



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# TIAA-CREF FUNDS IRA DISTRIBUTION FORM

Use this form to request normal or premature distributions from either your Traditional or Roth IRA. Please refer to the disclosure statement for more details on whether any tax or penalty applies to your distribution. Of course, you should consult your tax advisor before making a decision.

You cannot use a single form to take distributions from BOTH Traditional/Rollover IRAs and Roth IRAs. Please use a separate IRA Distribution Form for each type of IRA from which you are taking distributions.

**Send your signed and completed Form to TIAA-CREF Funds in the enclosed customer reply envelope.**

*Regular Mailing Address*  
TIAA-CREF Funds  
P.O. Box 55081  
Boston, MA 02205-5081

*Overnight Mailing Address*  
TIAA-CREF Funds  
30 Dan Road  
Canton, MA 02021-2809

**Please call 1 800 223-1200 with any questions, Monday through Friday, 8:00 a.m. – 10:00 p.m. (ET).**

## 1 ACCOUNT REGISTRATION

(Please print or type.) Attach a copy of your current IRA statement to help expedite this process.

Male  Female  
 Mr.  Mrs.  Ms.  Dr.  Prof.  Other \_\_\_\_\_

First Name Middle Initial Last Name  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Tax Identification Number  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Date of Birth

Address **Street or P.O. Box (APO and FPO addresses will be accepted.)**

Address **If the above address is a P.O. Box, you must also provide a street address.**

City State Zip Code

E-Mail Address

Day Time Phone Number Evening Phone Number

Check here if this is a change to an existing systematic withdrawal plan. An existing systematic withdrawal plan based on life expectancy cannot be changed.

## 2 IRA DISTRIBUTION

### Traditional IRA

- Normal** (You are age 59½ or older.)
- Premature** (You are under age 59½. To claim an exception to the early withdrawal penalty you must file IRS Form 5329 with your tax returns.)
- Premature Exempt** (You are under age 59½ and distributions are made under a schedule of substantially equal periodic payments.)
- Death**
- Disability**
- Remove excess contribution** of \$ \_\_\_\_\_ made for the \_\_\_\_\_ tax year. If the corrective distribution is made by or before the filing deadline for the tax year of the excess contribution, earnings (gains or losses) attributable to the contribution(s) will also be returned.

### Roth IRA(s)

- Qualified** (You are age 59½ or older, and have owned a Roth IRA for at least 5 years.)
- Exception Applies** (You are age 59½ or older or the distribution is due to death, disability or substantially equal periodic payments.)
- Premature** (You are under age 59½. To claim an exception to the early withdrawal penalty you must first file IRS Form 5329.)
- Remove excess contribution** of \$ \_\_\_\_\_ made for the \_\_\_\_\_ tax year. If the corrective distribution is made by or before the filing deadline for the tax year of the excess contribution, earnings (gains or losses) attributable to the contribution(s) will also be returned.

## 3 DISTRIBUTION AMOUNTS

- Fixed Amount** Please distribute \$ \_\_\_\_\_ from my TIAA-CREF Mutual Funds IRA(s).
- Entire Balance**
- Dividend and Capital Gains Earnings** (You must be age 59½ or older.) Any earnings on your IRAs will be sent to you.
- Required Minimum Distribution** Please select life expectancy factor:
  - Calculate my Required Minimum Distribution based on the Uniform Life Expectancy Table.
  - My spouse is my sole primary beneficiary and is more than ten years younger than I am. Calculate my Required Minimum Distribution based on the Joint Life Expectancy Table.

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## DISTRIBUTION INSTRUCTIONS

- Withdraw my distributions from all of my TIAA-CREF Mutual Funds IRAs on a prorated basis.
- Withdraw my distributions from all my TIAA-CREF Mutual Funds IRAs listed to the right.

### FUND-ACCOUNT NUMBER

		-								
		-								
		-								

### WITHDRAWAL PERCENTAGE

						%
						%
						%

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## TAX WITHHOLDING

We are required to withhold federal income taxes at a rate of 10% on your taxable IRA distributions, unless you elect to not have withholding apply. If you do not check a box, taxes will be withheld at a rate of 10%. The withholding election will remain in effect on your systematic withdrawal plan until revoked by you. You may change your election at any time by sending a written request prior to the distribution.

- Do not withhold federal income tax from my IRA distribution. I understand that I will be liable for payments of federal tax on the taxable portion of my distribution.
- I want federal income tax withheld and understand that the withholding will be done at a rate of 10% unless a different withholding percentage    % is specified. (no fractional percentages).

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## DISTRIBUTION SCHEDULE Please indicate the beginning month, date and frequency of your distributions.

- One-time Distribution**
- Systematic Distribution:** Beginning Month of Distributions: \_\_\_\_\_  
 Distribution Frequency:  monthly  quarterly  annually  
 Distribution Date:  1st of the month  15th of the month

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## DISTRIBUTION INSTRUCTIONS Please indicate how you would like to receive your distribution payments. (Choose ONE only.) A medallion signature guarantee is required for option B or D.

- A.  Mail my distribution check to the address on my IRA account. *If you have had an address change within the last 30 days, we require a Medallion Signature Guarantee.*
  - OR B.  Deposit my distribution directly into my checking or savings account using the Automated Clearing House. A medallion signature guarantee is required if banking information is not on file.  
**Type of Account**  Checking  Savings **Bank Telephone Number** \_\_\_\_\_  
**Name on Account** \_\_\_\_\_  
**You must attach a voided bank check or savings deposit slip. This will ensure accurate bank information.**
  - OR C.  Please deposit my distribution directly into my TIAA-CREF Mutual Funds non-IRA account(s), registered in my name, listed below.
- | FUND NAME | FUND ACCOUNT NUMBER                         | ALLOCATION/PERCENTAGE  |
|-----------|---|------------------------|
| _____     | <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"/> % |
- D.  Mail my distribution check to an address other than the address on record or to my current address which has changed within the last 30 days. A medallion signature guarantee is required. Mail to:

Street Address

City

State

Zip Code

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## SIGNATURE

**Please sign exactly as your name appears on your account confirmation statement.**

I certify that the statements made on this IRA Distribution Form are true, complete and accurate.

<div style="font-size: 2em; font-weight: bold; margin-bottom: 5px;">X</div>	
Signature	Date

\* A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange which participates in the medallion signature guarantee program.

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## MEDALLION SIGNATURE GUARANTEE

To deposit your distribution directly into your checking or savings account not on file (Section 7, option B), or to receive your distribution at an address other than on your account or your address has been changed within the last 30 days. (Section 7, option D), you must have the signature in Section 8 guaranteed.\*