



Financial Services

Plan Name: (Required)

Plan Number: 6 Digits (Required)

Plan Year End: mm/yyyy (Required)

Requestor's Name: (Required)

Requestor's Phone Number: (Required)

Requestor's Email Address: (Required)

(Note: This email address will be utilized to communicate the completion of the audit documentation request.)

INSTRUCTIONS

Use this transmittal to submit regulatory audit inquiries only.

Submit one plan per transmittal. If multiple requests are received or if a single request inquires about multiple plans, submit separate transmittals for each plan.

A copy of the correspondence from the regulatory agency must be included with this transmittal.

IMPORTANT INFORMATION

TIAA-CREF stands ready to provide assistance in compiling the requested plan information. However, there may be certain requested documentation that is not maintained by TIAA-CREF or is readily available in Plan Financial Reports available on a plan's secure administrator website. We will identify both situations.

Our goal is to provide our response within ten (10) business days.

Select the appropriate category inquiry:

DOL

IRS

OTHER

Explanation for other:

