



# TIAA-CREF TRANSFER OR ROLLOVER AUTHORIZATION

Use this form to authorize the transfer or rollover of funds to TIAA-CREF. You may photocopy this form for multiple transfers. A separate transfer form with an **original signature** must be completed and returned to TIAA-CREF for each carrier or fund provider from which you are transferring/rolling over funds. Mail this form in the envelope provided to **TIAA-CREF, Imaging Services, P.O. Box 2200, Denver, CO 80201-9644**. When we receive your form, we'll send you a letter of acknowledgement and contact your current carrier or fund provider. If you are mailing a check to TIAA-CREF and intend to send it via overnight mail, please use the following address: TIAA-CREF, ATTN: Imaging Services, 370 17th Street - Suite 200, Denver, CO 80202. 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. **Please print in upper case using black or dark blue ink and provide all information requested.**

## 1 Personal Information

First and Middle Name or Initial

Last Name

Address

City

State

Zip Code

Daytime Telephone Number

Extension

Birth Date (mm/dd/yyyy)

Social Security Number or Taxpayer ID Number

## 2 Current Carrier or Fund Provider Account Information

Please attach a copy of your most recent statement for the account(s) you are transferring to TIAA-CREF. **IMPORTANT NOTE TO CURRENT CARRIER OR FUND PROVIDER:** Our client named above authorizes you, as the current carrier or fund provider, to forward to them immediately, any forms that are required to complete this transaction.

Name of current carrier or fund provider that issued the contract being exchanged.

Telephone Number

Address

City

State

Zip Code

Account Number(s)

PLEASE CONTINUE →







# 7 Allocate Your Funds

Please use my current allocation on file for the plan/contract indicated.

OR

Please use the allocation indicated below.

Enter the name of the account(s) and the amount you would like allocated to each account.\*\*\* If you need additional space for your allocation choices, please provide them on a separate page with your name and Social Security number. Please use whole percentages and make sure your allocation equals 100 percent. If you are unsure of the accounts available to you, please call our Telephone Counseling Center at **(800) 842-2776**, Monday to Friday from 8 a.m. to 10 p.m., ET and Saturday from 9 a.m. to 6 p.m., ET.

Account Name	Allocation Percent
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
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<input style="width: 100%;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
	1 0 0 %

*The TIAA Real Estate Account is not available in California.*

*\*\*\* For RA and GRA contracts: Payments and transfers from the TIAA Traditional annuity account are made in 10 substantially equal annual installments.*

PLEASE CONTINUE →



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## Authorization, Rollover Waiver and Your Signature

If you are over age 70½, you may need to begin distributions on this amount during this calendar year. Please contact us at (800) 842-2776.

I authorize the current carrier or fund provider listed in Section 2 to transfer/roll over the assets from my account(s) as stated in Section 3 and/or 4 for immediate deposit into my funds listed in Section 7. If necessary for the purpose of this transfer/rollover, I also authorize the current carrier or fund provider to liquidate immediately, and transfer the proceeds in the form of a check to my funds listed in Section 7, any mutual fund shares, company stocks, bonds, or other financial investments held in the account(s) listed in Section 3 and/or 4. The current carrier or fund provider may release information pertaining to the contributions and earnings attributable to the transfer/rollover amount, as requested by TIAA-CREF. I also authorize TIAA-CREF to contact my current carrier or fund provider on my behalf to arrange the transfer/rollover of these funds. I understand that if I do not name an employer in Section 6, my funds will be applied to the last-known premium-remitting institution that accepts rollover funds into their plan and will be subject to the new plan rules of that plan.

I understand that if I roll over a distribution from another plan into a TIAA-CREF Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Retirement Select, Retirement Select Plus, Supplemental Retirement Annuity or Group Supplemental Retirement Annuity contract, my right to receive a distribution of these funds prior to or following my termination of employment from the employer sponsoring the plan that is accepting the rollover, will depend on the terms of that plan and the TIAA-CREF account to which the funds are being rolled over.

I further understand that if I roll over a distribution from another plan into a TIAA-CREF Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Retirement Select, Retirement Select Plus, Supplemental Retirement Annuity, or Group Supplemental Retirement Annuity contract, to the extent the plan accepting the rollover is subject to the Employee Retirement Income Security Act (ERISA), spousal rights will apply to the funds and I may need a signed waiver from my spouse in order to receive a subsequent distribution of these funds to the extent the distribution is permitted by the new plan and receiving contract account.

I have read and understand the above conditions and I request that TIAA-CREF accept a rollover of funds to my TIAA-CREF account under a qualified plan. By signing below, I agree to be bound by these conditions.

Your Signature (REQUIRED)

Date (mm/dd/yyyy)

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## Signature Guarantee (If Applicable)

Some carriers or fund providers may require a signature guarantee. If your current carrier or fund provider does, please complete the following section and have it medallion-stamped by an authorized bank.

### MEDALLION SIGNATURE GUARANTEE

Signature of Guarantor

Name of Institution

Title

Date

 /  / 

Authorized Officer to Place Stamp Above

