(b) governmental plans). Please see your tax advisor.

A withdrawal is taxable if it is not rolled over to another tax-deferred account. For rollover eligible withdrawals, we are required to withhold 20% for federal taxes.

You can download Tax Form W4-P from TIAA.org/forms, and scroll to Find tax forms.

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 if you have any questions at 800-842-2252.

PLEASE NOTE: A cash withdrawal from your TIAA Traditional Account may not be available. If you want to make a withdrawal from your TIAA Traditional Account, please call us. There are different rules for a withdrawal from a TIAA Traditional Account that require completing separate forms.





Do you want to receive your money faster? Find out if you can request your withdrawal online - just log in to your account at TIAA.org, click on "Manage My Portfolio" and select "Rollover or Withdraw Money." Some restrictions may apply.

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 [][][][][][][][][][]

Plan Number* [][][][][][][][][][] Sub Plan Number* [][][][][][][][][][]

Plan Name []

Was this contract issued as a result of a Divorce (Qualified Domestic Relations Order)? [] Yes [] No

NOTE: If there is not enough monies to pay off loans noted in section at right, we will default to paying the largest or oldest loan, whichever we deem to be the default.

NOTE: If you're paying off a loan(s) and taking a withdrawal, we will pay off your loan(s) proportionately and your withdrawal will be the remainder of the amount you noted in Section 8.

3. ANNUITY LOAN REPAYMENT (IF YOU DO NOT HAVE A LOAN, GO TO SECTION 4)

If you choose to pay off 100% of your loan, the loan repayment is subject to tax withholding and the payment will be paid proportionately across all available funds. Payoff of the loan will reduce the withdrawal amount.

- [] OPTION 1: Repay all outstanding loan balances under the Plan provided in the section above and take a withdrawal.
[] OPTION 2: Repay all outstanding loan balances under the Plan provided in the section above and do NOT take a withdrawal.
[] OPTION 3: DO NOT pay off loan(s), the collateral amount will remain in the account.
[] OPTION 4: Repay one outstanding loan balance (List loan number below) and take a withdrawal.
[] OPTION 5: Repay one outstanding loan balance (List loan number below) and do NOT take a withdrawal.

Loan Number []





Be sure to discuss all tax implications, if any, with your tax advisor.

4. ROTH ACCUMULATIONS

If you made Roth (After-Tax) contributions to the plan you are withdrawing from, please complete this section. If not, please move to next section.

Do you have ROTH accumulations? [] Yes [] No

Are you requesting ONLY non-Roth accumulations in withdrawal? [] Yes [] No

OR

Are you requesting ONLY Roth accumulations in withdrawal? [] Yes [] No

OR

Are you requesting BOTH Roth and non-Roth accumulations in withdrawal? [] Yes [] No

Under current federal tax law if, during a calendar year, you take cash withdrawals above the RRMD (Recurring Required Minimum Distribution) or MDO (Minimum Distribution Option) payments, the extra withdrawal amount will reduce any remaining required minimum distribution due during that year.

5. REQUIRED MINIMUM DISTRIBUTIONS (RMD)

If you are over 70½ and using this withdrawal to satisfy IRS Required Minimum Distribution, please complete this section. If not, please move to next section.

[] This is to satisfy my required minimum distribution (current year only).

[] I have provided my own calculation. \$ []

[] I want TIAA to calculate my minimum distribution.

Are you married? [] Yes [] No

Spouse's Name []

Spouse's Date of Birth (mm/dd/yyyy) [] [] / [] [] / [] [] [] []





If this is a rollover eligible withdrawal and you did not select any federal tax withholding, then TIAA will withhold 20% for federal taxes.

6. FEDERAL TAX WITHHOLDING

ROLLOVER ELIGIBLE WITHDRAWAL

For all rollover eligible withdrawals, TIAA is required to withhold a mandatory 20% for federal taxes unless your payment is being rolled over to another tax-deferred account.

I choose the following federal tax percentage be withheld from the taxable portion of my payment (must be greater than 20%): %

If this is a non-rollover eligible withdrawal and you do not select an available federal withholding option, then TIAA will withhold 10% for federal taxes.

NON-ROLLOVER ELIGIBLE WITHDRAWAL (CHECK ONE)

A non-rollover eligible withdrawal is a withdrawal that cannot be rolled over or is considered non-rollover eligible because of taxation rules. Some examples of non-rollover eligible withdrawals are Hardship, 457(b) Public Unforeseeable Emergency, After-Tax Retirement Annuity (ATRA), Required Minimum Distribution (RMD), Roth IRA, IRA, SEP IRA, SIP IRA and IRA conversion to Roth IRA. Please select one option below.

- No withholding, I will satisfy any tax obligation separately.
Default Federal Withholding of 10%
Fixed percentage % (must be greater than 10%)

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

7. WITHDRAWAL AMOUNT (CHECK ONE)

- OPTION 1: Withdraw entire amount available (Skip to Section 10).
OPTION 2: Withdraw only a portion of account balance (Continue to Section 8).

If you have chosen OPTION 1 or OPTION 2 above and do not want these monies sent to you immediately, please specify a future date for TIAA to send the funds to you.

FUTURE DATE: Please process my withdrawal request on: Date (mm/dd/yyyy) / / 20

- OPTION 3: Systematic Withdrawal (Continue to Section 8).





IMPORTANT NOTE: If you are currently subscribed to the Custom Portfolio Service and you choose specific funds, your account will be subsequently rebalanced using your Custom Portfolio Service instructions on file.

*Example: If you enter \$15,000 and you're paying off \$8,000 total in loan(s) then you will receive a withdrawal amount of \$7,000.

8. CHOOSE THE AMOUNT TO WITHDRAW FROM INVESTMENTS

How much would you like to withdraw? (please select only one)

I would like to withdraw \$ [] proportionately from all available investments.* (Enter the dollar amount here and leave the specific investment section below blank.)

I would like to withdraw the following amount(s). Indicate either the dollar amount OR percentage from each account. Percentages must be in whole numbers.

Table with 3 columns: Investment Account/Fund Name, Withdrawal Amount, Percent of Fund Value. Includes input fields for dollar amounts and percentages.

Your last payment may be less than your requested amount. The last payment amount will be the balance left in your account at the time that the last payment transaction occurs.

9. SYSTEMATIC WITHDRAWALS

Complete this section if you wish to establish a series of systematic payments. If not, move to next section.

How often do you want to receive withdrawals (choose one) (The amount(s) you note above, will be the amount you receive at the frequency selected below).

Monthly Quarterly Semiannually Annually

Your payments will continue as above until there are no monies in designated funds.

When do you want to start receiving withdrawals?

If your plan is funded by a Transfer Payout Annuity (TPA), you may choose any date from the 5th to the 28th of the month. All others may choose any date from the 1st to the 28th.

Start Date: (mm/dd/yyyy) []/[]/[2 0 [] []

Stop Date: (mm/dd/yyyy) []/[]/[2 0 [] []

You can choose to stop recurring payments at any time.





10. 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: [text box]

Account Number ending in: [four digit boxes]

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)

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.





You must read, date and sign where indicated in order to make a withdrawal.

11. YOUR AUTHORIZATION AND SIGNATURE

By signing below:

You authorize TIAA to make withdrawals from your account balances with TIAA, 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 it may result in the transaction being 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, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

Your Signature

Today's Date (mm/dd/yyyy)





Please check all the appropriate boxes. Based on the information you checked, an Employer Authorization may be required by the employer that contributed to your plan for TIAA to process your withdrawal request.

* If your plan has a vesting schedule, then the plan representative MUST confirm your vesting status, provided that the plan representative has not already provided this information prior to this request.

PLEASE NOTE: If this section is not completed and, if it is a requirement for your plan, TIAA will not be able to process your withdrawal request.

Please sign using black or dark blue ink.

12. EMPLOYER'S PLAN REPRESENTATIVE SIGNATURE

1. Do you qualify for this withdrawal based on the Heart Act of 2008 Legislation? (being a qualified reservist called to active duty within provisions of the Heart Act of 2008) Yes No

If Yes, provide date of leave: (mm/dd/yyyy) [] [] / [] [] / [] [] [] []

2. Have you separated from service from your employer? Yes No

3. Are you requesting an in-service withdrawal? Yes No

Check here if this in-service withdrawal is related to an Employer Authorized Phase Retirement Program.

4. Are you currently disabled? (proof of disability must be provided upon request) Yes No

If Yes, provide date of disability: (mm/dd/yyyy) [] [] / [] [] / [] [] [] []

5. Other []

6. My vested account balance available as a cash withdrawal in accordance with my retirement plan provision is: [] 0% [] 20%* [] 40%* [] 60%* [] 100%* OR [] [] %*

By the employer signing, the employer will receive the nonvested account balance and the vested account balance will be available to the participant.

PLAN REPRESENTATIVE APPROVAL

By signing, you are approving this request.

Separation of Service Date (mm/dd/yyyy)

[] [] / [] [] / [] [] [] []

Employer Authorization is not required

Plan Representative's Signature

[]

Today's Date (mm/dd/yyyy)

[] [] / [] [] / [] [] [] []

Plan Representative's Name (Please print)

[]

Title

[]





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.
- 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 this form.
- The employer who contributed to the plan you are making the withdrawal from must provide the date you separated from service.
- If applicable, complete all necessary tax forms. If you are disabled, remember to provide proof of disability with 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.

