



**GROUP ANNUITY (DEFINED BENEFIT PLAN)
SINGLE SUM SURVIVOR BENEFIT PAYMENT
(ESTATE OR ORGANIZATION)**

Print in uppercase using black or dark blue ink.

Please use this form to request a single sum survivor benefit payment from the retirement plan indicated in Section 2.

Submit letters of appointment if they've not already been provided.

1. GENERAL INFORMATION

Estate or Organization Name

Executor, Administrator or Authorized Representative Name

Taxpayer Identification Number for the Estate or Organization

Address

City

State

Zip Code

Contact Telephone Number

Contact Evening Telephone Number

2. RETIREMENT PLAN INFORMATION

Institution Name

Retirement Plan Name

3. DECEASED PARTICIPANT INFORMATION

First Name

Middle Initial

Last Name

Suffix

Social Security Number/
Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

Date of Death (mm/dd/yyyy)





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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 mail or upload 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.

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

OR

B. Mail an original 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.
- If any of the bullet points above are missing, we will send your payment to the current address on file.

OR

C. Mail or upload a Bank Generated Deposit Set Up Form from your bank that includes the following information:

- 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 the address shown in Section 1.





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Federal law requires us to withhold 10% income tax from the taxable portion of the payment, unless you instruct otherwise. (State income tax also may apply.)

5. FEDERAL TAX WITHHOLDING

Please tell us how we should handle federal income tax withholding from the payment.

- Do NOT withhold federal income taxes.
- Withhold federal income tax at the standard 10% rate.
- Withhold federal income tax at the rate of %.

If this payment is being made to a foreign estate or organization, complete IRS Form W-8BEN-E. This form can be obtained on the IRS website at IRS.gov.

6. YOUR AGREEMENT AND SIGNATURE


By signing, I agree that I am an executor or authorized representative who can sign to accept these benefits. I acknowledge that the entire benefit will be paid in a single sum.

If I elected to receive my payment as an electronic funds transfer (EFT), I authorize TIAA to deposit my payment to my account at the bank stated in Section 4. I also authorize the bank to charge my account and to refund any overpayments to TIAA. My bank is released from any liability to TIAA for overpayments above the amount of funds available in my account at the time TIAA requests a refund. **To verify this information, I have attached a voided or cancelled check from my account.**

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.

Note: There are no FATCA code entries on this form, so please disregard item 4.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. 

Your Signature

Today's Date (mm/dd/yyyy)

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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.

