



Helpful Information for Completing Your Authorization

- Please see the cover letter for any plan rules that may apply to your Authorization.
- To view your current accumulation or to find out the status of your Authorization, visit our Web Center at www.tiaa-cref.org, or call our Automated Telephone Service at **800 842-2252**; both are available 24 hours a day, 7 days a week. You'll need your password and User ID.
- If you have questions or need assistance, 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.

Naming Your Beneficiaries

You must name a beneficiary to receive the accumulation in your new contract if you die while receiving payments.

Your Federal Taxpayer Identification Number

For most participants, their Social Security number is their Taxpayer Identification number. If you do not have a Taxpayer Identification number and are not a U.S. citizen or resident alien, we have included Form W-7, which you must complete and forward to the Internal Revenue Service, to apply for an Individual Taxpayer Identification number.

To Non-U.S. Citizens

Income is generally subject to tax withholding at a statutory rate of 30% non-resident alien tax.

- If you reside in the U.S., we have included Form W-4P for you to make a required federal income tax withholding election.
- If you reside outside the U.S., we have included Form W-8BEN that you must complete to certify your foreign status. If you reside in a country that maintains a reciprocal tax treaty with the U.S., you may be exempt from or eligible for a reduced rate of withholding. To claim the benefit of the exemption or a reduced rate, you must provide us with a valid Individual Taxpayer Identification number (ITIN) or Social Security number (SSN). If you do not have a valid ITIN or SSN and a Form W-8BEN on file, the statutory rate of 30% non-resident alien tax will be withheld from all distributions.

About Direct Rollovers

Your interest-only payments are subject to mandatory 20% federal income tax withholding unless they are directly rolled over to an IRA or to another plan. When you request a direct rollover, the money is sent directly to the IRA or other plan, not to you. Note: Electronic funds transfer is not available for rollovers.

Direct rollovers to IRAs

You can always do direct rollovers to IRAs. TIAA-CREF offers both Classic IRAs and Roth IRAs. Regulations require that conversions to Roth IRAs be made first as a rollover to an IRA like our Classic IRA, and then converted to a Roth IRA. A rollover to a Classic IRA is not taxable. A conversion to a Roth IRA is fully taxable since Roth IRAs can only accept after-tax dollars.

You can directly roll over your eligible payment(s) to an existing TIAA-CREF Classic IRA by providing us with your IRA contract numbers. Or, if you want to open a new TIAA-CREF IRA, just check the appropriate box as instructed in the Direct Rollover section. You may enroll online at tiaa-cref.org/iras 24 hours a day, 7 days a week.

If you prefer, you may request a new IRA enrollment form, either by visiting our Web Center at www.tiaa-cref.org, or calling our Enrollment Hotline at **800 842-2888**. Be sure to return your completed IRA enrollment form along with your Authorization.

Direct Rollovers to Plans

You may be able to directly roll over your eligible payment(s) to another employer's plan. When deciding whether to roll over your payment (s), you should consider the choice of investment, features of the plan, and plan rules (since your accumulation will generally become subject to these rules).

Be sure to discuss state tax implications, if any, with your tax advisor. Please note that if you are making a direct rollover from a plan established under another IRS code section to a governmental 457(b) plan, and you are under age 59½ when you make the direct rollover, the 10% early withdrawal penalty will continue to apply to the accumulation you are rolling over until you attain age 59½.

If the other employer's plan is with TIAA-CREF, we can determine if the plan can accept the direct rollover. If the other employer's plan is with another financial company, the plan administrator or trustee of the plan receiving your direct rollover must complete a portion of the direct rollover section on the enclosed Authorization. We must have this information to determine if Internal Revenue Service rules allow your direct rollover(s) to the plan.

After-Tax Contributions

Direct Rollovers from interest-only payment do not include after-tax contributions.



IMPORTANT: Return all of these pages. Each section provides instructions for completing it. If you have questions, 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.

Personal Information

Please be sure we have all of the requested information below. We need your citizenship and state of residence for tax reasons.

.....

First and Middle Name or Initial

Last Name

Social Security Number

Date of Birth (mm/dd/yyyy)

Daytime Telephone Number

Citizenship (if not U.S.)

State of Residence

Employment Status

Prior to the date you request to start your transaction, will you have terminated employment from all institutions that contributed to the annuities that you are using for this transaction?

If you answer **Yes** and provide a termination date, you are certifying that you have or will have terminated employment by that date.

If you answer **No** or do not enter a termination date for employment at any institution remitting premiums to its retirement plan on your behalf, you are certifying that you understand the repercussions of authorizing this transaction while still employed.

.....
 Yes, I have or will have terminated employment on

Date (mm/dd/yyyy)

No, I will not have terminated employment. *Please contact your employer's benefits office to discuss any consequences if you are authorizing payments from the accumulation attributable to your current employer's plan.*

Choosing Interest-Only Payments

Unless you are currently receiving lifetime income from TIAA-CREF, you will need to provide evidence of your birth date. If you need to provide such evidence, we included the "Record of Age" form following *Helpful Information*.

Provide the source(s) for your interest-only payments.

.....
TIAA Number

Name of Employer/Plan

Choosing the Payment Start Date and Amount

If we receive your completed *Authorization* by the last business day of a month, we will issue your contract as of the first of the next month unless you requested the first of a future month in Part A below.

Your first interest-only payment will be made at the end of the month in which your contract is issued. For example, if we receive your completed *Authorization* by November 30, 2004, we will issue your contract as of December 1. Your first payment, representing interest earned during December, will be paid the first business day in January, 2005.

Part A – Tell us the month and year to issue your Interest-Only Option contract. Your payments will begin on the first business day of the **following** month.

Part B – Check the first box if you are using your entire TIAA Traditional accumulation in the contract(s) listed below.

OR

Check the second box and provide an amount if you are requesting a partial settlement. This amount must be at least \$10,000 of your TIAA Traditional accumulation in your Retirement or Group Retirement Annuity.

To make direct rollovers using your interest-only payments, complete the Direct Rollover section following the Naming Your Beneficiaries section. Otherwise your payments will be subject to mandatory 20% federal income tax withholding.

.....
A. Issue my contract as of *Payment will be made after the end of that month.*
Date (mm/yyyy)

B. I'd like to base my Interest-Only Option payments on 100% of my TIAA Traditional accumulation.

OR

I'd like to base my Interest-Only Option payments on the following TIAA Traditional Amount:

Naming Your Beneficiaries

Tell us who should receive your remaining accumulation after you have died. List primary beneficiaries below and contingent beneficiaries on the following page. Contingent beneficiaries would receive payments only if all primary beneficiaries die before you. Unless you provide a percentage for each beneficiary, all beneficiaries in a class will share equally. There is space below each entry where you may provide additional instructions. If you need more space, please check the box below and provide the instructions on a separate page. Be sure to include your name and Social Security number on it.

Please see the attached page for additional instructions.

Primary Beneficiaries

1.	<input type="text"/>	<input type="text"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
		<input type="text"/>
		Date of Birth (mm/dd/yyyy)
<input type="text"/>		
2.	<input type="text"/>	<input type="text"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
		<input type="text"/>
		Date of Birth (mm/dd/yyyy)
<input type="text"/>		
3.	<input type="text"/>	<input type="text"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
		<input type="text"/>
		Date of Birth (mm/dd/yyyy)
<input type="text"/>		
4.	<input type="text"/>	<input type="text"/> %
	Name of Primary Beneficiary	Percentage (optional)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>
	Social Security Number	Relationship
		<input type="text"/>
		Date of Birth (mm/dd/yyyy)
<input type="text"/>		

Contingent Beneficiaries

1. %
Name of Contingent Beneficiary Percentage (optional)

- - Relationship Date of Birth (mm/dd/yyyy)

Social Security Number

2. %
Name of Contingent Beneficiary Percentage (optional)

- - Relationship Date of Birth (mm/dd/yyyy)

Social Security Number

3. %
Name of Contingent Beneficiary Percentage (optional)

- - Relationship Date of Birth (mm/dd/yyyy)

Social Security Number

4. %
Name of Contingent Beneficiary Percentage (optional)

- - Relationship Date of Birth (mm/dd/yyyy)

Social Security Number

Direct Rollover(s) to TIAA-CREF

Part A – If you are making a direct rollover to your existing TIAA-CREF contracts, complete this part. We'll use the current allocation we have on file for these contracts.

Part B – If you are making a direct rollover to a new TIAA-CREF IRA, complete this part. You'll make your allocation choices on the IRA enrollment form. If you are considering a Roth IRA, please be sure you understand that this is a fully taxable event.

.....
Make my direct rollover(s) to:

A. My existing
TIAA Number CREF Number

Name of Institution

If you have after-tax contributions and the plan receiving your direct rollover cannot accept them, we will pay that amount to you by check and send it to your address of record.

B. My new TIAA-CREF Classic IRA. *(Please complete an enrollment form, or enroll online at www.tiaa-cref.org/iras.)*

OR

My new TIAA-CREF Roth IRA. *(Please complete an enrollment form, or enroll online at www.tiaa-cref.org/iras.)*

Yes, withhold *(enter a dollar amount or percentage)*
for federal income tax withholding from my conversion to a Roth IRA.

No, I do not want any federal income tax withheld from my conversion to a Roth IRA.

Direct Rollover(s) to Another Company

Part A – If you are making a direct rollover to an IRA at another financial company, complete this part **and Part C**.

Part B – If you are making a direct rollover to another employer’s plan that doesn’t offer TIAA-CREF accounts, complete this part **and Part C**.

Part C – You complete Part C to provide the name, telephone number and check-mailing address of the other financial company, and your account number.

Part D – If you are making a direct rollover to another plan, the Plan Administrator for the plan or the trustee at the other company completes this part. **We must have this information to determine if Internal Revenue Service rules allow your direct rollover to the plan.**

.....
Make my direct rollover(s) to:

A. An IRA at another financial company.

OR

B. Another employer’s plan that doesn’t offer TIAA-CREF accounts.

If you have after-tax contributions and the plan receiving your direct rollover cannot accept them, we will pay that amount to you by check and send it to your address of record.

C. Other Financial Company Information

Company Name

 - -

Telephone Number

Ext.

Check-mailing Street Address

City

State

Zip Code

Account Number

D. Certification and Agreement by the Plan Administrator or the trustee at the other company.

We certify that the Internal Revenue Code of the plan receiving the direct rollover is (*check one*):

403(b) 401(a), 403(a), or 401(k) 457(b) Public Plan Other:

AND

We agree to accept the direct rollover and to separately account for **both** before-tax and after-tax amounts.

OR

We agree to accept **only** the direct rollover of before-tax amounts.



Signature of Plan Administrator or Trustee

/ /

Date (*mm/dd/yyyy*)

Title

- -

Telephone Number

Direct Deposit Authorization

Part A – If you want your payment(s) directly deposited to your bank account by electronic funds transfer (EFT), complete this part. Be sure to attach a voided check (or for a savings account, a deposit slip preprinted with your personal information). Otherwise, also complete Part B.

If you do not provide us with the required information we need to act on your instructions, we will send your payment to your residence address.

Part B – If you do not provide a voided check or a preprinted savings account deposit slip, you will need to have your signature guaranteed in this part. You will need to sign this request (on the next page) in front of an authorized employee of a national or state bank, a federal savings and loan association, stock exchange member firm, or a savings bank in New York or Massachusetts. **A notary public is not acceptable.** A stamp or seal indicating “Signature Guaranteed” must accompany a signature guarantee.

.....

A.
Name of Bank

Street Address

City State Zip Code

- -
Telephone Number


Checking Account Number: **OR** Savings Account Number:

9-Digit Bank Transit Number

B. To be completed for Signature Guarantee

I certify that the above-named person as described, whose identity is known or proven to me, personally appeared before me on at
Date (mm/dd/yyyy)

and signed this request.
City State


Signature of Bank Officer Date (mm/dd/yyyy)

TIAA-CREF Annuity Loan Repayment

If you are requesting a full (100%) settlement of your entire accumulation for the transaction you are authorizing, you need to provide instructions regarding any outstanding TIAA-CREF loan(s).

To view the current outstanding loan balance (which is the unpaid amount of the loan plus the accrued interest on it), visit our Web Center at www.tiaa-cref.org, or 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.

- If you check **Yes** below, we will use the transaction to repay your outstanding loan(s) and use the remaining accumulation as you instruct.
- If you check **No** below or you leave this section blank, the transaction will not be used to repay any outstanding loan balance(s), the transaction will not include any collateral supporting the loan(s), and the transaction will not be a full (100%) settlement.

Yes, I want to repay my entire outstanding loan balance(s) from the transaction.

No, I do not want to repay my entire outstanding loan balance(s) from the transaction. I understand that after the transaction, the collateral supporting my outstanding loan(s) will remain for future use.

Your Authorization and Signature

Be sure to sign and date your request here.

By signing below, you agree that for your Interest-Only Payments:

- you must receive payments for at least twelve months;
- you must change your payment method no later than the date you attain age 90;
- the contract issue date cannot be prior to the date we receive all necessary papers; and
- you acknowledge that you have received a retirement income illustration and information about the income options available to you.

If you choose to have any payment sent directly to an IRA or another plan,

- your signature also authorizes this transaction; 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; and if you are directing your withdrawal to a Roth IRA, you understand the tax consequences of your election.

If you completed the Direct Deposit Authorization section,

- you also authorized your bank to charge your account for this service and to refund any overpayments to TIAA and/or CREF, and your bank is released from any liability to TIAA and/or CREF for overpayments above the amount of funds available in your account at the time TIAA and/or CREF requests a refund.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number; and you are not subject to backup withholding due to a failure to report interest or dividend income; and you are a U.S. person (this includes all U.S. citizens and resident aliens).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.



Signature

Date (mm/dd/yyyy)

**If you are subject to backup withholding, cross out the statement above that refers to not being subject to backup withholding. If you are not a U.S. person, cross out the statement that refers to being a U.S. person.*

TIAA-CREF Individual & Institutional Services, LLC

Employer's Authorization

Please provide the participant's employment termination date and let us know if this request is approved by signing below.

Employment termination date (*mm/dd/yyyy*): / /

I understand that by signing I am approving this request.

Name of Plan Representative (*please print*)



Authorized Signature

 / /

Date (*mm/dd/yyyy*)

Title

 - -

Telephone Number

For your protection, some states require a warning against fraud to appear on this form. These states, including but not limited to Alaska, Arizona, Arkansas, California, Delaware, the District of Columbia, Indiana, Kentucky, Minnesota, New Hampshire, New Mexico, New York, Ohio, Oklahoma, and Pennsylvania, require a warning substantially similar to the following.

People who file applications for insurance or statements of claim commit a fraudulent insurance act if they:

- knowingly do so with intent to injure, defraud, or deceive any insurance company or another person; and/or
- knowingly include in their application or statement of claim any materially false or misleading information; and/or
- knowingly conceal information for the purpose of misleading concerning any fact material to the application or claim.

Insurance fraud is a crime and in some states it is a felony. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

New York residents, please note:

Civil penalties shall not exceed \$5,000 and the stated value of the claim for each such violation.

Colorado residents, please note:

Any insurance company or any agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or to a claimant for the purpose of defrauding or attempting to defraud the policyholder or to a claimant with regard to a settlement or award payable from the insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida residents, please note:

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information, is guilty of a felony of the third degree.

New Hampshire residents, please note:

Prosecution and punishment for insurance fraud is provided by RSA 638.20.

New Jersey residents, please note:

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.