



FINANCIAL SERVICES
FOR THE GREATER GOOD®

TIAA-CREF Brokerage Services IRA Distribution Request

Use this form to request a distribution of assets from Traditional IRAs,
SEP IRAs, and Roth IRAs.

Please read the following:

- An IRA distribution is reportable to the Internal Revenue Service (IRS) and, if applicable, to your state tax authority.
- Read the attached instructions before completing the form.
- Do not use this form to request a transfer of assets from this account (including transfer due to death of participant or for a divorce decree), a Roth conversion, or to purchase securities for this retirement account.
- You are responsible for ensuring that the funds you request are available. You may need to sell securities so the requested cash is available.
- There are fees for some delivery methods (as noted in the instructions). For a schedule of fees, contact TIAA-CREF Brokerage Services.
- Return the completed form to:
TIAA-CREF Brokerage Services
P.O. Box 1280
Charlotte, NC 28201



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TIAA-CREF Brokerage Services IRA DISTRIBUTION REQUEST INSTRUCTIONS

1. CLIENT INFORMATION

Please print your name (First, Middle Initial, Last) and fill in the boxes for account number, Social Security Number, date of birth, and state of residence. Provide the two-letter state abbreviation for state of residence. If payment is being made to an alternate address, provide the appropriate information in section 4.

2. TYPE OF DISTRIBUTION

(Please see your tax advisor regarding possible taxes and penalties.)

- A. **Normal** — For clients who are age 59½ and older. This includes Required Minimum Distributions (RMDs) from Traditional IRAs, and SEP IRAs for clients who are age 70½ and older. If you are over 70½, the IRS requires that minimum distributions be taken according to a specific, elected formula. Please verify the method and amount of your RMD calculation with your tax professional.
- B. **Early** — For clients who are under age 59½ and do not qualify for any of the exceptions to tax penalties as defined in IRC Section 72(t); death, disability, or substantially equal series. The distribution may be subject to the early distribution penalty.
- C. **Return of Excess Contribution** — State the amount and date of the excess contribution(s). Excess contribution(s) plus their earnings must be withdrawn by your tax-filing deadline for the year the deposit was made, plus extensions. Provide the date of contribution and the excess amount. State the earnings separately. Indicate if the request is being submitted prior to your tax return filing date, plus extensions. Excess contributions removed after tax-filing date (including extensions) will be reported as normal or early, depending on the age of the participant and will not include earnings.
- D. **Distribution Due to Death** — For distributions that are taken as a result of the death of the IRA owner. The distribution is taken from the inherited/beneficiary IRA.
- E. **Permanent Disability** — Within the meaning of IRC Section 72(m)(7). Consult your tax professional or employer to determine eligibility.
- F. **Roth** — For any distributions from a Roth or Roth Conversion Account.

3. DISTRIBUTION METHOD AND TAX WITHHOLDING

- A. **One-Time Distribution:**
 - 1. Indicate the dollar amount of the partial distribution.
 - 2. Indicate the description and quantity of securities that you wish to receive. Please use the security descriptions as they appear on your brokerage account statement.
- B. **Scheduled Distribution** — For recurring distributions on a specified date.
 - 1. Indicate whether this is a new request or a change of an existing instruction.
 - 2. Provide a dollar amount to receive distributions of a specified amount. Only available funds will be sent on the date you select. You must make arrangements with your investment professional or financial organization to ensure cash is available on scheduled distribution dates.
 - 3. Income includes: dividends, interest, and mutual fund capital gains.
 - 4. Select distribution frequency and provide beginning date. If no beginning date is selected, the first day of the month following the month that Pershing receives a complete form, will be selected. If the day selected falls on a nonbusiness day, your payment will be made on the first business day thereafter.

- C. **Total Distribution** — This election will close your account.
 - 1. Total distribution of entire account in cash — Select this if you wish to have all assets distributed in cash. Please arrange with your investment professional or financial organization to sell securities.
 - 2. Total distribution in-kind — Your account will be closed. Your securities will be mailed to you, if possible, along with any remaining cash balance, unless you request them to be moved to the Pershing account indicated in section 4.
 - 3. Account termination fees may be due for total distributions. You may either pay by check or have the fees deducted from this account or another Pershing account over which you have trading authority. Contact your investment professional or financial organization to obtain a fee schedule.
- D. **Tax Withholding Election** — Rates are subject to change without notice. (NOTE: Education Savings Accounts are exempt from tax withholding.) We are required to withhold federal income tax (and state income tax depending on your residency) from distributions. You may elect not to have federal income tax withheld by completing this section. In some cases, you may elect not to have state income tax withheld. If no election is made, 10% federal income tax and applicable state income tax will be withheld unless you indicate otherwise. If you select scheduled payments as the distribution method, federal and state income tax withholding must be stated as a percentage. Dollar amount selections are not available for scheduled payments. For requests to have federal income tax withholding in a dollar amount, ensure that the amount is equal to or greater than 10% of the gross distribution amount. Penalties may be incurred under the estimated tax rules if your withholding and/or tax payments are not sufficient for the tax year. Taxes withheld from your distribution in accordance with your instructions will not be reversed. You may revoke your election at any time before the distribution is processed. Your election remains effective until revoked. For additional information regarding federal and state tax withholding, contact your tax professional.

4. DELIVERY INSTRUCTIONS

- A. **To a TIAA-CREF Brokerage Account** — To transfer your distribution to your TIAA-CREF Brokerage account, please provide the receiving account number.
- B. **Mail Check** — To address of record.
- C. **ACH** — for scheduled distributions only. Additional form required. This election will transmit funds directly to your bank account. No fee will apply.
- D. **Federal Fund Wire** — A fee is assessed for this service. This service is not available for scheduled distributions.
- E. **Alternate address** — Provide information if a check or securities should be delivered to an alternate address.
- F. **Overnight Delivery** — You may elect to receive the distribution overnight. A fee is assessed for this service. This service is not available for delivery to a P.O. Box address.

5. SIGNATURE (This form cannot be processed without your signature.)

By signing this form, I acknowledge that I have read and understood the Tax Withholding Instructions and the Custodian is not responsible for determining the appropriateness of the distribution and withholding election. Also, my federal and state income tax withholding election is applicable to any subsequent scheduled distributions, until I revoke the election under the procedure established by the Custodian. (A signature guarantee/notary is required for a distribution payable to an alternate address. Please contact your investment professional or financial organization.)



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TIAA-CREF Brokerage Services IRA DISTRIBUTION REQUEST

1. CLIENT INFORMATION *(Complete all sections.)*

Name *(Please print)*: _____

Account Number: -

Social Security Number: - -

Date of Birth: - -

State of Residence *(For state tax purposes)*:

2. TYPE OF DISTRIBUTION *(Select one type.)*

- A. Normal *(Age 59½ and older)*
- B. Early *(Under age 59½ — no known exceptions)*
- C. Return of Excess Contribution for Tax Year _____
 1. Specify excess amount, month, day, and year contribution was made:
\$ _____ / _____ / _____ / _____
 2. Earnings accrued on excess contribution \$ _____
 3. Is excess being removed prior to the tax return due date, including extensions? Yes No
- D. Due to Death from inherited/beneficiary IRA
- E. Permanent Disability
- F. Roth IRA

3. DISTRIBUTION METHOD AND TAX WITHHOLDING

Select one distribution method, make a tax withholding election, and then select the delivery method in section 4.

- A. One-time Distribution
 1. Payment in the amount of \$ _____
 2. In-kind distribution of securities *(Indicate description and quantity.)*

Description	Quantity
_____	_____
_____	_____
- B. Scheduled Distribution *(Complete applicable items below.)*
 1. Select One: New request Change of instruction
 2. Principal payment in the amount of \$ _____
 3. Income *(dividends and capital gains)* and interest
 4. Select one: Monthly Quarterly
 Semi-Annually Annually
Beginning: _____ / _____ / _____
- C. Total Distribution *(Select one — account will be closed.)*
 1. Total distribution of entire account in cash *(Please arrange to have your investment professional liquidate all assets.)*
 2. Register and mail securities, and distribute cash
 3. Fees enclosed or charge to the following TIAA-CREF Brokerage account:
 -

D. Tax Withholding Election *(Rates are subject to change without notice.)*

1. **Federal Income Tax Withholding** *(Select one):*
(If an election is not made below, we will withhold 10 percent of the gross distribution amount.)
 - Do NOT withhold federal income tax from the gross distribution amount.
 - Withhold _____ % based on the gross distribution amount *(must be at least 10%).*
 - Withhold \$ _____ of federal income tax from the gross distribution amount. **(NOT available for scheduled distributions.)**

State income tax withholding may be required when you elect federal income tax withholding.
2. **State Income Tax Withholding** *(Select one):* *(If an election is not made, we will withhold from your distribution according to your state of residence requirement.)*
 - Do NOT withhold state income tax from the distribution. *(Not applicable to all states.)*
 - Withhold state income tax from the distribution.
 - Withhold _____ % based on the distribution amount.
 - Withhold \$ _____ of state income tax from the distribution amount. **(NOT available for scheduled distributions.)**

4. DELIVERY INSTRUCTIONS

- A. To my TIAA-CREF Brokerage Account:
 -
- B. Mail a Check to address of record.
- C. ACH *(For scheduled distributions only. Additional form required.)*
- D. Federal Fund Wire *(Not available for scheduled distribution. Fees will be assessed.)*
ABA Number: _____
Bank Name: _____
City, State: _____
For the benefit of: _____
Account Number: _____
Further Credit to: _____
Account Number: _____
- E. Alternate address:*

- F. Overnight Delivery *(Fees will be assessed.)*

5. SIGNATURE *(Request must be signed.)*

Refer to section 5 of the IRA Distribution Request Instructions.

Signature: _____ Date: _____

*Signature Guarantee/Notary Box for alternate address

