



FINANCIAL SERVICES
FOR THE GREATER GOOD®

REINVESTING YOUR TRANSFER PAYOUT ANNUITY

GETTING STARTED

- Complete this form to redirect your TIAA-CREF Transfer Payout Annuity to reinvest in any of the accounts under your employer's plan. Each section of the form provides instructions. Please mail your completed form(s) to :

TIAA-CREF
P.O. Box 1268
Charlotte, NC 20201

- Be sure to sign the form on Page 2.

NEXT STEP

To find out the status of this request, visit us online 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.

QUESTIONS?

Contact us at:

- www.tiaa-cref.org - Available 24/7 for access to your accounts, forms and other features.
- **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).



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P.O. BOX 1268
CHARLOTTE, NC 28201-1268

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PAGE 1 OF 2

Important: Return all pages in this package.

YOUR PERSONAL INFORMATION

Please be sure you provide all of the information requested below.

First and Middle Name or Initial

Last Name

Your Country of Citizenship is:

Your Residence is located in:

State of Residence:

OR

Country of Residence:

Social Security Number

Please check the appropriate box if this is not a Social Security Number:

Canadian Social Insurance Number

Individual Taxpayer Identification Number

Transfer Payout Annuity Number(s)

ALLOCATION

Your allocation must be written in whole numbers and total 100%.

Account Number	Account Name	Percentage 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"/> %
<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"/> %
TOTAL		1 0 0 %



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PAGE 2 OF 2

AUTHORIZATION AND SIGNATURE

By signing below, you agree that this Authorization will be effective with the next transfer payment following the receipt of this form and will govern all subsequent transfers.

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 (including a U.S. resident alien).*

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

Authorized Signature

Date (mm/dd/yyyy)



<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"/>
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*If you are subject to backup withholding, check this box:

If you are not a U.S. person, check this box:



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

A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages.

New York residents, please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Arizona residents, please note: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from 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 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.