

\*The Plan and Sub Plan Numbers should have been provided when you requested the form. If you do not have them, please contact us at 800 842-2252.

**1. PERSONAL INFORMATION**

**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 **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

First Name				Middle Initial	
Last Name					
Social Security Number			Daytime Telephone Number		
Citizenship (if not U.S.)				State	

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

Plan Name					
TIAA Number			CREF Number		
Plan Number*			Sub Plan Number*		



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

**NOTE:** 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. There are different rules for a transfer from a TIAA Traditional account that require completing separate forms. Please call us for your options at 800 842-2252.

2. AMOUNT

We'll value your accounts on the date we receive this properly completed form.

**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. For each account, write the dollar amount or percentage you want to transfer. **Percentages and amounts must be in whole numbers.**

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

Date (mm/dd/yyyy)

 /  / 

B. How Much? (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).

Account Number	Account Name	Amount
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**3. INVESTMENT COMPANY INFORMATION**

The investment company receiving your direct transfer can assist with completing the information below.

Investment Company Name

Street Address

City

State

Zip Code

 - 

Contact Phone Number

 -  - 

Account Number

**4. 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.**

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

Today's Date (mm/dd/yyyy)

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**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.

