

**Request for
Systematic Withdrawals from
Keogh Annuities**



730 Third Avenue
New York, NY 10017-3206

Systematic Withdrawals From Keogh Annuities...At A Glance

How Much Can I Withdraw? Tell us how much you want to withdraw, stated as a *percentage*, *dollar amount*, or as *units* of your TIAA-CREF variable account accumulations. The amount must be written in *words*. The amount is subject to legal and plan restrictions, and the initial minimum is \$100 from each account.

What Options Do I Have to Receive My Payments? You can choose to receive your payments in one of three ways:

- As a specified dollar amount each payment (such as \$200 semimonthly);
- As a specified number of accumulation units each payment (such as 30 units a month). This method is only available from the TIAA-CREF variable accounts. With this selection you will receive a different amount each payment, depending on the accumulation unit value of the account(s) from which you're receiving payments; or
- As a specified whole percentage each payment (such as 10% a quarter). With this selection you will receive a different amount each payment, depending on the value of the account(s) from which you're receiving payments.

How Long Will the Systematic Withdrawals Continue? You can tell us when you want the systematic withdrawals to stop, and until that date you will continue to receive them so long as there are sufficient funds in the account(s) eligible for withdrawals. Remember that the value of the TIAA-CREF variable accounts can increase or decrease.

If you don't tell us when to stop the systematic withdrawals, they will continue so long as there are funds available for withdrawal. Once systematic withdrawals stop, you'll need to complete another *Request for Systematic Withdrawals from Keogh Annuities* if additional funds become available.

Completing the Request. You need to complete a *Request for Systematic Withdrawals from Keogh Annuities*. If you are not the Plan Owner, the employer of the plan needs to complete the Employer Confirmation Section. If you have questions, please call our Telephone Counseling Center at **1 800 842-2776** weekdays from 8 a.m. to 11 p.m. ET, and weekends from 9 a.m. to 6 p.m. ET.

Spouse's Rights to Benefits. Federal law gives spouses certain rights to accumulations resulting from their spouse's participation.

If you're **not married**, complete the "Unmarried Determination Statement." If you are the contract owner but *not the Plan Owner*, your Plan Representative also must complete this section.

If you're **married**, your spouse must provide written consent. A notary public must witness your spouse's signature, which must be dated the same or a later date than when you sign Section 4.

Can You Send My Systematic Withdrawals to My Bank Account? Yes, and you'll get them faster with electronic funds transfer (EFT). If you complete the Direct Deposit section of the enclosed *Payment Destination Instructions* form, we'll send your systematic withdrawals to your bank account electronically. You won't have to worry about postal delays or checks getting lost or stolen.

If you don't want EFT, we'll send your systematic withdrawals to your address in our files. Or complete the check-mailing portion of the *Payment Destination Instructions* form to provide another address.

Effective Date of Payment. Your initial payment will be effective the day we receive your completed forms. The effective date of payment for your future payments will be the same day of the month as your initial payment or the following business day if that day is not a business day. Shortly after the effective date of payment, you will receive your money.

Taxation of Withdrawals. Because your contributions were made on a tax-deferred basis, your systematic withdrawals are fully taxable as ordinary income for the year(s) you receive them.

Tax Penalties. If you are under age 59-1/2 when you make a withdrawal, you may be subject to a 10 percent federal tax penalty in addition to regular income taxes. You won't be subject to the 10 percent penalty if you terminate employment when you're at least 55, or you're disabled as defined by the Internal Revenue Service.

Minimum distribution penalties may apply if you do not make a mandatory minimum distribution by April 1st of the year following the later of

- The calendar year you attain age 70-1/2, or
- You retire

except if you are a 5% owner where your minimum distribution must begin by April 1st following the year you attain age 70-1/2.

Income Tax Withholding. Federal law requires TIAA-CREF to withhold 20 percent of each systematic withdrawal unless it is a direct rollover. If you are interested in a rollover, you should roll over the entire amount to an IRA and then receive systematic withdrawals from it.

Rollovers. If you're interested in an IRA, consider our TIAA-CREF IRAs. For details, please call our Telephone Counseling Center at **1 800 842-2776** weekdays 8 a.m. to 11 p.m. ET, and weekends from 9 a.m. to 6 p.m. ET.



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1 PERSONAL INFORMATION

Please complete this information. State your citizenship if it's other than U.S. Enter your TIAA and/or CREF number from which the payment is being made.

Name	Social Security Number
Citizenship	Daytime Telephone
TIAA Number	CREF Number
Name of Employer	

2 WITHDRAWALS

Initial withdrawals must be at least \$100 from each account.

Check the box to tell us how frequently you want your payments.

I want to receive payments:

- Semimonthly
 Monthly
 Quarterly
 Semiannually
 Annually

Tell us when you want your payments to start. For semimonthly payments, select any number from the first to the fourteenth; for other frequencies, select any number between the first and the twenty-eighth.

Start my payments on (date): _____

You must select one of these three statements:

To tell us the number of payments you want to receive, enter the number here.

I want _____ *payments.*

OR

If you know the date you want payments to stop, enter the date here.

Stop my payments on (date): _____

OR

Mark this choice if you want payments to continue for as long as there are funds in the account(s).

- I want TIAA-CREF to continue payments until there are no funds in my designated accounts or until I request that payments stop.*

3 AMOUNT OF SYSTEMATIC PAYMENTS

Use words to state amounts and if they are dollars, accumulation units or a percentage of your accumulation (e.g. "two hundred dollars," "thirty units," or "ten percent").

For each period indicated above, I request the withdrawal of the following amounts:

TIAA Traditional

TIAA Real Estate

CREF Stock

CREF Money Market

CREF Bond Market

CREF Social Choice

CREF Global Equities

CREF Growth

CREF Equity Index

CREF Inflation-Linked Bond

4 YOUR SIGNATURE

By signing, I authorize TIAA-CREF to make the withdrawal(s) indicated above. I agree that I don't need to return my annuity certificates to TIAA-CREF to make these systematic withdrawals. However, if you withdraw the full amount in my accounts, I understand that the certificates will then have no value. My initial payment will be effective the day TIAA-CREF receives my completed forms. The effective date of payment for my future withdrawals will be the same day of the month as my initial payment or the preceding business day if that day is not a business day.

Signature

Date

5 EMPLOYER CONFIRMATION

If you are not the Plan Owner, your employer must complete this section.

I understand that by signing I am confirming that this person is eligible for the requested distributions and that this person has terminated employment with this employer.

Termination Date

Authorized Signature

Title

Name of Institution

Telephone

Date

6 EARLY WITHDRAWAL VERIFICATION

Certification of Disability

I certify that (name of participant) _____ is eligible for a distribution because he/she is disabled as defined by the Internal Revenue Code. The disability date was as of (date) _____.

Signature of Authorized Representative

Date

Name of Institution

**7 UNMARRIED
DETERMINATION**

Establishing Your Unmarried Status

*To be completed
by the annuity
owner if
applicable.*

I certify that I am not married.

Your Signature

Date

Established by Plan Representative for *(name of institution)*

*If you are not the
Plan Owner, the Plan
Representative must
complete this section.*

Authorized Signature

Title

Date

**SPOUSE'S
WAIVER**

Spouse's Consent to Waiver of Pre-Retirement Survivor Benefits

*To be read and
signed by the
spouse of the
annuity owner.*

Under federal law, you have the right to receive a survivor benefit of at least 50% of the amount in these Keogh Annuities if your spouse dies before you. As a result, your spouse must have your written consent before making withdrawals from these annuities. If you consent to the withdrawals, you **will not** receive survivor benefit payments from the amounts withdrawn.

If you agree to the transaction described in this authorization, please read and sign the statement below. A Notary Public must witness your signature. Your signature must be dated the same or a later date than when your spouse signed and dated this request, and the date must be no more than 90 days before the payment is made. If you have questions, please call our Telephone Counseling Center at **1 800 842-2776** weekdays from 8 a.m. to 11 p.m. ET and weekends from 9 a.m. to 6 p.m. ET.

I agree to the payment of funds from the Keogh Annuities listed in Section 1. I understand and agree that I'm giving up my right to receive a qualified joint and survivor annuity at my spouse's death for the transactions described in this authorization, and I release TIAA and CREF from all liability for actions based on this authorization.

Spouse's Signature

Date

Spouse's Signature Witnessed by Notary Public

State of _____)

:ss

County of _____)

On (date) _____ before me personally appeared

_____; to me known and known to me to be the individual who signed the above spousal consent and acknowledged to me that he/she executed the same.

Notary Public

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

Insurance fraud is a crime and, in some states, it is a felony. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

New York residents, please note: Civil penalties shall not exceed \$5,000 and the stated value of the claim for each such violation.

Colorado residents, please note: Any insurance company or any agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or to a claimant for the purpose of defrauding or attempting to defraud the policyholder or the claimant with regard to a settlement or award payable from the 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 Hampshire residents, please note: Prosecution and punishment for insurance fraud is provided by RSA 638.20.

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.