

TRANSFER TIAA TRADITIONAL TO VARIABLE ACCOUNTS AND/OR MUTUAL FUNDS TRANSFER PAYOUT ANNUITY

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

Call **800 842-2252**Monday — Friday
8 a.m. — 10 p.m. (ET)
Saturday
9 a.m. — 6 p.m. (ET)

Or visit us online at tiaa-cref.org 24 hours a day. Have your user ID and password ready.

What is a Transfer Payout Annuity?

The Transfer Payout Annuity (TPA) is an option for transferring some or all of your TIAA Traditional account balances in 10 payments over 9 years to one or more of your variable accounts and/or mutual funds in your TIAA and CREF contracts.

Since the TIAA portfolio is made up of long term investments, transfers can only be made in 10 payments over 9 years.

How does it work?

You complete the enclosed forms choosing an amount of \$10,000 or more (100% if your account balance is less than \$10,000 but greater than \$2,000) from your TIAA Traditional account, which is then placed into a new Transfer Payout Annuity contract. Each year this new contract will automatically transfer 10% of the value, plus any earnings, and reinvest that amount into the variable account(s) and/or mutual funds you choose.

YOUR CHECKLIST

	Provide all the personal information requested and tell us how much you want to transfer.
	(Sections 1 and 3)
	Remember to sign and date this form. (Section 5)
	Mail all pages of your completed form to: TIAA-CREF, P.O. Box 1268, Charlotte, NC 28201-1268.
	(Sorry, we can't accept faxed forms.)

KEY INFORMATION TO CONSIDER

- If you want to withdraw funds from your CREF accounts, please call us. There are different rules for these withdrawals so you must complete separate forms.
- We will continue to use the beneficiary designation we have on file for the original contract. Once your Transfer Payout Annuity contract is issued you may go online at tiaa-cref.org to update your beneficiary designations.





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Print in upper case using black or dark blue ink and provide all	1. PROVIDE PERSONAL AND ACCOUNT INFORMATION First Name Middle Initial					
information requested.						
	Last Name					
	Last Name					
	Social Security Number/Taxpayer Identification Number Date of Birth (mm/dd/yyyy)					
	Daytime Telephone Number Extension					
	State of Residence (if outside the U.S., write in Country of Residence) Citizenship (if not U.S.)					
	Cate of residence (if casale the c.c., which is country of residence)					
	Transfer the TIAA Traditional account balance from the contract(s) listed below.					
	TIAA Number CREF Number					

* The Plan and Sub Plan Numbers should have	Plan Name (Contributing Employer's Plan)					
been provided when	Train Name (Continuoung Employer's Flan)					
you requested the form. If you don't have						
them please contact us at 800 842-2252	Plan Number* Sub Plan Number*					
If you currently	2. WHEN WILL YOUR ANNUAL TRANSFERS BEGIN					
contribute to TIAA Traditional, you should review your allocations.	We'll make the first transfer when we issue your Transfer Payout Annuity contract. And for future transfers, we'll transfer funds annually on the first business day of that month. If you wish to change your annual transfer date to a later date, please tell us below.					
If you want to change your allocations and	Date (mm/yyyy)					
you have a password,	I want annual transfers to begin on the first day of: / 20					
you can visit our website						
at tiaa-cref.org , or call our Automated	3. CHOOSE THE AMOUNT TO TRANSFER FROM TIAA TRADITIONAL					
Telephone Service toll-	A. I want to transfer my entire TIAA Traditional amount. OR					
free at 800 842-2252 .						
**Th	B. I want to transfer only a part of my TIAA Traditional available account balance as indicated.					
**The minimum transfer is \$10,000, or 100%	If you are not withdrawing/rolling over your entire available account balance, indicate the dollar amount or percentage. Percentages and amounts must be in whole numbers.					
if the account balance	Dollar Amount** Percent of Account Balance					
is less than \$10,000.	\$ OR %					





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If you need assistance with available funds, please call TIAA-CREF at 800 842-2252.

Contributions to and transfers from certain mutual funds may be subject to purchase or redemption fees. See the fund prospectuses for more details.

NOTE: The Global Investment is not allowed for After Tax Annuities.

4. TELL US WHICH ACCOUNTS/FUNDS YOU ARE TRANSFERRING TO

Your allocation must be in **whole numbers** and total 100%. Your transfers will be made to the TIAA and CREF contracts you listed in Section 1.

Account/Fu Number	Ind Investment Account/Fund Name	Percent of Account Balance
		%
		%
		%
		%
		%
		%
		%

100%





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Please read, date and sign where indicated.

You must sign and date this section in order to make a transfer.

Mail all pages of your completed form to:
TIAA-CREF
P.O. Box 1268
Charlotte, NC 28201-1268
(Sorry, we cannot accept faxed forms.)

5. SIGN YOUR FORM

By signing below:

- You authorize TIAA-CREF to make withdrawals from your TIAA Traditional account balances, as stated in this form.
- The date we issue your Transfer Payout Annuity contract cannot be before we receive all necessary papers.
- Once we issue your Transfer Payout Annuity contract, it cannot be revoked and the amount cannot be changed.
- If you transfer the full account balance of your TIAA contract to your Transfer Payout Annuity, that TIAA contract will have value.
- You authorize the continuation of the beneficiaries under the original contract listed in Section 1. Once the contract is issued, you reserve the right to change this designation at any time.

Under penalties of perjury, you certify that:

- 1. The number shown on this form is my correct social security number/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)					
			/		/	20		





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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.

