

You can either request a withdrawal or rollover using this paper form or go online to www.tiaa-cref.org. If you want to go online to request a withdrawal, you'll need to log into your accounts with your user ID and password.

Helpful Hint: Requesting a withdrawal or rollover online is usually faster than completing paper forms.

QUESTIONS?

800 842-2776

For account information, to check the status of your request or any questions:

Monday – Friday
8 a.m. – 10 p.m. (ET)

Saturday
9 a.m. – 6 p.m. (ET)

www.tiaa-cref.org
24 hours daily
Have your user ID and password ready.

YOUR CHECKLIST

- Complete all necessary personal information and indicate how much you want to withdraw by account or fund. (Sections 1 and 2)
- Let us know where to send your withdrawal: direct deposit to your bank account, by check to your address, or direct rollover to TIAA-CREF or to another investment company. (Section 3)
- Remember to sign this form in Section 5.
- Complete the “Additional Requirements Based on Marital Status” section. If you are single, complete section 6A; if you are married your spouse must complete Section 6B in front of a notary public or your contributing employer’s plan representative.
- The employer who contributed to the plan you’re making the withdrawal from must provide the date you terminated employment in Section 7.
- Mail your completed form (all pages) to: **TIAA-CREF, P.O. Box 1268, Charlotte, NC 28201-1268**. If your withdrawal amount is less than \$50,000, you may instead fax your forms to **800 914-8922**.

KEY INFORMATION TO CONSIDER

- Your withdrawal or rollover will be paid within four to seven business days after we receive your completed forms. To avoid delays in receiving your withdrawal be sure to complete all sections.
- You may be subject to a 10% federal tax penalty for early withdrawal if you were under age 55 when your employment ended, or if you’re under age 59½ when you take this withdrawal.
- A withdrawal is taxable if it is not rolled over to another tax-deferred account. For withdrawals (not rollovers) we are required to withhold 20% for federal taxes. To withhold more than 20% federal taxes, you can download Tax Form W4-P from our website.
- We are required to withhold state tax if you reside in: AR, CA, DE, GA, IA, KS, MD, ME, MA, NE, NC, OK, OR, VT or VA. If your state tax form isn’t included go to www.tiaa-cref.org/forms, under General Tax Forms.
- If you want to make a withdrawal from your TIAA Traditional Annuity, please call us. There are different rules for a withdrawal from a TIAA Traditional Annuity that require completing separate forms.

TIAA-CREF ACCOUNT/FUND LIST

Please use the information below to complete Section 2 on the next page.

ASSET CLASS	TYPE	INVESTMENT ACCOUNT/FUND NAME and ACCOUNT/FUND NUMBER	
EQUITIES	VARIABLE ANNUITY ACCOUNTS	CREF Equity Index Account (008)	CREF Growth Account (007)
		CREF Global Equities Account (006)	CREF Stock Account (002)
	MUTUAL FUNDS	TIAA-CREF Equity Index Fund (373)	TIAA-CREF Mid-Cap Growth Index Fund (022)
		TIAA-CREF Growth & Income Fund (011)	TIAA-CREF Mid-Cap Value Fund (016)
		TIAA-CREF International Equity Fund (013)	TIAA-CREF Mid-Cap Value Index Fund (023)
		TIAA-CREF International Equity Index Fund (027)	TIAA-CREF Real Estate Securities Fund (017)
		TIAA-CREF Large-Cap Growth Index Fund (019)	TIAA-CREF S&P 500 Index Fund (018)
		TIAA-CREF Large-Cap Growth Fund (348)	TIAA-CREF Small-Cap Blend Index Fund (024)
		TIAA-CREF Large-Cap Value Fund (014)	TIAA-CREF Small-Cap Equity Fund (028)
		TIAA-CREF Large-Cap Value Index Fund (020)	TIAA-CREF Small-Cap Growth Index Fund (025)
TIAA-CREF Mid-Cap Blend Index Fund (021)	TIAA-CREF Small-Cap Value Index Fund (026)		
TIAA-CREF Mid-Cap Growth Fund (015)	TIAA-CREF Social Choice Equity Fund (012)		
REAL ESTATE	VARIABLE ANNUITY ACCOUNT	TIAA Real Estate Account (009)	
FIXED INCOME	VARIABLE ANNUITY ACCOUNTS	CREF Bond Market Account (005)	CREF Inflation-Linked Bond Account (010)
	MUTUAL FUNDS	TIAA-CREF Bond Fund (368)	TIAA-CREF Inflation-Linked Bond Fund (367)
		TIAA-CREF Bond <i>Plus</i> Fund II (358)	TIAA-CREF Short-Term Bond Fund II (361)
		TIAA-CREF High-Yield Fund II (355)	
MONEY MARKET	VARIABLE ANNUITY ACCOUNT	CREF Money Market Account (003)	
	MUTUAL FUNDS	TIAA-CREF Money Market Fund (370)	
GUARANTEED	GUARANTEED ANNUITY ACCOUNT	TIAA Traditional Account (001)	
MULTI-ASSET	VARIABLE ANNUITY ACCOUNT	CREF Social Choice Account (004)	
	MUTUAL FUNDS	TIAA-CREF Managed Allocation Fund II (352)	TIAA-CREF Lifecycle Fund 2035 (140)
		TIAA-CREF Lifecycle Fund 2010 (135)	TIAA-CREF Lifecycle Fund 2040 (141)
		TIAA-CREF Lifecycle Fund 2015 (136)	TIAA-CREF Lifecycle Fund 2045 (522)
		TIAA-CREF Lifecycle Fund 2020 (137)	TIAA-CREF Lifecycle Fund 2050 (525)
	TIAA-CREF Lifecycle Fund 2025 (138)	TIAA-CREF Lifecycle Retirement Income Fund (528)	
	TIAA-CREF Lifecycle Fund 2030 (139)		



CASH WITHDRAWAL OR ROLLOVER FROM YOUR **RETIREMENT ANNUITY** FOR PRIVATE EMPLOYER PLANS

If you claim residence and citizenship outside the U.S. please complete tax form W-8BEN, which you'll find at www.tiaa-cref.org/forms, under General Tax Forms.

**The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them please contact us at 800 842-2776.

1. PROVIDE PERSONAL AND ACCOUNT INFORMATION

First Name Middle Initial

Last Name

Social Security Number

____ - ____ - _____

Daytime Telephone Number Extension

____ - ____ - _____

State of Residence (if outside the U.S., write in Country of Residence) Citizenship (if not U.S.)

TIAA Number CREF Number

Plan Name (Contributing Employer's Plan)

Plan Number** Sub Plan Number**

The minimum withdrawal is \$1,000, or 100% if the account/fund balance is less than \$1,000.

Withdrawals from certain mutual funds may be subject to redemption fees. See the fund prospectus for additional information.

Remember, account balances change daily based on market performance. Log into your account at www.tiaa-cref.org or call 800 842-2252 for automated up-to-date account information.

*The Account/Fund Number is in the TIAA-CREF Account/Fund List on Page 2 of 2.

2. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE)

- A. I want to withdraw the entire amount available from all my accounts.
- OR**
- B. I want to withdraw only a portion of my available account balances as indicated.

If you are not withdrawing/rolling over your entire available account balance, indicate the dollar amount or percentage from each account/fund. Percentages and amounts must be in whole numbers.

Account/ Fund Number*	Investment Account/Fund Name	Withdrawal Amount	OR	Percent of Fund Value
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____
_____	_____	_____		_____

TOTAL REQUESTED AMOUNT: _____

*If you wish to include any after-tax monies in your rollover, please contact us.

3. TELL US WHERE TO SEND YOUR WITHDRAWAL (CHOOSE ONE)

A. Direct Deposit to my bank account. (Also complete Section 3A)

OR

B. Rollover to another TIAA-CREF account or an alternate investment company.*
(Also complete Section 3B)

OR

C. Send check to my mailing address on file.

Direct deposit gives you the quickest access to your funds.

Your bank routing number is 9 digits and can usually be found on the bottom left of your checks, next to your account number. It may take your bank 24 to 72 hours to make your funds available.

If you do not provide us with all of the required direct deposit information, we will send your withdrawal to your residential address.

For your direct deposit request, if you **do not** attach a voided check you must have a bank representative complete this section.

3A. DIRECT DEPOSIT

Bank's Name

Street Address or P.O. Box for Funds Transfer

City

State

Zip Code

Contact Telephone Number

 — —

Extension

Account Number

Bank Transit Routing Number

ACCOUNT TYPE (Choose only one)

Checking (**ATTACH A VOIDED CHECK.** Otherwise, the Signature Guarantee must be completed.)

OR

Savings (The Signature Guarantee must be completed.)

SIGNATURE GUARANTEE OF BANK OR FEDERAL SAVINGS AND LOAN REPRESENTATIVE

I certify the bank routing number is correct and the person described above, whose identity is known or has been proven to me, personally appeared before me and signed this request on:

Date (mm/dd/yyyy)

 / /

City

State

Representative Signature

Date (mm/dd/yyyy)

 / /



CASH WITHDRAWAL OR ROLLOVER FROM YOUR **RETIREMENT ANNUITY** FOR PRIVATE EMPLOYER PLANS

*If you're rolling over your funds to a TIAA-CREF account please provide your account number at the right. Your funds will be invested using the allocation instructions on file.

**The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them please contact us at 800 842-2776.

If you need to open a new TIAA-CREF IRA please call us at 800 842-2776.

The Investment Company receiving your rollover can assist with completing the information at the right, and the Acceptance by Investment Company below.

If you choose to have state taxes withheld, please provide instructions on a separate sheet of paper.

If you're converting over to a Roth IRA, you may owe federal taxes on your pre-tax amount. Conversions to Roth IRAs will be made first as a rollover to a Traditional IRA, and then converted to a Roth IRA.

3B. ROLLOVER MY WITHDRAWAL TO:

My existing TIAA-CREF account*

TIAA Number

CREF Number

Plan Name (Contributing Employer's Plan, Not Applicable for IRA Contracts)

Plan Number**

Sub Plan Number**

OR

My new TIAA-CREF IRA (My IRA enrollment form is attached)

OR

Another investment company

Investment Company Name

Street Address or P.O. Box for Funds Transfer

City

State

Zip Code

Contact Telephone Number

 - -

Extension

Account Number

WHAT TYPE OF ACCOUNT ARE YOU ROLLING OVER TO? (Choose only one)

Option 1: Traditional IRA

OR

Option 2: Roth IRA (Please answer the question below.)

Do you want federal taxes withheld from the pre-tax amount you're converting to a Roth IRA? If you do not make a selection, 10% will be withheld for federal taxes.

No, do not withhold federal taxes.

Yes, withhold

%

OR \$

OR

Option 3: My current employer's plan

CONTINUED ON NEXT PAGE

Have a representative of the investment company receiving the rollover complete and sign this section.

If you have after-tax contributions and the plan receiving your direct rollover cannot accept them, we will pay that amount to you by check and send it to your address of record.

3B. ROLLOVER MY WITHDRAWAL TO: (CONTINUED)

ACCEPTANCE BY INVESTMENT COMPANY

We certify that the Internal Revenue Code of the plan receiving the direct rollover is *(select only one)*

401(a) 403(a) 457(b) Public 401(k) 403(b) Other (provide IRC Code)

We agree to accept the direct rollover *(select only one)*

and will account for both pre-tax and after-tax amounts. of only the pre-tax amounts.

Investment Company Representative Signature

Date (mm/dd/yyyy)

/ /

Title

Telephone Number

- -

To view your loan balance (loan plus accrued interest), visit our website at www.tiaa-cref.org, or 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).

- If you check Yes, we will repay your loan(s) and send any remaining balance.
- If you check No, or leave this section blank, we will not repay any loan. However, your request will not include any collateral amount required.

4. TIAA-CREF ANNUITY LOAN REPAYMENT

If you have an outstanding loan and are requesting a Rollover/Withdrawal of your entire account balance, you need to provide instructions regarding your TIAA-CREF loan(s) below. Your account number and loan amount have been pre-filled on this form.

Yes, I want to repay my entire outstanding loan balance(s).

No, I do not want to repay my entire outstanding loan balance(s) from this request. I understand that the collateral amount supporting my outstanding loan(s) will remain for future use.

Outstanding loan amount as of (mm/dd/yyyy)

/ /

Account Loan Number

\$

\$

Please read and sign where indicated.

If you're married, you must sign and date before your spouse's signature which is required in Section 6B.

Helpful Hint: You must sign this section in order to make a withdrawal.

5. YOUR SIGNATURE

By signing below:

- You authorize TIAA-CREF to make withdrawals from your TIAA-CREF account balances, as stated in this form.
- If you requested that your withdrawal be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA-CREF. You release your bank from any liability to TIAA-CREF for overpayment above the amount of the funds available at the time TIAA-CREF requests a refund.
- If you make a direct rollover into another employer's plan, you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the rollover and the funds in which your direct rollover are invested. You further understand that if you make a direct rollover to another employer's plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), spousal rights will apply to these funds and you may need a signed waiver from your spouse in order to receive a subsequent distribution of these funds.

Under penalties of perjury, you 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.

Your Signature

Date (mm/dd/yyyy)

 / /

Helpful Hint: Your withdrawal cannot be made unless Section 6A or 6B is completed.

If you're single, please sign Section 6A. If you're still working for the employer that contributed to this plan, they need to certify below that you're not married. If you're no longer working for that employer, just sign and date this section.

6. ADDITIONAL REQUIREMENTS BASED ON MARITAL STATUS

If you are **single**, complete Section 6A. If you are **married**, your spouse will need to complete Section 6B.

6A. IF YOU ARE SINGLE, COMPLETE THIS SECTION

I certify that I am not married.

Your Signature

Date (mm/dd/yyyy)

 / /

PLAN REPRESENTATIVE CERTIFICATION

By signing, you certify that the participant is not married.

Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Plan Representative Name (please print)

Title

Your spouse has the right to receive a survivor benefit of at least 50% of your account balance. Your spouse can give up, or waive, this right by consenting to this withdrawal.

6B. IF YOU ARE MARRIED, YOUR SPOUSE COMPLETES THIS SECTION

Remember, your **spouse must sign and date** this waiver on or after you have signed Section 5.

SPOUSE'S WAIVER OF SURVIVOR BENEFITS

You have the right to receive a survivor benefit of at least 50% (or more as provided by plan provisions) of your spouse's accumulation if your spouse dies before you. Your spouse is requesting a withdrawal/rollover and since this money will not be used to provide you with a survivor benefit, we require your consent. If you agree to the withdrawal/roll over, please read and sign the statement below, and have your signature witnessed.

By signing I agree that the amount withdrawn/rolled over will not be available as a survivor benefit.

Spouse's Signature

Date (mm/dd/yyyy)

 / /

Your spouse must sign in front of a Notary Public, or the contributing employer's plan representative.

NOTARY PUBLIC CERTIFICATION

State

County

Date (mm/dd/yyyy)

 / /

First Name of Spouse

Last Name of Spouse

On the above date the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public Signature

Date (mm/dd/yyyy)

 / /

FOR NOTARY PUBLICS IN MA

Indicate the type of identification:

- Valid federal or state ID
- Testimony of a credible witness
- Personal knowledge of the subscriber

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

OR

PLAN REPRESENTATIVE CERTIFICATION

Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Plan Representative Name (please print)

Title

Contact your benefits office to complete this section instead of a Notary Public Certification.



CASH WITHDRAWAL OR ROLLOVER FROM YOUR RETIREMENT ANNUITY FOR PRIVATE EMPLOYER PLANS

You'll need to have the employer that contributed to your plan complete this section, before returning your form to us.

Helpful Hint: You must complete this section in order to make a withdrawal.

7. HAVE YOUR EMPLOYER'S PLAN REPRESENTATIVE COMPLETE THIS SECTION

EMPLOYMENT TERMINATION DATE

Date (mm/dd/yyyy)

 / /

PLAN REPRESENTATIVE CERTIFICATION

By signing, you are approving this request.

Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Plan Representative Name (please print)

Title

PLEASE RETURN COMPLETED FORMS TO:

TIAA-CREF
P.O. Box 1268
Charlotte, NC 28201-1268

OR

If your withdrawal or rollover amount is less than \$50,000, you may instead fax completed forms to us at **800 914-8922**.

FRAUD WARNING

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, 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.

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.