



REQUEST FOR A DIRECT TRANSFER

If you're making a transfer from a mutual fund not managed by TIAA, it is subject to administrative charges that are deducted from your accumulation prior to payment. See the fund prospectus for additional information.

Account balances change daily based on market performance. Log into your account at TIAA.org or call us at 800-842-2252.

A transfer from your TIAA Traditional account may not be available. If you want to make a transfer from your TIAA Traditional account, please call us at 800-842-2252. There are different rules for a transfer from a TIAA Traditional account that require completing separate forms.

Please print using black or dark blue ink.

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.

1. PROVIDE YOUR INFORMATION

First Name	<input type="text"/>	Middle Initial	<input type="text"/>
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Last Name	<input type="text"/>	Suffix	<input type="text"/>
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Social Security Number/ Taxpayer Identification Number	<input type="text"/>	Contact Telephone Number	<input type="text"/>	Extension	<input type="text"/>
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State of Legal Residence (if outside the U.S., write in Country of Residence)	<input type="text"/>	Citizenship (if not U.S.)	<input type="text"/>
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2. PROVIDE YOUR CONTRACT NUMBERS

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

TIAA Number	<input type="text"/>	CREF Number	<input type="text"/>
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Plan Number	<input type="text"/>	Sub Plan Number	<input type="text"/>
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Plan Name





If you do not make a selection, your direct transfer will be taken proportionately from all available funds.

IMPORTANT NOTE: If you are currently subscribed to the Custom Portfolio Service and you choose specific funds, your account will be subsequently rebalanced using your Custom Portfolio Service instructions on file.

3. AMOUNT

We'll value your accounts on the date we receive this form in good order.

I would like the direct transfer made on a future date. Please make the transfer on:

Date (mm/dd/yyyy)

□□ / □□ / 20□□

How much would you like to transfer? (please select only one)

I would like to transfer all available fund(s). If I have TIAA Traditional accumulations in a RA, GRA or RC contract that qualify for a Small Sum Transfer, I authorize the transfer of any eligible accumulation into the CREF Money Market account for the purposes of this transfer.

I would like to transfer the following amount(s). Indicate either the dollar amount OR percentage from each account. Amounts and percentages must be in whole numbers.

Account Number/Name	Amount	OR	Percentage
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %
<input type="text"/>	\$ <input type="text"/>		<input type="text"/> %





REQUEST FOR A DIRECT TRANSFER

Your employer may restrict the investment companies that can receive transfers from your employer's retirement plan. Please call us to confirm whether the investment company you name can receive transfers.

A representative from the investment company receiving the transfer may assist with completing this section.

4. INVESTMENT COMPANY INFORMATION

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Extension

Account Number

5. YOUR SIGNATURE

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

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, 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: Item 4 serves no purpose beyond required reproduction of the official Form W-9 language. 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. Digital signatures are not accepted. ▶

Your Signature

Today's Date (mm/dd/yyyy)





REQUEST FOR A DIRECT TRANSFER

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. 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.

CHECKLIST

Did you remember to:

- Complete all necessary personal information.
- Provide amount you would like to transfer.
- Sign and date this form.
- Call TIAA if you have any questions or need assistance at 800-842-2252.

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.

