



Financial Services

ROLLOVER from your Retirement Investments for Plans Subject to QJSA



IMPORTANT INFORMATION

PLEASE **READ BEFORE** FILLING OUT FORM

QUESTIONS? For account information, to check the status of your request or any other questions, **call: 800 842-2252**, Monday - Friday, 8 AM - 10 PM, Saturday, 9 AM - 6 PM, OR visit **tiaa-cref.org 24 hours daily**. Have your user ID and password ready.

We will notify you of the rollover amount after we receive your completed forms. To avoid delays, be sure to complete all sections.

PLEASE NOTE: A rollover from your TIAA Traditional Account may not be available. If you want to make a rollover from your TIAA Traditional Account, please call us. There are different rules for a rollover from a TIAA Traditional Account that require completing separate forms. Please call us for your options at **800 842-2252**.

Federal or state taxes may apply for rollovers.

If you are paying off a loan (it is a taxable event), you must complete a cash withdrawal form before completing this rollover form.

Electronic Fund Transfers are not available for direct rollovers. We will send a check to the financial institution that you have designated on this rollover form.

Your account will be valued as of the date we receive this form in good order.

If this plan is subject to ERISA, the spousal waiver section is only valid for 180 days from the date the Notary Public validates it. The signature on the rollover form is valid for 365 days.

NOTE: If your rollover includes Roth 403(b)/401(k) contributions, they may be rolled over to another Roth 403(b)/401(k) that will accept them. They may also be rolled over to a Roth IRA.

Required Minimum Distribution (RMD): If you will be 70½ or older in this calendar year and you are separated from service, then the IRS requires that you receive your Required Minimum Distribution (RMD) amount prior to any rollover amount you request. If you have already satisfied your RMD for this calendar year, then you can continue with this rollover request. If you have not satisfied your RMD for this calendar year and you submit these rollover forms, then TIAA-CREF will pay your RMD amount for this calendar year prior to this rollover. TIAA-CREF will calculate your RMD amount using the IRS Uniform Life Expectancy table. Once the RMD amount is calculated, TIAA-CREF will pay this RMD amount out proportionately across all of your available funds. TIAA-CREF will send the RMD check to your address of record, withholding 10% for federal taxes and any applicable state taxes. If you want different options or if this RMD amount increases your withdrawal amount and you are married, then TIAA-CREF cannot process this rollover request. You will need to call TIAA-CREF at **800 842-2252**, Monday – Friday, 8 AM – 10 PM, Saturday, 9 AM – 6 PM OR **visit tiaa-cref.org** 24 hours daily to request cash forms to have your RMD amount satisfied, and then you will need to submit a new set of rollover forms to TIAA-CREF.

NOTE: If this is a 403(b) plan and you have already satisfied your RMD for this calendar year with another 403(b) carrier, then you can attest to this in Step ONE and continue with your rollover request.





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QUESTIONS? For account information, to check the status of your request or any other questions, **call: 800 842-2252**, Monday - Friday, 8 AM - 10 PM ET, Saturday, 9 AM - 6 PM ET, OR visit tiaa-cref.org **24 hours daily**. Have your user ID and password ready.

QUALIFIED JOINT AND SURVIVOR ANNUITY NOTICE

For those participants whose account balance is subject to survivor annuity (spousal consent) requirements, the Plan provides that, unless you elect otherwise, your account balance will be used to purchase an annuity contract from an insurance company (here, Teachers Insurance and Annuity Association of America) and accordingly be paid in the form of a Qualified Joint and Survivor Annuity ("QJSA") if you are married, or in the form of a single life annuity if you are not married.

If you are married, a QJSA provides you with a monthly income for life, and upon your death, a monthly income during your spouse's life equal to at least 75% of the monthly payment you received prior to your death. Because your spouse will receive at least 50% survivor payment, the QJSA reduces the monthly payments you would otherwise receive, had you been eligible to receive payments in the form of a single life annuity. Your monthly payments will depend upon the amount of your account balance, current annuity rates and the age of you and your spouse. You may request additional information relating to the amount of your monthly payments under the available optional forms of payment. If you are unmarried when your benefit payments begin, you will receive your benefit in the form of a single life annuity (a monthly annuity for life), unless you elect another form of benefit. You may elect in writing to decline the QJSA form of payment (or a single life annuity form of payment if you are single) in favor of any other optional form of payment available under the Plan. If you waive the QJSA, however, your spouse must consent to the waiver in writing before a Plan representative or notary public. You may revoke this election before your benefits begin. In addition to any other available optional form of payment, if you are married you may elect a Qualified Optional Survivor Annuity ("QOSA"). If the QJSA under your Plan provides a survivor annuity of less than 75%, the QOSA will provide a monthly income during your spouse's life equal to 75% of the monthly payment you received prior to your death. Consult your Plan Administrator for more information on the forms of payment available to you under the Plan.

A hypothetical illustration of the financial effect of payment under the annuity options available under the plan (Form 11303) should accompany this form. Contact TIAA-CREF if you have not received a copy of Form 11303. You may elect to decline the QJSA during the period beginning at least 7 days, but no more than 180 days before your benefit commencement date and ending on such benefit commencement date. If, however, you ask the Plan Administrator to provide specific information on the financial effect of accepting or declining the QJSA, the 180-day period will not be treated as having begun until the Plan Administrator provides the information you requested. Your election may not be changed after the benefit commencement date. If you waive the QJSA with your spouse's consent, your benefits will be distributed in one of the optional methods you elect on this form. You should consult your Plan Administrator for a detailed explanation of the forms of benefit available to you.

If you make an election to waive the QJSA with spousal consent and later revoke the election (before your benefit commencement date) or if you marry a new spouse before payment of your benefits commence, your benefit will once again become payable in the form of a QJSA, if you are married. If you later decide that you wish to again elect to waive the QJSA form of payment, you must again secure spousal consent to the new election. You may request specific information on the financial effect of accepting or waiving the QJSA form of benefit by contacting the Plan Administrator.

It is important that you understand your rights and obligations regarding the Qualified Joint and Survivor Annuity form of payment and any alternate form of payment. Please read the Special Tax Notice Regarding Plan Payments. You should direct any questions to the Plan Administrator.





ROLLOVER from your Retirement Investments for Plans Subject to QJSA

PLEASE PRINT IN ALL CAPITAL LETTERS USING BLACK OR DARK BLUE INK.

STEP ONE

PERSONAL INFORMATION

If you claim residence **AND** citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print this form, go to www.tiaa-cref.org/forms, and see General Tax Forms. For questions call TIAA-CREF at 800 842-2252.

TIAA-CREF CONTRACT/CERTIFICATE

This information is required in order to process your request.

PLAN INFORMATION

The Plan and Sub Plan numbers should have been provided to you. **If you do not have them, please contact us at 800 842-2252.**

NOTE: Satisfied means that you have already received your Required Minimum Distribution (RMD) check and have cashed it.

Name _____
first middle initial last

State of Legal Residence _____ Citizenship _____
if outside US, write in country

Contact Phone # _____

SSN or TIN

X	X	X	X	X				
---	---	---	---	---	--	--	--	--

TIAA #

--	--	--	--	--	--	--	--

CREF #

--	--	--	--	--	--	--	--

NOTE: You can use either your TIAA number **OR** your CREF number. **DO NOT USE DASHES.**

Plan Name _____

Plan #

--	--	--	--	--	--

Sub Plan #

--	--	--	--	--	--

Was this contract issued as a result of a Divorce (QDRO)? YES NO

If you will be 70½ or older in this calendar year and you are separated from service, please go to the preceding page and read the Required Minimum Distribution (RMD) section. If this rollover is coming out of a 403(b) plan and you have already satisfied your RMD for this calendar year from another alternate carrier, please check the box below and continue to Step Two.

I attest that I have already satisfied my 403(b) Required Minimum Distribution (RMD) from another 403(b) carrier for this calendar year.

Go to STEP TWO.





ROLLOVER

from your Retirement Investments for Plans Subject to QJSA

STEP TWO

ROLLOVER AMOUNT

PLEASE NOTE: Rollover amount will be based on the value of your investments on the day that your forms are received in good order.

NOTE: If this plan is subject to ERISA, the spousal waiver section is only valid for 180 days. The future date cannot be later than the notarized spousal waiver date.

- OPTION 1:** Roll over entire amount available. If I have TIAA Traditional accumulations in an RA, GRA or RC contract that qualify for a Small-Sum Transfer, I authorize the transfer of any eligible accumulation into the CREF Money Market account for the purposes of this rollover.
For internal TIAA-CREF rollovers, check here and Go to STEP FOUR.
For another investment company, check here and Go to STEP SEVEN.

- OPTION 2:** Roll over only a portion of account balance as indicated below.
Check here and go to STEP THREE.
 INCLUDE ROTH **EXCLUDE ROTH**

AFTER-TAX MONIES

- YES,** include in my rollover.
- NO,** do not include in my rollover. TIAA-CREF will send you a check.

If you do not want these monies rolled over immediately, please specify a future date for TIAA-CREF to process your request.

- FUTURE DATE:** Please rollover the funds on: _____ *mm/dd/yyyy*

- OPTION 3:** Systematic Withdrawal
Check here, provide detail in STEP FIVE.

STEP THREE

EXISTING INVESTMENTS

Complete Section 3 only if you want your rollover taken from specific funds. Otherwise your rollover will be taken proportionately from all of your funds. **IMPORTANT NOTE:** If you are currently using the Custom Portfolio Service and you choose specific funds, your account will be subsequently rebalanced using your Customer Portfolio Service instructions on file.

*Indicate either the dollar amount **OR** percentage from each account/fund.*

Investment Account/ Fund Name	Rollover Amount	Percent of Fund Value
_____	\$ _____	OR _____ %
_____	\$ _____	OR _____ %
_____	\$ _____	OR _____ %
_____	\$ _____	OR _____ %
_____	\$ _____	OR _____ %
_____	\$ _____	OR _____ %

*Amounts **OR** percentages **MUST** be whole numbers.*

- For internal TIAA-CREF rollovers, Go to STEP FOUR.**
- For another investment company, Go to STEP SEVEN.**



ROLLOVER

from your Retirement Investments for Plans Subject to QJSA

STEP FOUR

ALLOCATION FOR ROLLOVERS TO A DIFFERENT TIAA-CREF ACCOUNT

- IN KIND** - Rollover to the same funds. If they are not available, the funds will be rolled over to a money market fund.
- ALLOCATIONS ON FILE** (of the receiving plan). **IMPORTANT** - If you are currently using the TIAA-CREF Custom Portfolio Service, please use your allocation on file for your rollover. If you choose your own allocation, the funds will be reallocated to your current allocation on file the next time your account is rebalanced.
- DIFFERENT ALLOCATIONS** - provide detail below.

NOTE: If no selection is made, your rollover will be taken proportionately from all of your funds.

*Indicate either the dollar amount **OR** percentage to each account/fund.*

Investment Account/ Fund Name	Rollover Amount	Percent of Fund Value
	\$ _____	OR _____ %
	\$ _____	OR _____ %
	\$ _____	OR _____ %
	\$ _____	OR _____ %
	\$ _____	OR _____ %
	\$ _____	OR _____ %

*Amounts **OR** percentages **MUST** be whole numbers.*

Go to STEP FIVE.

STEP FIVE

SYSTEMATIC WITHDRAWALS

Your last payment may be less than your requested amount. The last payment amount will be the balance left in your account at the time that the last payment transaction occurs.

If you are NOT requesting systematic withdrawals, skip to STEP SIX.

How often do you want to receive withdrawals: *(check one)*
 MONTHLY **QUARTERLY** **SEMIANNUALLY** **ANNUALLY**

Your payments will continue as above until there are no monies in designated funds.

When do you want to start receiving withdrawals? If your plan is funded by a Transfer Payout Annuity (TPA), you may choose any date from the 5th to the 28th of the month. All others may choose any date from the 1st to the 28th.

Start Date _____
mm/dd/yyyy

You can stop recurring payments at any time by calling 800 842-2252.

Stop Date _____
mm/dd/yyyy

Go to STEP SIX.





ROLLOVER from your Retirement Investments for Plans Subject to QJSA

STEP SIX ROLLOVERS TO AN EXISTING TIAA-CREF ACCOUNT

OPTION 1: My existing employer's plan.
Check here and complete below.

TIAA # _____ CREF # _____

Plan Name _____

Plan # _____ Sub Plan # _____

PLAN INFORMATION

The Plan and Sub Plan numbers should have been provided to you. **If you do not have them, please contact us at 800 842-2252.**

OPTION 2: My existing Roth or Traditional IRA # _____

OPTION 3: A new Roth or Traditional IRA
Check here and attach enrollment form (call 800 842-2252 for form).

OPTION 4: Another Tax-Deferred TIAA-CREF account # _____

If you are rolling over **directly** to a Roth IRA, **go to STEP EIGHT.**

If you are **NOT** rolling over to a Roth IRA, **go to STEP NINE.**

STEP SEVEN ROLLOVER TO ANOTHER INVESTMENT COMPANY

The investment company receiving your rollover can assist with completing the information at the right.

Select all that apply:

OPTION 1: Traditional IRA

OPTION 2: Roth IRA

OPTION 3: Other plan

For all above options, please provide investment company contact information here.

Investment Company Name _____

Address _____

City _____ State _____ Zip _____

Contact Phone # _____

Account # _____

INVESTMENT COMPANY CONTACT INFORMATION

Go to STEP EIGHT.





ROLLOVER from your Retirement Investments for Plans Subject to QJSA

STEP EIGHT ROTH IRA ROLLOVERS

If you do not make a selection, 20% will be withheld for federal taxes.

Regardless if you are rolling over to a Roth IRA at TIAA-CREF or at another investment company, you may owe federal taxes and any applicable state taxes on your pretax amount.

Provide federal tax withholding options below:

- NO
- YES, what percentage? _____%

Go to STEP NINE.

STEP NINE YOUR SIGNATURE

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Digital signatures are not accepted.

By signing below:
You authorize TIAA-CREF to make withdrawals from your account balances with TIAA-CREF, as stated in this form.

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.

By signing this form, I certify that within no fewer than 7 days or more than 180 days I have received a notice describing the tax consequences of my distribution options, the Qualified Joint and Survivor Annuity Notice attached to this form, and information regarding the financial effect of the optional forms of benefit available to me under the plan. By making this election, I am waiving my right to receive my benefit in the form of an annuity or the Qualified Joint and Survivor Annuity, if married. I am aware that I may have the right under the Plan to defer distribution until I attain age 70½ (or such earlier deferred date as the Plan may provide). I am aware that the Internal Revenue Service recommends that I take 30 days to consider my distribution options; however, by returning this signed form prior to the expiration of the 30-day period, I hereby waive the 30-day waiting period. Further, I certify that no portion of the benefits to which I am entitled from the Plan is subject to a qualified domestic relations order which would affect the payment of any benefits from the Plan. I hereby authorize the distribution of funds from my account balance under the Plan according to the directions set forth in this form. I understand that there may be penalties and/or taxes with my election.

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); 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; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. For contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. Item 4 reproduces the wording in the official Form W-9, but does not apply to you with respect to any intended use of this Form. Please disregard item 4 when completing this Form.

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 / / 20

Go to STEP TEN.



ROLLOVER

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STEP TEN SPOUSE'S WAIVER

NOTE: If you are unmarried, ONLY complete Part A. If you are married, your spouse will ONLY need to complete Part B.

PART A - UNMARRIED DETERMINATION

NOTE: If you are not married and are separated from employment, you are able to self-certify. Self-certification means that you do not need a Plan Representative signature. You only need to include your signature on the completed form and return it to TIAA-CREF.



I am not married AND no longer work for the employer that contributed to this plan. **Check here and complete information below.**

Participant's Name (please print) _____
first last

Participant's Signature _____

Today's Date / / 20

Go to STEP ELEVEN.

OR

I am not married and I am currently working for the employer that contributed to this plan. **Please sign below in presence of the Plan Representative.**

I certify that I am not married.

Participant's Name (please print) _____
first last



Participant's Signature _____

Today's Date / / 20

PLAN REPRESENTATIVE ATTESTATION



NOTE: If you are still working for the employer that contributed to this plan, the Plan Representative must attest that you're not married by completing this section.

By signing, you are attesting that the participant is not married.

Plan Representative's Signature _____

Today's Date / / 20

Plan Representative's Name (please print) _____
first last

Title _____

Name of Employer _____

Telephone Number _____

Go to STEP ELEVEN.





ROLLOVER from your Retirement Investments for Plans Subject to QJSA

STEP TEN (CONTINUED) SPOUSE'S WAIVER

PART B - SPOUSE'S WAIVER OF SURVIVOR BENEFITS

I hereby consent to the election by my spouse to waive the Qualified Joint and Survivor Annuity, and to the election of the optional form of distribution indicated above. I hereby acknowledge that I understand the effect of such election not to have benefits under the Plan paid in the form of a Qualified Joint and Survivor Annuity. I further acknowledge that I understand that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death and that my spouse's waiver is not valid unless I consent to it. I understand that my consent is irrevocable unless my spouse revokes the waiver. I understand that I do not have to sign this agreement. I understand that if I do not sign this agreement, my spouse's benefit will be payable in the form a Qualified Joint and Survivor Annuity as described in the attached Qualified Joint Annuity Notice.

Remember, spouse must sign and date this waiver on or after the participant has signed the distribution form.

By signing I agree that the amount to be distributed will not be available as a Joint and Survivor Annuity.

Your spouse must sign in front of a Notary Public, or the contributing employer's Plan Representative, within 180 days before the effective date of your requested payment.



Spouse's Name *(please print)* _____
first last

Spouse's Signature _____

Today's Date / / 20

Spouse's Name *(please print)* _____
first last

State _____ County _____

Expiration Date / / 20

On the date provided below 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's Name *(please print)* _____
first last



Notary Public's Signature _____

Today's Date / / 20

- 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.

FOR NOTARY IN MASSACHUSETTS ONLY
Indicate the type of identification:

OR

PLAN REPRESENTATIVE CERTIFICATION



Please contact your benefits office to complete the Plan Representative Certification instead of a Notary Public Certification.

By signing, you are certifying you witnessed the spouse's signature.

Plan Representative's Signature _____

Today's Date / / 20

Plan Representative's Name *(please print)* _____
first last

Title _____

Name of Employer _____

Telephone Number _____

Go to STEP ELEVEN.



ROLLOVER from your Retirement Investments for Plans Subject to QJSA

STEP ELEVEN

ADDITIONAL INFORMATION

If you answer yes to any of the options, then an Employer Authorization is required by the employer that contributed to your plan for TIAA-CREF to process your request. Please check the appropriate boxes.

If your plan has a vesting schedule, then the plan representative **MUST confirm your vesting status, provided that the plan representative has not already provided this information prior to this request.*

PLEASE NOTE: If this section is not completed and, if it is a requirement for your plan, TIAA-CREF will not be able to process your rollover request.

1. Do you qualify for this withdrawal based on the Heart Act of 2008 Legislation? (being a qualified reservist called to active duty for at least 180 days?) YES NO
If **YES**, provide date of leave _____ *mm/dd/yyyy*
2. Are you separated from service? YES NO
3. Are you requesting an in-service withdrawal? YES NO
If this in-service withdrawal is related to an Employer Authorized Phased Retirement Program, please check this box.
4. Are you currently disabled? (Proof of disability must be provided in order to process your request.) YES NO
If **YES**, provide date of disability _____ *mm/dd/yyyy*
5. Other _____
6. My vested account balance available as a cash withdrawal in accordance with my retirement plan provision is:
 0%* 20%* 40%* 60%* 100%* OR _____ %*

By the employer signing this form, the nonvested account balance will be forfeited and the vested account balance will be available to the participant.

STEP TWELVE

PLAN REPRESENTATIVE APPROVAL



By signing, you are approving this request.

Date of Separation of Service _____ *mm/dd/yyyy*

Plan Representative's Signature _____

Today's Date / / 20

Plan Representative's Name (please print) _____

Title _____

Go to STEP THIRTEEN.





ROLLOVER from your Retirement Investments for Plans Subject to QJSA

PLEASE RETURN COMPLETED FORMS PACKAGE TO:

Please Note: Include ALL documents in **ONE** package.

FAX:
800 914-8922 (within U.S.)
704 988-7653 (outside U.S.)

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

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

SEND US YOUR FORM ONLINE:

- Log in to your account at tiaa-cref.org, and click on the "Manage My Portfolio" tab.
- Select "Upload Documents" from the menu, and follow the instructions to upload your completed form.

CHECKLIST

- Complete all necessary personal information and indicate how much you want to roll over by account or fund. **(STEPS ONE, TWO & THREE)**
- Make sure if you are completing **STEP SEVEN** that your new investment company information is complete.
- Remember to sign this form. **(STEP NINE)**
- Remember, spouse must sign and date the spousal waiver **on or after** the participant has signed the distribution form. **(STEP TEN)**
- The employer who contributed to the plan you are making the rollover from must provide the date you separated from service. **(STEP TWELVE)**
- If you are disabled, remember to provide proof of disability with this form.

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.

