WHEN DO I USE THIS FORM?
Complete this form to authorize the transfer or rollover of funds to TIAA-CREF. A separate 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. You may photocopy this form if you want to transfer or roll over funds from multiple accounts or fund carriers/providers.

Contract Exchange: If you have not experienced a qualifying event (separation of service, disability or attainment of age 59 1/2) you may move your 403(b) assets within your current employer’s plan from one carrier to another carrier, via a contract exchange, if permitted by the plan.

Direct Transfer: If permitted by your employer’s plan, you may transfer your retirement assets from one carrier directly to another approved carrier within the same plan.

Plan-to-Plan Transfer: Upon separation of service you may move your 403(b) assets to a 403(b) plan with your new employer. Both your prior employer and your new employer must allow for plan-to-plan transfers.

Rollover: Separation from service, disability or attainment of age 59 1/2, may qualify you for a roll over of assets from one account to another account. A direct rollover may be to any eligible retirement plan that agrees to accept the rollover and that includes qualified plans under 401(a)/403(a) (including 401(k) plans), 403(b) plans, governmental 457(b) plans, and IRAs. An indirect rollover is a distribution to an employee who rolls it over to another tax-qualified plan or IRA within 60 days from distribution.

YOUR CHECKLIST
☐ In Section 3A, 3B and 3C, tell us if you are transferring 100% of account or if partial, how much.
☐ Tell us if you’re transferring/rolling over Roth 403(b)/401(k) contributions. Additional information must be provided by your carrier or fund provider. (Section 3D)
☐ Remember to sign and date this form. (Section 8)
☐ Attach a copy of your most recent statement for the account(s) you are transferring to TIAA-CREF.
☐ Complete a separate form for each carrier or fund provider or account.
☐ If all of the assets are with the same carrier and you are transferring/rolling over from multiple accounts, then a separate form is required for each account in sections 3A, 3B and 3C and section 5.

☐ Mail all pages of your completed form to: TIAA-CREF, ATTN: Transfer/Rollover Department, P.O. Box 1260, Charlotte, NC 28201-1260. 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: Transfer/Rollover Department, 8500 Andrew Carnegie Boulevard, Charlotte, NC 28262.

KEY INFORMATION TO CONSIDER
☐ If your request includes securities held in brokerage accounts or mutual funds, you must liquidate them before TIAA-CREF contacts your current carrier.
☐ If you’re transferring/rolling over funds to a new TIAA-CREF account, please include the enrollment form with this form.
☐ Contact your current carrier or fund provider for their transfer/rollover requirements, including their forms and whether a medallion signature is required.
1. PROVIDE PERSONAL INFORMATION

First Name

Middle Initial

Last Name

Address

City State Zip Code

Daytime Telephone Number Extension

Date of Birth (mm/dd/yyyy) Social Security Number/Taxpayer Identification

2. CURRENT CARRIER OR FUND PROVIDER INFORMATION

Name of current carrier or fund provider

Telephone Number

Address

City State Zip Code

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.
3. PLEASE SELECT THE TYPE OF TRANSACTION YOU WISH TO INITIATE:

☐ A. Complete Section 3A for Contract Exchange, Direct Transfer, or Plan-to-Plan Transfer for 403(b) retirement plans.

OR

☐ B. Complete Section 3B for Direct Transfer for non-403(b) plans.

OR

☐ C. Complete Section 3C for Rollover of funds.

Fill out section 3D to let us know if you’re transferring/rolling over funds made as Roth 403(b) or Roth 401(k) contributions.

3A. EXCHANGE, DIRECT TRANSFER OR PLAN-TO-PLAN TRANSFER (403(b) ONLY)

Select one.

☐ 403(b)(1) Annuity Contract ☐ 403(b)(7) Custodial Account

These funds are:

☐ Employer Contributions ☐ Your (Employee) Contributions

Were any of these funds invested prior to 1989? ☐ Yes ☐ No

Name of Employer of the retirement plan from which the funds originated.

Are you still employed at the employer named above? ☐ Yes ☐ No

Account Number(s)

How much are you transferring/rolling over to TIAA-CREF? (If no selection is made, the form will be considered invalid and returned to you.)

☐ 100% of the account ☐ Partial $
3B. DIRECT TRANSFER (NON 403(b) LIKE-TO-LIKE PLANS)

Select one.

- 401(a)
- 401(k)
- 401(a)/414(h)
- 457(b) Private*
- 457(b) Public
- SIMPLE IRA***
- Roth 403(b)****
- Roth 401(k)****
- Roth IRA**
- Traditional IRA
- SEP IRA
- Keogh Profit Sharing
- Keogh Money Purchase
- Brokerage Account

Name of Employer of the retirement plan from which the funds originated (Not applicable if IRA, Keogh or SEP)

Are you still employed at the employer named above?  
- Yes
- No

Account Number(s)

How much are you transferring to TIAA-CREF?  
(If no selection is made, the form will be considered invalid and returned to you.)

- 100% of the account
- Partial $ 

3C. ROLLOVER (CHANGE IN PLANS)

Type of funds being rolled over. Select one.

- 401(a)
- 401(k)
- 401(a)/414(h)
- 403(b)
- 403(b)(7)
- 457(b) Private*
- 457(b) Public
- Traditional IRA
- SIMPLE IRA***
- SEP IRA
- Roth 403(b)***
- Roth 401(k)***
- Keogh Profit Sharing
- Keogh Money Purchase
- Brokerage Account

CONTINUED ON NEXT PAGE
Note: Roth 403(b)/401(k) contributions can only be transferred/rolled over to a Roth IRA or to another 403(b)/401(k) plan that will accept the contributions.

3C. ROLLOVER (CHANGE IN PLANS) (CONTINUED)

Name of Employer of the retirement plan from which the funds originated (Not applicable if IRA, Keogh or SEP)

Are you still employed at the employer named above?  Yes  No

Account Number(s)

How much are you transferring/rolling over to TIAA-CREF?  (If no selection is made, the form will be considered invalid and returned to you.)

□ 100% of the account  OR  □ Partial $ __________________

3D. ROTH CONTRIBUTIONS MADE TO A 403(b) PLAN OR 401(k) PLAN

Were any of the funds that you’re transferring/rolling over made as Roth 403(b) or Roth 401(k) contributions?

□ No

OR

□ Yes, the contributions were made to a Roth 403(b)  OR  □ Roth 401(k)

Your current carrier or fund provider must give us this information if you’re transferring/rolling over Roth funds:

■ Date of first Roth contribution (MM/DD/YYYY)
■ Total life-to-date Roth contributions
■ Total life-to-date Roth earnings

This additional information must be provided if you’re transferring Roth funds:

■ Total year-to-date Roth contributions
■ Total year-to-date Roth earnings

If your current carrier or fund provider does not give us this information within five (5) business days of receiving the money we will refund it back to the carrier/fund provider that sent it.
Check the terms of your current investment. Certain surrender charges may apply. Please check the appropriate box(es) to authorize the liquidation of your Certificates of Deposit.

4. TELL US THE AMOUNT AND PROVIDE INSTRUCTIONS FOR CERTIFICATES OF DEPOSIT

Account Number

Maturity Date (mm/dd/yyyy)

Please liquidate the CD IMMEDIATELY. I am aware of and acknowledge the penalty I will incur from any early withdrawal.

Please liquidate the CD AT MATURITY. (Please submit this request no earlier than 30 days before the maturity date. TIAA-CREF is not liable if your CD term is renewed or if penalty fees are incurred as a result of transferring/rolling over funds from a CD.)

Use this section to provide information about your other accounts such as mutual fund accounts and brokerage accounts. Please check the appropriate box(es) to authorize the liquidation of other types of investments you may have.

5. TELL US THE AMOUNT AND PROVIDE INSTRUCTIONS FOR OTHER ACCOUNTS THAT ARE NOT LISTED IN ANY OTHER SECTION

Account Number

Type of Account

I wish to liquidate and transfer my entire account.

I wish to liquidate only the following assets in my account, and transfer the proceeds in the form of a check to my TIAA-CREF account. I am not liquidating and transferring my entire account.

# of shares OR Percent OR Dollar Amount

% $
**If your transfer/rollover to a Traditional IRA includes Roth 403(b)/401(k) contributions, the amount attributable to Roth 403(b)/401(k) contributions will be made to a Roth IRA since IRS regulations allow Traditional IRAs to receive only pre-tax funds.**

**For Rollovers into a Roth IRA:** Please note that funds from an employer sponsored retirement plan will be converted. The conversion is considered a taxable event. If you are unable to do this conversion with your current carrier or fund provider, then you must first establish a Traditional IRA with TIAA-CREF. If the funds include Roth 403(b)/401(k) contributions, those contributions are not taxable. However, the Roth earnings may be taxable.

***For 457(b) private plans: These funds are going into a contract that is part of your employer’s general assets and is subject to the claims of your employer’s creditors.***

To open an IRA/Keogh account, go to tiaa-cref.org. Click “Open an Account” then click “Keogh,” or “IRA” or call 800 842-2776.

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**6. TIAA-CREF ACCOUNT INFORMATION**

For rollovers to plans other than an IRA: Please provide the name of the employer to whose plan the transfer/rollover should be applied. If you do not identify an employer, your funds will be applied to the last known premium-remitting employer that accepts rollover funds to their plan. All rollovers are subject to the new plan’s rules.

**Name of Employer**

To which TIAA-CREF accounts should we apply the funds? If you select “apply the funds to my existing account” below, the account must have been established under the employer’s plan indicated.

- [ ] Apply the funds to my existing account.*
- [ ] Apply the funds to my new TIAA-CREF account. Please enclose your completed enrollment application.

**Type of Account**

- [ ] RA
- [ ] GRA
- [ ] SRA
- [ ] GSRA
- [ ] RC
- [ ] RCP
- [ ] Traditional IRA*
- [ ] Roth IRA**
- [ ] 457(b) Private***
- [ ] 457(b) Public
- [ ] Simplified Employee Pension (SEP) IRA
- [ ] Keogh Money Purchase Plan
- [ ] Keogh Profit Sharing Plan
If your allocation is invalid in any way, the funds being transferred will be allocated to the default account/fund specified by the employer's plan.

### 7. ALLOCATE YOUR FUNDS

- Use my current allocation on file for the plan/contract indicated.

**OR**

- Use the allocation I've indicated below.

Select the investment allocation for the funds being transferred. You may change your allocation at any time in the future. If you need additional space for your allocation choices, please provide them on a separate page with your name and Social Security number.

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<th>Fund Number</th>
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100 %
If you are over the age 70 1/2, you may need to begin distributions on this amount during this calendar year. Please contact us at 800 842-2776 for more information.

8. AUTHORIZATION AND ROLLOVER WAIVER

By signing in the “Your Signature” box below:

I authorize the current carrier or fund provider to transfer/roll over the assets from my account(s) as stated on this form for immediate deposit into my TIAA-CREF funds.

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 on this form, any mutual fund shares, company stocks, bonds, or other financial investments held in the account(s).

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, for rollovers to plans other than an IRA, if I do not name an employer, 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 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, 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, 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 understand that I am responsible for determining my eligibility to transfer, roll over, or exchange within the limits set forth by tax laws, related regulations, plan regulations and plan agreements. I assume responsibility for any tax consequences or penalties that apply to the requested transactions.

I have read and understand the above conditions and I request that TIAA-CREF accept a transfer/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)

9. MEDALLION SIGNATURE GUARANTEE (IF APPLICABLE)

MEDALLION SIGNATURE GUARANTEE Signature of Guarantor Date (mm/dd/yyyy)

Name of Institution

Title
10. EMPLOYER AUTHORIZATION

I am a representative of the Employer, Plan Sponsor, or Third Party Administrator. I certify that the participant is eligible for the requested transaction.

Plan Representative Name (please print)

Plan Representative Signature

Date (mm/dd/yyyy)

Title

Daytime Telephone Number

A fee may be imposed by your current carrier or fund provider for this service. Also, some firms may not provide this service.

11. WIRE TRANSFER REQUEST

Are you requesting that the funds be sent to us as a wire transfer? [ ] Yes [ ] No

12. MAIL THIS FORM

Mail this form in the envelope provided to:

TIAA-CREF
ATTN: Transfer/Rollover Department
P.O. Box 1260
Charlotte, NC 28201-1260

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: Transfer/Rollover Department
8500 Andrew Carnegie Boulevard
Charlotte, NC 28262