

**UNIVERSITY OF UTAH**  
**WAIVER OF LIABILITY FOR A CASH WITHDRAWAL**  
**FROM TIAA-CREF VARIABLE ACCOUNTS**

**Explanation**

State Board of Regents Policy R851 requires that employees who have retired or separated from service and who intend to withdraw cash accumulations from their Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF) variable accounts sign this Waiver. The University of Utah Benefits Department must receive this signed Waiver (either notarized or witnessed) before furnishing the authorization signature(s) required by TIAA-CREF. This "Waiver of Liability" pertains only to accumulations from University of Utah contributions to the TIAA-CREF variable accounts of the undersigned.

Individuals intending to make cash withdrawals from TIAA-CREF variable account accumulations should seek expert financial, tax, and legal advice before proceeding with the withdrawal, and *obtain full and fair disclosure of any fees, sales commissions, load charges, and other costs associated with reinvesting or managing the amount withdrawn*. Please read and sign the waiver statement below in the presence of a notary public or witness (copy of identification must be attached if not notarized) if you decide to proceed with a cash withdrawal from your TIAA-CREF variable account accumulations. This completed Waiver should be returned to the Human Resources Benefits Department at 420 Wakara Way, Suite 105, Salt Lake City, UT 84108.

**Waiver**

I desire to withdraw cash from my TIAA-CREF variable accounts. I have read the TIAA-CREF requirements for making cash withdrawals from variable accounts. I understand the requirements and accept personal responsibility for any consequences which may result therefrom, and do so voluntarily.

I hereby agree to meet any and all requirements of TIAA-CREF, including but not limited to, the requirements of the requests for single or systematic cash withdrawals and the "Waiver of Survivor Annuity Benefits" documents. I further agree to hold the University of Utah, the Utah State Board of Regents, and their respective employees harmless from any claims, losses, expenses, and liabilities that arise or result from exercising my option to make this withdrawal.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee Separation Date

<p><b>Verification by witness:</b></p> <p>Witnessed this ____ day of _____, 20____.</p> <p>_____ Witness Signature (Copy of Employee's identification must be attached)</p>	<b>OR</b>	<p><b>Verification by notary:</b></p> <p>County of _____ ) : ss State of _____ )</p> <p>Acknowledged before me this _____ day of _____, 20____.</p> <p>_____ Notary Signature</p>
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