



TIAA-CREF INVESTMENT SOLUTIONS IRA TRANSFER OR ROLLOVER AUTHORIZATION

Please print in capital letters and only use black or dark blue ink. Provide all information requested.

Use this form ONLY to move funds to a TIAA-CREF Investment Solutions IRA. Complete this form to authorize the transfer or rollover of funds to TIAA-CREF. 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. A separate form is needed for each account. If you want to complete multiple transfers, you may copy this form.

MAIL THIS FORM TO:

TIAA-CREF
IRA Department
PO Box 1271
Charlotte, NC 28201

OVERNIGHT MAILING ADDRESS:

TIAA-CREF
IRA Department
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

Upon receipt of your form, TIAA-CREF will send a letter of acknowledgment to you and contact your current carrier or fund provider requesting the funds.

If you have any questions, please call our Telephone Counseling Center at **800 842-2252**, Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET).

1. TELL US ABOUT YOURSELF

Title First Name Middle Name

Last Name

Street Address

City State Zip Code

Daytime Telephone Number Extension

Birth Date (mm/dd/yyyy) Social Security Number or Taxpayer ID Number

I am transferring assets to a new TIAA-CREF IRA

I am transferring assets to an existing IRA contract

TIAA IRA Contract Number

CREF IRA Contract Number





TIAA-CREF INVESTMENT SOLUTIONS IRA TRANSFER OR ROLLOVER AUTHORIZATION

Please attach a copy of your most recent statement for the account you are transferring to TIAA-CREF.

YOUR TRANSFER

Please complete a separate request for each account. A copy of your statement is required.

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.

2. CURRENT CARRIER OR FUND PROVIDER ACCOUNT INFORMATION

Name of current carrier or fund provider that issued the contract being transferred or rolled over

Telephone Number

Street Address

City

State

Zip Code

3. SOURCE OF TRANSFER Choose one.

Brokerage Account or a Mutual Fund Company

Annuity or Life Insurance Company

IRA at a Bank or Credit Union

Other *Please specify*

If you do not know the type of funds that are being transferred/rolled over, please contact your current carrier or fund provider.

4. TYPE OF ACCOUNT YOU ARE ROLLING OVER

401(a) 401(k) 403(b) 403(b) (7) 414(h)

457(b) Public Keogh Profit Sharing SEP IRA Roth IRA* Simple IRA**

Traditional IRA Keogh Money Purchase Roth 403(b) Roth 401(k) Defined Benefit Plan

Roth 457(b) Other - Tax Qualified *Please specify*

* A Roth IRA can only be rolled over/transferred to another Roth IRA.

** SIMPLE IRA must have been established for at least two years. If prior to the two year holding period, and is otherwise an early distribution, the additional tax imposed by the IRS (because of the early distribution) is increased from 10% to 25% of the amount distributed.

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Please complete a separate request for each account. A copy of your statement is required.

5. LIQUIDATION INSTRUCTIONS

Check the terms of your current investment. Certain surrender charges may apply. Please check the appropriate box(es).

CERTIFICATES OF DEPOSIT

Account Number

Maturity Date (mm/dd/yyyy)

Please liquidate the CD **IMMEDIATELY** and transfer proceeds to TIAA-CREF. I am aware of and acknowledge the penalty I will incur from any early withdrawal.

Please liquidate the CD **AT MATURITY** and transfer proceeds to TIAA-CREF.
(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.)

OTHER INVESTMENTS

Account Number

Liquidate my entire account immediately and transfer proceeds to TIAA-CREF.

Liquidate only a portion of my account as detailed below and transfer proceeds to TIAA-CREF.

Investments to be transferred/rolled over	# of shares	or Percent	or Dollar Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

6. WIRE TRANSFER REQUEST

Are you requesting that the funds be sent to us as a wire transfer?*

Yes No

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* You may change your allocation at any time in the future. If your allocation is invalid in any way, the funds being transferred will be allocated to the CREF Money Market Account. If you need additional space for your allocation choices, please provide them on a separate page with your name and Social Security number.

7. ALLOCATE YOUR FUNDS

Use the current allocation on file for this account for the funds being transferred.

OR

Select the investment allocation for the funds being transferred.*

For information about the investments available, or, if you need help creating an allocation, please call us at **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET).

Full Investment Name	Allocation Percent
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/> %
	1 0 0 %

Please use only whole numbers and make sure your total allocation equals 100%.

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If you are over age 70½, you may need to begin distributions on this amount during this calendar year. Please contact us at **800 842-2252**.

8. AUTHORIZATION AND SIGNATURE

I certify these funds are eligible to rollover or transfer to an IRA.

I authorize the current carrier or fund provider listed in Section 2 to liquidate and transfer/rollover the assets from my account as stated in Section 5. I authorize the current carrier or fund provider to remit the proceeds to TIAA-CREF in the form of a check or wire transfer. I authorize TIAA-CREF to apply these proceeds according to the instructions in Section 7.

The current carrier or fund provider is hereby authorized to release information pertaining to the contributions and earnings attributable to the transfer/rollover amount and any other information necessary to expedite this transaction, as requested by TIAA-CREF.

I am aware that certain penalties and/or surrender charges may apply.

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

Please sign in only black or dark blue ink.



Signature (required)

Today's Date (mm/dd/yyyy)

9. MEDALLION SIGNATURE GUARANTEE (IF APPLICABLE)

Some carriers or fund providers may require a medallion signature guarantee. If your current carrier or fund provider does, please complete the following section and have it medallion-stamped. A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature from a national or state bank, federal savings and loan association, savings bank or member of a national stock exchange who is a member of the medallion signature program. **A notary public is not an acceptable medallion signature guarantee.**

I certify that the above named person as described whose identity is known or proven to me, personally appeared before me on the date and location listed below.

Today's Date (mm/dd/yyyy)

City

State

Zip Code

Signature of Certifying Officer

Print Name of Certifying Officer

Title of Certifying Officer

Authorized Officer to Place Stamp Above

