



8500 Andrew Carnegie Boulevard
Charlotte NC 28262

In response to your request, we are pleased to provide you with the following items:

- ***The Authorization to Change a Transfer Payout Annuity to Other Financial Institutions***

Please provide all information we require to complete your request.

- **A return envelope**

For your convenience, we have included a postage-paid envelope to use when returning your *Authorization*.

If you have questions, please 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.

Note: Once you've returned all of your forms, you can visit us on the Web to find out the status of your request. We will tell you when we receive your *Authorization* and when we made the transfer. Our Web address is **www.tiaa-cref.org**; have your password available. This service is available 24 hours a day, seven days a week.



P.O. Box 1268
Charlotte NC 28201-1268

Authorization to Change a Transfer Payout Annuity to Other Financial Institutions

IMPORTANT: Return all pages in this package.

Personal Information

Please provide the following information.

First Name

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Last Name

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Citizenship: _____ Residency: _____

Social Security Number

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Please check the appropriate box if this is not
a Social Security Number:

- ☐ **Canadian Social Insurance Number**
☐ **Individual Taxpayer Identification Number**

Transfer Payout Annuity Number:

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Company Acceptance

Have a representative from the other company complete this section.

We agree to accept a direct transfer from TIAA-CREF and to deposit the amount in an account/annuity set up for the participant under the employer's retirement plan. We'll enforce 403(b) withdrawal restrictions on any elective deferral or earnings on them and the pre-retirement survivor annuity and joint and survivor and annuity requirements of ERISA.

Company

Telephone

Check-Mailing Address

City

State

Zip Code

Participant's Name

Account Number

Authorized Signature

Date

Authorization and Signature

By signing below you agree that this *Authorization* will be effective with the next payment following the receipt of this form and will govern all subsequent payments until you tell us otherwise.

Under penalties of perjury, you certify that the taxpayer identification number shown on this *Authorization* 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

Date

* If you are subject to backup withholding, cross out the statement above that refers to not being subject to backup withholding. If you are not a U.S. person, cross out the statement above that refers to being a U.S. person.

Employer Authorization

Your employer must complete this section unless otherwise indicated.

By signing, I authorize TIAA-CREF to transfer funds to the above listed carrier.

Name of Institution

Authorized Signature

Title

Date

TIAA-CREF Individual & Institutional Services, Inc.

State Fraud Information

For your protection, some states require a warning against fraud to appear on this form. These states, including but not limited to Alaska, Arizona, Arkansas, California, Delaware, the District of Columbia, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, New York, Ohio, Oklahoma, and Pennsylvania, 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.

Insurance fraud is a crime and in some states it is a felony. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

New York residents, please note: Civil penalties shall not exceed \$5,000 and the stated value of the claim for each such violation.

Colorado residents, please note: Any insurance company or any agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or to a claimant for the purpose of defrauding or attempting to defraud the policyholder or the claimant with regard to a settlement or award payable from the 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 Hampshire residents, please note: Prosecution and punishment for insurance fraud is provided by RSA 638.20.

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.
