



P.O. Box 1268
Charlotte NC 28201-1268

Request for a Direct Transfer

IMPORTANT: Return all of these pages. Each section also provides instructions for completing it. Also, the availability of this form does not guarantee that you are eligible for a direct transfer. If you have questions, please call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

Personal Information

Please be sure we have all of the requested information below. We need your citizenship and state of residence for tax reasons.

.....

First and Middle Name or Initial

Last Name

- -

Social Security Number

- -

Daytime Telephone Number

Citizenship (if not U.S.)

State of Residence

Amount

We'll value your accounts on the date we receive this properly completed form. Within four to seven business days, we'll send your transfer to the other company.

NOTE: If you're making a withdrawal from a mutual fund not managed by TIAA-CREF, it is subject to administrative charges that are deducted from your accumulation prior to payment.

Part A – Complete this part if you want us to send your transfer on a later date.

Part B – Provide the requested information in this part. The minimum transfer amount is \$1,000 from each account, or 100% if the account value is less than \$1,000. For each account, write the dollar amount or percentage you want to transfer. **Percentages and amounts must be in whole numbers and written as words.**

.....
 The direct transfers are to be taken from my accumulation in

Name of Employer's Plan *(not required for payments from IRAs)*

TIAA Number

CREF Number

A. Yes, I would like the direct transfer made on a future date. Please make the transfer on

 / /

Date (mm/dd/yyyy)

B. I would like to withdraw the following amount(s).

Account

Number	Account Name	Amount
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Your Signature

Be sure to sign and date your request.

By signing, you are authorizing TIAA-CREF to make the transfer as stated in this Request for a Direct Transfer to:

Name of Company

Account Number

If you receive distributions, such as dividends, return of capital, or a capital gains distribution, to an account after you have requested a full transfer from it, that distribution will be paid to you.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number; and you are not subject to backup withholding due to a failure to report interest or dividend income; and you are a U.S. person (this includes all U.S. citizens and resident aliens).*

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



Signature

 / /

Date (mm/dd/yyyy)

**If you are subject to backup withholding, cross out the statement above that refers to not being subject to backup withholding. If you are not a U.S. person, cross out the statement that refers to being a U.S. person.*

Company Acceptance

You must have a representative from the other company complete this section.

We agree to accept the direct transfer from TIAA-CREF and to deposit the amount in an account/annuity set up for the participant under the employer's retirement plan. We'll enforce applicable 403(b) withdrawal restrictions on any elective deferrals or earnings on them, and any pre-retirement survivor annuity and joint and survivor annuity requirements of ERISA or of any plan provisions.

Name of Company

 - -

Telephone Number

Check-Mailing Street Address

City

State

 -

Zip Code

Participant's Name (please print)

Participant's Account Number



Authorized Signature

 / /

Date (mm/dd/yyyy)

For your protection, some states and the District of Columbia require a warning against fraud to appear on this form. These states, including but not limited to Alaska, Arizona, Arkansas, California, Delaware, Indiana, Kentucky, Louisiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Tennessee and Virginia require a warning substantially similar to the following.

People who file applications for insurance or statements of claim commit a fraudulent insurance act if they knowingly do so with intent to injure, defraud or deceive any insurance company or another person; and/or knowingly include in their application or statement of claim any materially false or misleading information; and/or knowingly conceal information, for the purpose of misleading, concerning any fact material to the application or claim.

A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages.

New York residents, please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Arizona residents, please note: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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.

Florida residents, please note: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

New Jersey residents, please note: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.