



REQUEST FOR DIRECT TRANSFER FORM FOR INVESTMENT SOLUTIONS IRA CONTRACTS

• If you have any questions, please call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. , and Saturday from 9 a.m. to 6 p.m. (ET).

Return this form to:
TIAA-CREF
PO Box 1268
Charlotte, NC 28201-9935

The Internal Revenue Service has different rules for the three types of IRAs TIAA-CREF offers. To identify the type of IRA you have, look at the first two characters of your TIAA and CREF numbers. Listed below are the TIAA and CREF number ranges for each type.

	Traditional IRA	Roth IRA	SEP IRA
TIAA Number Begins with	K-9; N-7 – N-9	N-2 – N-5	N-6
CREF Number Begins with	J-9; T-7 – T-9	T-2 – T-5	T-6

KEY INFORMATION TO CONSIDER

- When you make a direct transfer to another IRA of the same type, we'll send the payment directly to the other IRA.
- To request a new IRA enrollment form, visit our website at **www.tiaa-cref.org**, or call our Enrollment Hotline at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET). You also may enroll online at **tiaa-cref.org/iras** 24 hours a day, 7 days a week.
- If your Traditional IRA accumulation includes after-tax contributions, they cannot be rolled over to another qualified plan. Please contact our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET), to discuss your options for after-tax contributions.

REQUEST FOR
DIRECT TRANSFER FORM
FOR INVESTMENT SOLUTIONS IRA CONTRACTS

Each section also provides instructions for completion. The availability of this form does not guarantee that you are eligible for cash withdrawals.

PERSONAL INFORMATION

Please be sure we have all of the requested information below. We need your citizenship and state of residence for tax reasons.

First Name

Middle Name

Last Name

Social Security Number

Daytime Telephone Number

Citizenship (if not U.S.)

State of Residence

A. Check this box if you want to transfer your entire accumulation.

B. Complete this part if you want to transfer specific amounts from selected accounts. The minimum direct transfer is \$1,000 per fund, or 100% if the account value is less than \$1,000.

AMOUNT OF TRANSFER

Tell us how much of the available amount you want to transfer from each of your eligible accounts.

TIAA Number

CREF Number

☐ A. I WANT TO DIRECT TRANSFER THE ENTIRE AMOUNT FROM MY IRA.

OR

☐ B. I AM REQUESTING A PARTIAL AMOUNT FROM THE FOLLOWING.

FUND	AMOUNT	OR	PERCENTAGE
1. _____	\$ <input type="text"/>		<input type="text"/> %
2. _____	\$ <input type="text"/>		<input type="text"/> %
3. _____	\$ <input type="text"/>		<input type="text"/> %
4. _____	\$ <input type="text"/>		<input type="text"/> %
5. _____	\$ <input type="text"/>		<input type="text"/> %



DIRECT TRANSFER FORM

B. Provide the name, telephone number and check-mailing address of the other financial company, and your account number in this part.

Make my direct transfer to:

☐ Please check this box if the receiving contract/account is a Roth IRA

Company Name

[illegible]

Extension

$$\square\square\square\square - \square\square\square - \square\square\square\square\square - \square\square\square\square\square\square$$

[illegible]

State

[illegible]

-

[illegible]

REQUEST FOR DIRECT TRANSFER FORM FOR INVESTMENT SOLUTIONS IRA CONTRACTS

* If you are subject to backup withholding and / or if you are not a U.S. person, cross out the statements that do not apply to you before signing.

Return this form to:
TIAA-CREF
PO Box 1268
Charlotte, NC 28201-9935

YOUR SIGNATURE

By signing, you authorize TIAA-CREF to make the withdrawals 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.

Direct transfer: If you choose to have your payment(s) sent directly to an IRA, your signature also authorizes this transaction. If your payment is not sent directly to a traditional IRA or a retirement plan, or if you are directing your withdrawal to a Roth IRA, you understand the tax consequences of your election. (See Helpful Information for information on taxation.)

If you make a direct transfer into an IRA at another financial institution, you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the direct transfer and the funds in which your direct transfer is invested.

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

Date (mm/dd/yyyy)

 / /

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.