



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 **800 842-2252**

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



2. YOUR ACCOUNT AT THE PRIOR INVESTMENT COMPANY

Name of Investment Company

Investment Company Telephone Number

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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
 Roth 401(k)
 Roth 403(b)
 Roth 457(b)

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 or call us at **800 842-2252**.

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)

Today's Date (mm/dd/yyyy)

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