



Financial Services

REQUEST FOR HARDSHIP WITHDRAWAL

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

Call **800 842-2252**
Monday to Friday
8 a.m. – 10 p.m. (ET)

Saturday
9 a.m. – 6 p.m. (ET)

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

KEY INFORMATION TO CONSIDER

- We'll send the withdrawal amount after we receive your completed forms. The completed forms must be in good order. To avoid delays, be sure to complete all sections.
- You must take a distribution of any money/funds that are currently available for a loan or other cash distribution from any plan of your employer before your hardship distribution. Any cash distribution taken prior to a hardship withdrawal will be taxed at a Federal tax withholding rate of 20% and, if applicable, state withholding will apply.
- Internal Revenue Service (IRS) regulations governing withdrawals due to hardship provide that:
 - Withdrawals due to hardship are not eligible to be rolled over, and
 - They may be subject to optional income tax withholding. The default tax withholding is 10%.
- We may be required to withhold state tax if you reside in: AR, CA, DC, DE, GA, IA, KS, MD, ME, MA, MI, NE, NC, OK, OR, VT or VA. If your state tax form isn't included, go to www.ttaa-cref.org/forms, under General Tax Forms.
- A hardship withdrawal from your TIAA Traditional Annuity within an RA, GRA and RC contracts is not available.





Print in upper case using black or dark blue ink and provide all information requested.

NEED HELP?
800 842-2252

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 9 a.m. - 6 p.m. (ET)

Or visit tiaa-cref.org.

1. PROVIDE YOUR INFORMATION

First Name Middle Initial

Last Name Suffix

Social Security Number/
 Taxpayer Identification Number
 (Enter the last 4 digits of your SSN or TIN) Contact Telephone Number Extension

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

* 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**.

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number CREF Number

Plan Number* Sub Plan Number*

Plan Name (Contributing Employer's Plan)

Withdrawals from certain mutual funds may be subject to redemption fees and may not be eligible for hardship. See the fund prospectus for additional information. Not all of your account balances may be available for hardship distribution. The amount eligible will be calculated based on the requirements of your employer's plan documents and applicable IRS regulations.

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

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

A. I want to withdraw the entire amount available for hardship.**
(The amount of the distribution may not exceed the amount of the documented financial need.)

OR

B. I want to withdraw only a portion of my available account balances as indicated.**
(If you are not withdrawing your entire available hardship balance, indicate the dollar amount.)

Dollar Amount**

\$

Please indicate whether this is a net or gross amount.

Net (amount after taxes) Gross (amount before taxes)

(The amount will default to gross if no selection is made.)

** Your hardship payment will be made on a proportionate basis based on all of your available funds.





If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

You may fax copies of forms and documents if your withdrawal amount is less than \$50,000 and you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must mail original documents (not faxed copies) with this form.

The address listed on the check or bank letter must match your current address on file at TIAA-CREF.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8 - 10 business days for you to receive it.

4. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA-CREF is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

Direct Deposit to my bank account already on file:
Bank Name:

Account Number ending in:

Direct Deposit to my new Checking Account:
Mail an original voided check with this form. Starter checks, deposit slips and third-party checks are not acceptable.

Direct Deposit to my new Savings Account:
Provide documentation described in item A or B below.
A. Mail an original voided check with this form. Starter checks, deposit slips and third-party checks are not acceptable.

- B. Letter from your bank with the following information:
- On bank letterhead
 - Name on your account
 - Address on your account
 - Bank/ABA routing number
 - Account number
 - Bank stamp or seal from authorized bank personnel

Mail a check to my current address on file.
Note: To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us at **800 842-2252** so we can discuss some of your options for completing your request.





Please check the reason for your hardship withdrawal. Listed below each reason is acceptable supporting documentation of the unpaid/outstanding expenses. All documentation must be dated within the past 6 months, except documentation related to eviction or foreclosure which must be dated within the past 3 months and must not have been paid. **You must provide a copy of the applicable documentation with this form or your request for a distribution will be rejected.**

The following expenses can also be incurred by your spouse or your dependent, so please also indicate who is incurring the expense and proof of relationship must be provided (i.e., copies of tax forms, marriage license, etc.).

The amount of the distribution may not exceed the amount of the documented financial need. If the total requested in Section 3 exceeds the amount of the documented need, then only the amount of the documented need will be paid.

5. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP

Expenses directly related to the purchase of my principal residence

Copy of purchase contract signed by buyer and seller **AND**

Copy of estimated closing costs documented by a financial institution

Funds needed to prevent eviction from my principal residence or foreclosure of a mortgage on my principal residence

Copy of eviction notice/letter or foreclosure notice/letter from mortgage company, clearly stating the dollar amount that is due (must not have been paid) and the date it is due to prevent eviction or foreclosure proceedings. Supporting documentation from a private landlord must include the contact information of the landlord inclusive of the telephone number, the name and signature of the landlord.

Expenses related to repair of damage to my principal residence incurred as a result of certain casualty damage

Copy of repair bill that includes the address at which the work is performed. Insurance letter showing proof that the casualty loss is not reimbursable. By signing this form requesting a hardship withdrawal, you also specifically certify that the damage covered by the attached bill occurred to your primary residence **AND** qualifies for a casualty loss deduction under Internal Revenue Code Section 165 that is not reimbursable by insurance. **Note:** This does not include home improvements, additions, remodeling, or routine upkeep and maintenance.

Medical expenses that would be deductible under the Internal Revenue Code for

Me My Spouse My Dependent

If you do not have insurance coverage, copies of medical bills showing the uninsured portion of the medical expenses. Copies of insurance statements showing amounts not reimbursed.

Tuition, related educational fees, and room and board expenses, for up to the next 12 months of post-secondary education for

Me My Spouse My Dependent

Copies of tuition bill or statement from school for up to the next 12 months **AND/OR**

Copies of bills or receipts for other related fees and expenses (for example, for books) or room and board for the next 12 months. **Note:** Bills for previously attended semesters, or student loans, are not acceptable documentation. Must have an actual bill or invoice; hardship withdrawals cannot be processed for estimated costs of attendance.

Burial or funeral expenses that would be deductible under the Internal Revenue Code for

Parent Spouse Dependent

Copy of bill for funeral or burial expenses





Enter the percentage if you want taxes withheld. If you are a U.S. citizen residing outside the United States, you must elect income tax withholding. If no selection is made, federal taxes will default to 10%.

5. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP (CONTINUED)

TAX WITHHOLDING

Yes, withhold the following amount indicated from my withdrawal for federal income taxes.

%

No, I do not want any amount withheld from my withdrawal for federal income taxes.

If you do not make an election above, we will apply the default withholding rate, which is 10% of the taxable amount for U.S. citizens residing in the U.S.

SIGNATURE (Please read the following and sign your name to this form in the "Your Signature" box on the next page.)

- I affirm that I have an immediate and heavy financial need for the reason(s) indicated on previous page.
- I certify that the amount of the distribution that I have requested is not in excess of this immediate and heavy financial need.
- I certify that the documentation that I have provided with this form is authentic.
- I certify that I have obtained all distributions and loans (other than hardship distributions) currently available from all funding vehicles under all plans of my employer and any other employer that is related to my employer. Maximizing loan availability may require a transfer of assets between funding vehicles. I understand that TIAA-CREF may verify this information at the direction of the employer and that TIAA-CREF will be entitled to rely on that verification to determine my eligibility for hardship withdrawal requests.
- I understand that TIAA-CREF will process my hardship distribution when all required documentation has been received and all required verification has been completed.
- I understand that the amount of my hardship distribution cannot exceed the amounts available for hardship in my contract and that the amounts available for hardship can fluctuate based on market conditions. I understand that the amount verified as available for hardship distribution may be less than the amount that I have requested and less than the amount indicated on the documentation that I have submitted.
- I understand that my hardship distribution may not be sent as a rollover to an IRA or to an employer's retirement plan. I understand that I will be prohibited from making elective contributions and employee contributions to any plan maintained by my employer for a period of at least six months from receipt of the hardship distribution and that this could impact employer-matching contributions as well. I must contact my employer's benefits office to determine how to restart contributions.
- I understand that the tax consequences of any withdrawal are my responsibility to determine and satisfy. I am aware that a 10% early distribution tax penalty may be assessed by the IRS if I am under the age of 59½.
- I hereby authorize TIAA, its authorized representatives and the Plan Sponsor to use my personal information, including personal medical information, for the purpose of processing my hardship withdrawal request. Except where ordered by a court of law or by a governmental agency, TIAA, its authorized representatives, and Plan Sponsor shall not release any personal information used to process my request to any party without my prior written approval.
- I understand that my account will not be liquidated until TIAA-CREF receives this form and has verified my eligibility for a hardship distribution under the terms of my employer's plan and applicable tax law. This verification may take up to one (1) business day after the day TIAA-CREF has received this form. If my form is received after market close on a business day, then the process of determining my eligibility for a hardship distribution may not begin until the next business day. The amount of money that I receive will depend on the price at which TIAA-CREF can liquidate my account. Due to market fluctuations, such liquidation price could be less than the price at the time I submit this form to TIAA-CREF. As a result, the amount of money that I receive as a result of the liquidation of my account for a hardship distribution could be less than the market value as of the date that I submit this form.





Please read and sign where indicated.

If you're married, you must sign and date this section before your spouse signs Section 6B.

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

Please sign in black or dark blue ink.

5. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP (CONTINUED)

AUTHORIZE YOUR REQUEST

By signing this form in the "Your Signature" box 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.

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); (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; (3) I am a U.S. citizen or other U.S. person (as defined in the instructions to IRS Form W-9) and (4) The payee is exempt from FATCA reporting.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Your Signature

Today's Date (mm/dd/yyyy)

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Financial Services

REQUEST FOR HARDSHIP WITHDRAWAL

RETURN COMPLETED FORMS PACKAGE TO:

STANDARD MAIL:

TIAA-CREF
P.O. Box 1259
Charlotte, NC 28201-1259

OVERNIGHT:

TIAA-CREF
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

If your withdrawal amount is \$50,000 or greater, or you are providing new bank information for direct deposit via EFT, please mail your original documents and the completed form.

If your withdrawal amount is less than \$50,000 and you are sending your payment to your banking information already on file, you may fax your form to us at **800 914-8922**.

CHECKLIST

Did you remember to:

- Complete all necessary personal information and indicate how much you want to withdraw. (Sections 1, 2 and 3)
- Let us know where to send your withdrawal: direct deposit to your bank account, or by check to your address on file. (Section 4)
- Remember to sign and date this form. (Section 5)

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.

