



EMPLOYER AUTHORIZATION TO BEGIN RETIREMENT PLAN INCOME

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.

We have completed the first two sections based on information in our files.

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.)

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number CREF Number

Plan Number Sub Plan Number

Please complete the third section and return this form to us by fax at **800-914-8922** (this number is available 24 hours a day) or the return fax number submitted on the fax transmittal cover sheet.

3. EMPLOYMENT STATUS/TRIGGERING EVENT FOR DISTRIBUTION

Please check only one.

I understand that by signing I am approving this request to pay benefits for the following reason:

Termination Date (mm/dd/yyyy)

Termination of employment. The date is/will be / /

Disability

Hardship

Attainment of normal retirement age (in service)

Please sign using black or dark blue ink. Digital signatures are not accepted.

4. EMPLOYER PLAN REPRESENTATIVE CONFIRMATION

Authorized Signature Today's Date (mm/dd/yyyy)

Print Name Title

Name of Institution Telephone Number





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RETURN COMPLETED FORM(S) TO:

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

SEND US YOUR FORM ONLINE:

- Log in to your account at [TIAA.org](https://www.tiaa.org). On the main menu, under “My Account,” select the “Upload documents” link.
- Within the “Shared Files” tab in “Message Center,” select the “Upload Files” button.

MOBILE UPLOAD:

- Log in to your TIAA app, and click on “Message Center” from the top right menu.
- Click on “Shared Files.”
- In the bottom right corner, click on the upload icon and select the folder to upload to.
- Follow the instructions to take a picture and upload your completed form.

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.

