



TIAA TRUST, N.A.
PRIVATE ASSET MANAGEMENT
ROLLOVER FROM YOUR RETIREMENT PLAN (ERISA)

NEED HELP? Call TIAA at
800-842-2252 weekdays,
8 a.m.-10 p.m. (ET).

IMPORTANT INFORMATION

- We will notify you of the rollover amount after we receive your completed forms. To avoid delays, be sure to complete all sections.
- **A rollover from your TIAA Traditional Account may not be available due to different plan rules, and separate forms may be required.** If you wish to make a rollover from your TIAA Traditional Account, please call TIAA to obtain the correct form.
- The TIAA Traditional account balance in a Group Retirement Annuity (GRA) or Retirement Choice (RC) contract can be withdrawn within 120 days after termination of employment, subject to the employer's plan provisions. A 2.5% surrender charge will apply unless the total TIAA Traditional account balance is \$5,000 or less.
- 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 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.
- 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 Section 4 and continue with your rollover request.
- Federal or state taxes may apply for certain rollovers and required minimum distributions (RMDs). **If you provide the Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R within this form, the election will be applied to the RMD only unless otherwise directed.**

Required Minimum Distribution (RMD) Applicable Age

You must begin taking minimum distributions from your IRAs and employer retirement plan accounts by your required beginning date (or retirement, if later for employer retirement plan accounts). For IRAs (other than Roth IRAs), your required beginning date is April 1 of the year following the calendar year in which you reach your RMD Applicable Age. For employer-sponsored retirement plans, your required beginning date is April 1 of the year following the calendar year in which you reach your RMD Applicable Age or retire from the plan sponsor, if later.

Your "RMD Applicable Age" is:

- age 70½ if you were born before 7/1/1949;
- age 72 if you were born on or after 7/1/1949 or in 1950; **or**
- age 73 if you were born between 1951 and 1958.

Please consult your professional tax advisor regarding your personal tax matters.

Tax information in this form is not intended as tax advice. If you have any questions about the impact of a requested rollover on your personal tax situation, you should consult a qualified tax advisor.





Please print using black ink.

IMPORTANT: A full Social Security Number/Taxpayer Identification Number is required to process your request.

If you claim residence and citizenship outside the U.S., you must certify your foreign tax status by providing IRS Form W-8BEN within the last three years or submit a W-8BEN in addition to this form. To print the W-8BEN form, go to TIAA.org/forms and scroll to 'Find tax information.'

1. PROVIDE YOUR INFORMATION

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Suffix
<input type="text"/>		<input type="text"/>
Social Security Number/ Taxpayer Identification Number		Contact Telephone Number Extension
<input type="text"/>		<input type="text"/> <input type="text"/>
State of Legal Residence (Including U.S. territories. If outside the U.S., write in Country of Residence)		Citizenship (if not U.S.)
<input type="text"/>		<input type="text"/>

The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them, call TIAA at 800-842-2252 weekdays, 8 a.m.-10 p.m. (ET).

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number

Plan Number Sub Plan Number

Plan Name

Was this contract issued as a result of a divorce (Qualified Domestic Relations Order)?
 Yes No

Is this an Inherited Account?
 Yes No





3. ROTH ACCUMULATIONS

If you made Roth (after-tax) contributions to the plan you are rolling funds from, please complete this section. If not, please move to the next section.

Do you have Roth accumulations? Yes No

Are you requesting ONLY non-Roth accumulations in this rollover? Yes No

OR

Are you requesting ONLY Roth accumulations in this rollover? Yes No

OR

Are you requesting BOTH Roth and non-Roth accumulations in this rollover? Yes No

NOTE: Satisfied means that all funds that are RMDs have been received by you and are no longer in your account and will not be rolled over.

If you want different options, please call TIAA.

See "IMPORTANT INFORMATION" on the first page for the definition of RMD Applicable Age.

4. REQUIRED MINIMUM DISTRIBUTION (RMD)

If you have reached your RMD Applicable Age, and are subject to RMDs, then the IRS requires that you receive your RMD for this calendar year prior to any rollover 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 this rollover form, then TIAA will pay your RMD amount for this calendar year prior to this rollover.** TIAA will calculate your RMD amount using the appropriate IRS Life Expectancy table. Once the RMD amount is calculated, TIAA will pay this RMD amount out proportionately across all of your available funds. TIAA will send the RMD check to your address of record.

Federal and State Tax Withholding Elections: If you do not complete federal form W-4R Withholding Certificate and state tax withholding elections (if required), we will withhold the federal default rate of 10% withholding from your RMD, and any applicable state taxes. RMDs are nonperiodic distributions that are non-rollover eligible.

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 Section 6. If you have NOT satisfied your RMD for this calendar year from another alternate carrier, please make an election regarding federal withholding in the federal tax withholding portion in Section 5.

I attest that I have already satisfied my 403(b) required minimum distribution (RMD) from another 403(b) carrier for this calendar year.





See "IMPORTANT INFORMATION" on the first page for the definition of RMD Applicable Age.

A nonperiodic distribution that is non-rollover eligible is a single withdrawal or a payment stream of one year or less that cannot be rolled over to another tax-deferred plan.

Federal laws may require mandatory federal income tax be withheld from your distributions. Our records indicate that you are a U.S. person (U.S. citizen or resident, non-U.S. citizen) and may therefore be subject to federal tax withholding from cash distributions.

See IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions General Instructions attached at the end of this form for more information.

Your withholding election will become effective with your next available payment, if it is received in a timely manner and in good order. You may revoke this election at any time by filing a new federal income tax withholding election form with TIAA.

5. TAX WITHHOLDING FOR YOUR RMD

For federal income tax purposes, RMDs are nonperiodic distributions.

NONPERIODIC DISTRIBUTIONS THAT ARE NON-ROLLOVER ELIGIBLE (CHECK ONE)

A nonperiodic distribution that is non-rollover eligible is a single withdrawal or a payment stream of one year or less that cannot be rolled over to another tax-deferred plan.

If you leave this section blank, then TIAA will apply the default federal tax withholding.

I decline to provide the Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R below. I understand that federal withholding will be withheld at the default rate of 10%. **Please skip Step 2 below and go to the next section.**

I am making a federal withholding election by entering a rate between 0% and 100% (including 0% and 100%) in **Step 2 on Line 2** below in the Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R. See Form W-4R Instructions below for more information.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including 0%) on payments to be delivered outside of the United States and its territories.

If you are a nonresident non-citizen of the United States, please be aware that the below Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R **does not apply to you**. As a nonresident, non-U.S. citizen, you must certify your foreign tax status by providing IRS Form W-8BEN prior to requesting a distribution. A W-8BEN is maintained on file for a three-year period. To print the W-8BEN form, go to TIAA.org/forms and scroll to 'Find tax information.'

WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS SUBSTITUTE FORM W-4R

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.

Step 2

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions General Instructions and the Marginal Rate Tables attached at the end of this form for additional information.

Enter the rate as a whole number (no decimals) **Line 2** _____ %

STATE TAX WITHHOLDING

If state withholding is mandatory, we will withhold at the rate required by your state. Please note: The state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to TIAA.org/public/tax-withholding. Call TIAA if you have any questions at 800-842-2252.





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

We will default to the allocation on file if no selection is made.

IMPORTANT NOTE: If you are using TIAA RetirePlus at the time of your roll over, and if you are not rolling over your entire amount, please make your roll over "proportionately from all available investments" (third option). If you choose the fourth option while using TIAA RetirePlus, your account will be subsequently rebalanced.

If you are requesting a rollover from a Transfer Payout Annuity (TPA), please note that rollovers are not available under a TPA once you have reached your RMD Applicable Age.

6. CHOOSE THE AMOUNT TO ROLL OVER

- OPTION 1:** Roll over entire amount available as allocated on file.
- OPTION 2:** Roll over entire amount available as allocated on file except for TIAA Traditional.
- OPTION 3:** Roll over a specific dollar amount.

I want \$ rolled over proportionately across all my available investments.
(Enter the dollar amount here and leave the specific investment section below blank.)

- OPTION 4:** Roll over only a portion of account balance as indicated below.

Indicate either the dollar amount or percentage from each account/fund. Percentages must be whole numbers.

Investment Account/Fund Name	Rollover Amount	Percent of Fund Value
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %

If you choose Option 1, 2, 3, or 4 and you do not want these monies rolled over immediately, please specify a future date for TIAA to process the request:

Date (mm/dd/yyyy)

FUTURE DATE: Please roll over the funds on: / /





If you have any IVC on the contract, this will be sent to you via check unless you indicate otherwise.

7. ROLL OVER TO TIAA TRUST (SELECT ONE)

Account Number

Please select one of the options listed below:

- Roll over to a Traditional IRA at TIAA Trust
- Roll over to a Roth IRA at TIAA Trust
- Roll over to an Inherited IRA at TIAA Trust and you are the beneficiary
- Roll over to a SEP IRA at TIAA Trust

TIAA Trust
Attn: Account Services
211 N. Broadway, Suite 1000
St. Louis, MO 63102-2733

PIN (FOR OFFICE USE ONLY)





Federal laws may require mandatory federal income tax be withheld from your distributions. Our records indicate that you are a U.S. person (U.S. citizen or resident, non-U.S. citizen) and may therefore be subject to federal tax withholding from cash distributions.

See IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions General Instructions attached at the end of this form for more information.

Your withholding election will become effective with your next available payment, if it is received in a timely manner and in good order. You may revoke this election at any time by filing a new federal income tax withholding election form with TIAA.

8. TAX WITHHOLDING FOR YOUR ROTH IRA ROLLOVER

Tax withholding from your retirement plan rollover amounts to your Roth IRA will be governed by this section and not by any other section in this form.

VOLUNTARY FEDERAL WITHHOLDING FOR YOUR ROLLOVER TO YOUR ROTH IRA

For a rollover to a Roth IRA, in accordance with IRS guidance, TIAA will not withhold amounts for federal tax purposes unless you complete the Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R below (please disregard the discussion of default withholding in the official substitute W-4R form below and elect the withholding you desire). If you desire federal withholding, please check the second box below to agree to voluntary withholding:

- I decline to provide the Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R below. I understand that TIAA will not withhold federal withholding. **Please skip Step 2 below and go to the next section.**
- I am making a voluntary federal withholding election by entering a rate between 0% and 100% (including 0% and 100%) in **Step 2 on Line 2** below in the Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R. See Form W-4R Instructions below for more information.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return.

If you are a nonresident non-citizen of the United States, please be aware that the below Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Substitute Form W-4R **does not apply to you**. As a nonresident, non-U.S. citizen, you must certify your foreign tax status by providing IRS Form W-8BEN prior to requesting a distribution. A W-8BEN is maintained on file for a three-year period. To print the W-8BEN form, go to TIAA.org/forms and scroll to 'Find tax information.'

WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS SUBSTITUTE FORM W-4R

Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.

Step 2

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions General Instructions and the Marginal Rate Tables attached at the end of this form for additional information.

Enter the rate as a whole number (no decimals) Line 2 _____ %

STATE TAX WITHHOLDING

If state withholding is mandatory, we will withhold at the rate required by your state. Please note: The state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to TIAA.org/public/tax-withholding. Call TIAA if you have any questions at **800-842-2252**.





You must read, date and sign where indicated in order to make a rollover.

9. YOUR AUTHORIZATION AND SIGNATURE

By signing below:

You authorize TIAA to make withdrawals from your account balances with TIAA, 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.

For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of the steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within five days, this transaction may be canceled.

My signature below validates all elections made herein as legally valid and in effect, including all federal substitute withholding certificate elections I have made herein.

If I am a non-resident non-citizen of the United States, I acknowledge that the below tax certifications do not apply to me. I have provided TIAA with an IRS Form W-8BEN within the last three years or will submit a W-8BEN prior to requesting a distribution from this account. I acknowledge that I must have a W-8BEN on file to request a distribution.

If you need to print the IRS Form W-8BEN, go to TIAA.org/forms and scroll to 'Find tax information.'

Substitute W-9 Request for Taxpayer Identification Number and Certification

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 (as defined in the form W-9 instructions); and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding (as detailed in the box above).

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience. ▶





Unmarried Verification: If you are unmarried, ONLY complete Section 10.

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience.

Please sign your full legal name with suffix, if applicable, using black ink.

10. UNMARRIED VERIFICATION

I certify that I am not married **AND** no longer work for the employer that contributed to this plan.

Your Signature Today's Date (mm/dd/yyyy)
 / / 20

OR

I certify that I am not married **AND** I am currently working for the employer that contributed to this plan.

Note: The Plan Representative will need to certify in the Plan Representative Certification section below.

Your Signature Today's Date (mm/dd/yyyy)
 / / 20

PLAN REPRESENTATIVE CERTIFICATION

By signing, you certify that the participant is not married.

Plan Representative's Signature Today's Date (mm/dd/yyyy)
 / / 20

Plan Representative's Name *(Please print)* Title





To the participant: If you are married, **ONLY** your spouse will need to complete Section 11.

Your spouse's consent is required for distributions taken in a form other than a qualified joint and survivor annuity to the extent your plan is subject to the Employee Retirement Income Security Act (ERISA), or due to the terms of your employer's plan requiring such consent.

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

This section must be completed by a Notary Public. TIAA accepts remote online notarization. You may notarize your documents online by visiting www.Notarize.com/TIAA. Notarize.com is a third-party vendor that charges a fee for each notary transaction. If you reside outside the United States, you can go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

NOTE: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy or validity of that document.

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

Please sign in black ink.

11. SPOUSE'S WAIVER OF SURVIVOR BENEFITS

As the spouse of a participant in an employer-sponsored retirement plan, and in accordance with federal pension law and/or the terms of the participant's plan, you have the right to receive a survivor benefit of at least 50% of the participant's (the account owner's) accumulation if he or she dies before you (referred to as a qualified joint and survivor annuity ("QJSA")). The amount may be more depending on the plan provisions. With this form, your spouse is requesting a distribution in a form other than the QJSA as well as a required minimum distribution (RMD) as applicable. In the event your spouse has provided instructions to roll over the requested distribution and has not received RMDs in accordance with federal tax law, TIAA will first distribute the RMD and then any remaining amounts as a rollover. Because this means that the money used for the distribution will no longer be available to provide a QJSA survivor benefit to you, we must get your consent before completing the transaction. Please read and sign the statement below only if you agree to the distribution in a form other than the QJSA. You do not have to sign this form. If you do not, you will receive the QJSA survivor benefit described in the *Explanation of the Qualified Joint and Survivor Annuity*.

IMPORTANT: You must have your signature witnessed by a Notary Public OR the contributing employer's Plan Representative. You must sign and date this waiver on or after your spouse has signed the distribution form.

By signing, I confirm that I have read and understand the *Explanation of the Qualified Joint and Survivor Annuity*, which includes information about the QJSA and the requirements for spousal consent. I hereby agree to this distribution and understand that the amount to be distributed will not be available as a QJSA survivor benefit. I also understand that this waiver applies to this request only; it does not apply to future requests.

First Name Last Name

Signature Today's Date (mm/dd/yyyy) / / 20

OPTION 1: NOTARY PUBLIC CERTIFICATION

State County Notary Expiration Date (mm/dd/yyyy) / / 20

On the date noted 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 Signature

Today's Date (mm/dd/yyyy) / / 20

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires.

FOR NOTARY PUBLICS IN FLORIDA

The foregoing instrument was acknowledged before me, by means of:

Physical presence Online notarization

OPTION 2: PLAN REPRESENTATIVE CERTIFICATION

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

Plan Representative's Signature Today's Date (mm/dd/yyyy) / / 20

Plan Representative's Name (Please print) Title





Please check all the appropriate boxes. Based on the information you checked, an employer authorization may be required by the employer that contributed to your plan for TIAA to process your withdrawal request.

12. EMPLOYER'S PLAN REPRESENTATIVE SIGNATURE

1. Do you qualify for this withdrawal based on the Heart Act of 2008 legislation? Yes No
 (being a qualified reservist called to active duty within provisions of the Heart Act of 2008)

(mm/dd/yyyy)

If Yes, provide date of leave: / /

2. Have you separated from service from your employer? Yes No

3. Are you requesting an in-service withdrawal? Yes No

Check here if this in-service withdrawal is related to an Employer Authorized Phase Retirement Program.

4. Are you currently disabled? (proof of disability must be provided upon request) Yes No

(mm/dd/yyyy)

If Yes, provide date of disability: / /

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, the employer will receive the nonvested account balance and the vested account balance will be available to the participant.

To determine if the Plan Representative Approval section below is required to process your request, please contact TIAA at 800-842-2252 weekdays, 8 a.m.-10 p.m. (ET). If it is required, please have your Plan Representative fill out the portion below.

PLAN REPRESENTATIVE APPROVAL

By signing, you are approving this request.

Separation of Service Date (mm/dd/yyyy)
 / /

Please sign in black ink.

Plan Representative's Signature

Today's Date (mm/dd/yyyy)
 / /

Plan Representative's Name (Please print)

Title





TIAA TRUST, N.A.
PRIVATE ASSET MANAGEMENT
ROLLOVER FROM YOUR RETIREMENT PLAN (ERISA)

OPTIONS TO RETURN COMPLETED FORM(S)

OPTION 1: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the [App Store](#) or [Google Play](#).

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

OPTION 2: If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

- Log in to your [TIAA.org](#) account and select the **Actions** tab.
- Choose **Upload document(s)** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

OPTION 3: If you prefer to fax or mail this form, use the information provided below:

FAX:
314-244-5012 (within U.S.)

STANDARD MAIL:
TIAA Trust
Attn: Account Services
211 N. Broadway, Suite 1000
St. Louis, MO 63102-2733

OVERNIGHT DELIVERY:
TIAA Trust
Attn: Account Services
211 N. Broadway, Suite 1000
St. Louis, MO 63102-2733

CHECKLIST

Remember to:

- Complete all necessary personal information and indicate how much you want to roll over by account or fund.
- Sign Unmarried Verification or Spouse's Waiver.
- Sign this form.
- Have the employer who contributed to the plan you are making the withdrawal from provide the date you separated from service if required.
- Provide proof of disability with this form if you are disabled.





IRS FORM W-4R WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS INSTRUCTIONS

GENERAL INSTRUCTIONS

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to www.irs.gov/FormW4R.

Purpose of form. Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

2023 MARGINAL RATE TABLES

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the next page for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of Household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

* If married filing separately, use \$360,725 instead for this 37% rate.

GENERAL INSTRUCTIONS (CONTINUED)

Nonperiodic payments—10% withholding. Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments **unless** you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

Note: If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

Eligible rollover distributions—20% withholding. Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.





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Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also *Nonperiodic payments—10% withholding above*.

Payments to nonresident aliens and foreign estates. Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

SPECIFIC INSTRUCTIONS

LINE 1B

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

LINE 2

More withholding. If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

Less withholding (nonperiodic payments only). If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

Suggestion for determining withholding. Consider using the Marginal Rate Tables on the previous page to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See *Example 1* below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See *Example 2* below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

Examples. Assume the following facts for *Examples 1* and *2*. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

Example 1. You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

Example 2. You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.





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, D.C., 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.

