



To get:

- account information
- the status of your request
- answers to your questions

Call **888-380-6428**

Weekdays

8 a.m. – 7 p.m. (ET)

Or visit us online at

TIAA.org 24 hours a day. Have your user ID and password ready.

General Information

Under federal tax law, if you have not made a survivor benefit distribution election or waiver within nine months of the date we can identify you (by our own means or by your sending information to us), we may be obligated to report your share as reportable income to you even though we have not dispersed it to you.

In this document Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA and CREF) refers to any TIAA and CREF legal entity offering an eligible product which includes Teachers Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF).

Any modification or changes to this form will cause it to be null and void prompting us to send a new request form and delaying your payment.

Please note: All contracts must be settled at the same time.

Your account will be valued as of the date we receive this form and all completed paperwork in good order.

In the event we need to contact you, please provide your phone number.

Funds will be allocated as currently invested. Once the entitlement is in your name, you will be able to make changes online or by contacting us.

Federal Tax

Federal law requires us to withhold 20% income tax from the taxable portion of your payment that is rollover eligible.

State Tax

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**.

Rollovers

If you are a beneficiary and wish to open a TIAA IRA, please call us or visit our website TIAA.org/public/supports/forms, under Open an Account.

Electronic Fund Transfers are not available for direct rollovers. We will send a check to the financial institution that you have designated on this survivor benefits form. Please be sure you provide a complete mailing address and account number.

If your rollover includes Roth 403(b)/401(k) contributions, they may be rolled over to another Roth 403(b)/401(k) that will accept them. They may also be rolled over to a Roth IRA.

Anti-Money Laundering Statement

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including TIAA, to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Social Security number and other information which will allow TIAA to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

If you would like to apply for a Savings and Investment Plan, please call us.





Please print using black or dark blue ink.

1. DECEDENT INFORMATION

Name (First Name, Middle Initial and Last Name)

Social Security Number/
Taxpayer Identification Number

Date of Death (mm/dd/yyyy)

 / /

PIN (For TIAA use only)

2. RETIREMENT ANNUITY NUMBERS

TIAA Contract

CREF Certificate





For **Name**, please insert an individual, trust or estate name.

If you do not have a SSN or TIN, please complete form W-7 and send it to the IRS. Once received by the IRS, complete form W-8BEN and return to TIAA with your completed forms. To print this form, go to TIAA.org/forms, and scroll to Find tax forms. For questions call TIAA at 888-380-6428.

You **must** provide a phone number so we can contact you with any questions regarding this request form.

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 this form, go to TIAA.org/forms, and scroll to Find tax forms. For questions, call us.

3. BENEFICIARY INFORMATION

Name (First Name, Middle Initial and Last Name)

If Trust or Estate list Trustee, Executor or Certified Officer

Name (First Name, Middle Initial and Last Name)

Social Security Number/
Taxpayer Identification Number

Date of Birth/Trust or
Last Amendment (mm/dd/yyyy)

Street Address

City

State

Zip Code

Primary Telephone Number

Alternate Phone Number

Email Address

State of Legal Residence

(if outside the U.S., write in Country of Residence)

Citizenship (if not U.S.)

Gender

Male

Female

Beneficiary Relationship to Original Decedent





PLEASE NOTE: Estates, organizations and successor beneficiaries are only eligible for Option 1.

PLEASE NOTE: If the decedent designated Option 2 as the only option for his/her beneficiaries, TIAA will continue the payment stream to you. If you should pass away prior to finishing the payment stream, we will pay your Estate the remaining commuted value.

4. PAYMENT OPTIONS

Tell us how you would like to receive your payments

Option 1: Commuted value payment (lump sum present value of the pension benefits)
If you are a SPOUSE AND wish to roll over your commuted value, check here and go Section 5.
All others, check here and go Section 6.

Option 2: Continued payments
Check here and go Section 6.

Option 3: Check here if you wish to receive continuing payments on ALL accounts

OR

check the appropriate box(es) to continue payments from specific accounts.

- | | |
|---|---|
| <input type="checkbox"/> TIAA Traditional | <input type="checkbox"/> CREF Growth |
| <input type="checkbox"/> CREF Bond Market | <input type="checkbox"/> CREF Money Market |
| <input type="checkbox"/> TIAA Real Estate | <input type="checkbox"/> CREF Equity Index |
| <input type="checkbox"/> CREF Global Equities | <input type="checkbox"/> CREF Social Choice |
| <input type="checkbox"/> CREF Stock | <input type="checkbox"/> CREF Inflation-Linked Bond |





PLEASE NOTE: Intended for spouse electing the commuted value ONLY.

5. ROLL OVER

What type of account are you rolling over to? (Choose only one and provide account number.)

My Traditional IRA

Account Number

A new Traditional IRA

Check here and attach enrollment form (call us for form.)

An IRA at another investment company.

Please provide investment company contact information here.

INVESTMENT COMPANY INFORMATION

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Account Number

Employee Contributions - Investment in Contract and/or Roth 403(b)/401(k)

I understand that a portion of the investments I am rolling over from TIAA is after-tax contributions. If the investment company I have chosen to receive my funds has agreed to accept the after-tax or Roth 403(b)/401(k) contributions, they will be invested in that company's accounts as I have directed. If the investment company cannot accept these contributions, a check in the amount of these funds will be issued me by TIAA and sent to my address of record.





Federal law requires us to withhold income tax from the taxable portion of your payments, unless you choose otherwise. If you would like another election, please call us.

6. FEDERAL TAX WITHHOLDING AMOUNT

COMMUTED VALUE

For the commuted value option the mandatory tax is 20% if you are spouse beneficiary.

% OR \$

NON-ROLLOVER ELIGIBLE (CHOOSE ONE)

I choose not to have tax withheld.

I want the following fixed percentage or flat dollar amount withheld from each payment.

% OR \$

I want the withholding from each payment, according to the following marital status exemptions.

Marital Status

Single Married Married, but withhold at single rate

Number of withholding allowances:

Optional: I want the following additional amount withheld from each payment. This is over and above the amount calculated from my withholding allowances: \$



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 mail original documents (not faxed copies) with this form.

The address listed on the check or bank letter must match your current address on file at TIAA.

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.

7. 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 the address listed in the Beneficiary Information section of this form.

For continued payments, please select option 3, 4 or 5.

Please choose only one of the five options below.

Option 1: Please deposit my cash entitlement in a Proceeds Plus account. TIAA offers to open a checking account for you at Northern Trust Bank. A welcome kit will be sent to you soon after payment is processed. A minimum deposit amount of \$5,000 will be needed to open this account. This option is not available for Estates or Trusts or non-U.S. residents.

Option 2: Please apply my commuted value to my existing TIAA Mutual Fund or Roth IRA account

Option 3: Direct Deposit to my individual or joint bank account already on file at TIAA:

Bank Name:	Account Number ending in:
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Option 4: Direct Deposit to my new Checking or Savings Account:

Checking Account **OR** Savings Account

Provide documentation described in item A or B below.

A. Mail an original voided check with this form. Starter checks, deposit slips, third-party checks and photo copies of checks are not acceptable.

OR

B. Mail a letter from your bank with the following information:

- 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.

Option 5: Mail a check to the address listed in Section 3.





Please read, sign and date where indicated.

8. YOUR SIGNATURE

By signing below:

- Payment cannot be made prior to the day we receive all necessary papers.
- The TIAA variable annuity accounts don't promise to pay any stated number of dollars but provide for benefit accumulation and payments in terms of units. The dollar value of your units changes periodically, based primarily on the investment performance of the accounts in which your funds are invested.
- Unless otherwise specified by the annuitant, I understand that at any time the trust may surrender the annuity for the commuted value of all unpaid installments. If I elected to receive the payments as an electronic funds transfer (EFT), I authorize TIAA to deposit the payments to the account at the bank stated in Section 7. I also authorize the bank to charge the account and to refund any overpayments to TIAA. The bank is released from any liability to TIAA for overpayments above the amount of funds available in the account 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.

If your entitlement does not exceed \$50,000, please sign here to complete your form.

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. ▶

If you are inheriting more than \$50,000, you must sign in front of a Notary Public. Once you sign and complete this page, the Notary Public will complete the next page. Please disregard if you a current TIAA participant.

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

Today's Date (mm/dd/yyyy)

Print Name

Capacity

If you aren't the beneficiary, indicate whether you're acting as a guardian or conservator of the beneficiary, or in some other capacity. Additional documentation may be required.





This section must be completed by a Notary Public. If you reside outside the U.S., then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

Please sign in black or dark blue ink. Digital signatures, such as signing with Adobe Acrobat, are not accepted.

NOTE: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

9. NOTARY PUBLIC CERTIFICATION

State County

Notary Expiration
Date (mm/dd/yyyy)

/ / 20

On the date noted below the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public's Signature

Today's Date (mm/dd/yyyy)

/ / 20

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.





Include ALL documents in ONE package with original signatures - no faxes or photocopies accepted.

RETURN COMPLETED FORM(S) TO:

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/rollover by account or fund.
- If you chose direct deposit to a **NEW** checking or savings account, include an original voided check or original bank letter with the completed forms package. **(We cannot accept faxed copies, online or mobile uploads.)** **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.
- Have your form notarized if your inheritance is more than \$50,000 and you are not a current TIAA participant.
- Complete all necessary tax forms, if applicable.

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.

