



FINANCIAL SERVICES  
FOR THE GREATER GOOD

# TIAA-CREF INVESTMENT SOLUTIONS IRA 60-DAY ROLLOVER REQUEST

Print in upper case  
using black or dark  
blue ink and provide  
all information requested.

Please return completed  
forms and rollover check to:

**Regular Mail:**  
TIAA-CREF  
IRA Rollover Department  
P.O. Box 532093  
Atlanta, GA 30353-2093

**Overnight mail:**  
TIAA-CREF  
IRA Department  
8500 Andrew  
Carnegie Blvd.  
Charlotte, NC 28262

If you have questions or  
need help locating your  
contract numbers, call us  
at **800 842-2776**

Monday – Friday  
8 a.m. – 10 p.m. (ET)

Saturday  
9 a.m. – 6 p.m. (ET)

Or visit us online at  
**tiaa-cref.org** 24 hours a day.  
Have your user ID and  
password ready

Use this form to rollover qualified retirement funds received from an alternate financial services provider.

## 1. PROVIDE PERSONAL AND ACCOUNT INFORMATION

First Name  Middle Initial

Last Name

Address

City  State  Zip Code

Daytime Telephone Number  -  -  Extension

Birth Date (mm/dd/yyyy)  /  /  Social Security Number  -  -

I am rolling over funds to a **new** TIAA-CREF IRA

**OR**

I am rolling over funds to an **existing** TIAA-CREF IRA:

TIAA IRA Contract Number  CREF IRA Contract Number





# TIAA-CREF INVESTMENT SOLUTIONS IRA 60-DAY ROLLOVER REQUEST

## 2. YOUR ACCOUNT AT THE PRIOR INVESTMENT COMPANY

Name of Investment Company

Investment Company Telephone Number

 —  — 

Account Number

Rollover Amount

\$

Tell us the type of funds you're rolling over.

- 401(a)    401(k)    403(b)    403(b) (7)    414(h)    457(b) Public  
 Keogh    Roth IRA    SIMPLE IRA    Traditional IRA    Defined Benefit Plan  
 SEP IRA

### ALLOCATION INFORMATION

Your rollover will be invested according to your allocation instructions on file. If you would like to change your allocation, please visit our website at [www.tiaa-cref.org](http://www.tiaa-cref.org) or call us at **800 842-2776**.

You must sign and date this section.

## 3. SIGN YOUR FORM

I authorize TIAA-CREF to complete my 60-day rollover request to my TIAA-CREF IRA contract.

Your Signature (REQUIRED)

Date (mm/dd/yyyy)

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