

Request for a Payment from Keogh Annuities



730 Third Avenue
New York, NY 10017-3206

Instructions

If you have any 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.

1. Personal Information. Please complete this section. Your citizenship is required for tax withholding. If you're not a U.S. citizen and we haven't included tax withholding information, please contact us. List the TIAA and CREF number(s) that this transaction applies to.

2. Amount of Payment. Tell us how much you want to withdraw, stated as a *percentage* or as a *dollar amount*, and *written in words*. The amount available is subject to legal restrictions, and the *minimum* partial withdrawal is \$1,000 from each account. If you wish to withdraw the full available amount from each account, write "one hundred percent."

We'll base the amount of the withdrawal on the value of your accounts as of the date we receive this properly completed form. If you want a later effective date that is the last day of the current or future month, please enclose instructions in a separate letter.

Federal tax law generally subjects your withdrawal to 20% mandatory income tax withholding unless it is directly rolled over to a TIAA-CREF Classic IRA (or a similar IRA from another company) or to a similar employer retirement plan.

Withdrawals may be subject to an additional 10% penalty, unless you meet one of the exceptions specified in the law. These exceptions include a requirement that you must be *age 55 or older and separated from service or disabled*.

IRS regulations governing withdrawals from a profit-sharing plan due to hardship provide that the accumulation available for withdrawal can consist only of contributions, generally not earnings, and withdrawals due to hardship are:

- subject to the 10 percent penalty tax if the withdrawal is made before age 59-1/2;
- subject to optional 10 percent income tax withholding; and
- not eligible to be rolled over to any IRA or another plan.

If you are making a hardship withdrawal, please call our Telephone Counseling Center at the number above for additional information. Also complete Section 5 if you think you meet one of these exceptions.

3. Direct Rollover. Complete this section if you're interested in directly rolling over your payment. If you don't want a direct rollover, leave this section blank.

You can roll over the taxable portion of your withdrawal to a TIAA-CREF Classic IRA, to a similar retirement plan, or to another company's IRA. When you request a direct rollover, the money is sent to the IRA, not to you. We'll report the withdrawal to the IRS as a rollover and it will not be subject to federal income taxation. **Note:** Electronic Funds transfer is not available for rollovers.

TIAA-CREF offers two types of IRAs—the Classic IRA and the Roth IRA. **Note:** Regulations require that conversions to Roth IRAs first be rolled over to IRAs like our Classic IRA. A conversion to a Roth IRA is fully taxable since Roth IRAs can only accept after-tax dollars. If you're interested in a rollover or would like more information on our IRAs, please call our Telephone Counseling Center at the number above.

4. Your Signature. We need your signature in Section 4 even if you're also required to complete and sign Sections 5 and/or 7.

5. Early Withdrawal Verification. If you're under age 59-1/2 and your withdrawal is because of disability, complete *A, Certification of Disability*. If you participate in a Profit-Sharing Keogh Plan, you may be eligible to make a withdrawal due to hardship; complete *B, Certification of Hardship*. If your plan permits you to make withdrawals while still employed, complete *C, Certification of Other Plan Requirements*.

6. Employer Confirmation. Your employer must complete Section 6, unless otherwise indicated.

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

Use the enclosed "Payment Destination Instructions" form to authorize us to deposit your payment in your bank account, or to mail your check to an address other than your current home.



Request for a Payment from Keogh Annuities

1 PERSONAL INFORMATION

First Name	M.I.	Last Name
<input type="text"/>		
Citizenship (if not U.S.)	Social Security Number	
<input type="text"/>	<input type="text"/>	
Daytime Telephone		
<input type="text"/>		
TIAA Number		
<input type="text"/>		
CREF Number		
<input type="text"/>		

2 AMOUNT OF PAYMENT

Please tell us how much you want to withdraw. You can request the full or partial available amount (at least \$1,000) of any or all of your accounts. For each account, write out in words (not numbers) either a percentage of the amount (written as "one hundred percent"), or a dollar amount (written as "one thousand dollars").

TIAA Traditional
TIAA Real Estate
CREF Stock
CREF Money Market
CREF Social Choice
CREF Bond Market
CREF Global Equities
CREF Growth
CREF Equity Index
CREF Inflation-Linked Bond

3 DIRECT ROLLOVER

Complete this section if you'd like to "roll over" your withdrawal directly to an IRA or another similar retirement plan. If you are considering a Roth IRA, please be sure you understand that this is a fully taxable event. Check the boxes if you don't want taxes withheld on your conversion to a Roth IRA. If you have questions, 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.

Make my direct rollover to

a TIAA-CREF Classic IRA

OR

a TIAA-CREF Roth IRA

Remember that rollovers to Roth IRAs are first made to Classic IRAs and then converted to Roth IRAs.

I don't want federal taxes withheld from my TIAA withdrawals.

I don't want federal taxes withheld from my CREF withdrawals.

OR

another company or institution. Be sure to provide the following information.

If this is a rollover to another company, what type of account are you requesting for these funds?

401(a) or 403(a)

Traditional IRA

Roth IRA

Company

Telephone No.

Check-Mailing Address

City

State

Zip Code

Participant Account Number

4 YOUR SIGNATURE

Check the box and provide the date if you're certifying that you've terminated employment, or complete Section 5C if you're still employed. If you're under age 59-1/2 and requesting a cash withdrawal, or of any age and still employed under this plan, please complete and sign Section 5.

By signing, I authorize TIAA-CREF to make the withdrawal(s) as indicated. If I choose to have my withdrawal sent directly to an IRA or another similar retirement plan, my signature also authorizes this transaction. If my withdrawal is not sent directly to a Classic IRA or a similar retirement plan, 20 percent of the taxable portion of my payment will be withheld for federal income taxes; or if I am directing my withdrawal to a Roth IRA, I understand the tax consequences of my election.

Yes, I certify that I terminated employment on (date) _____ .

Signature

Date

**5 EARLY
WITHDRAWAL
VERIFICATION**

Please review the instructions before you complete this section.

A. Certification of Disability

*I certify that I was permanently and totally disabled on (date) _____ .
I am unable to engage in any substantial gainful activity by reason of a medically
determinable physical or mental impairment which can be expected to result in death
or to be of long-continued and indefinite duration.*

*To the Participant:
If you don't want
income tax with-
holding, please
check the appropri-
ate box or boxes.*

B. Certification of Hardship — Available Only to Profit-Sharing Keogh Plans

Please withhold no income tax from my TIAA payments.

Please withhold no income tax from my CREF payments.

*To the Plan Owner:
You must complete
and sign this
section.*

*I certify that (name of participant) _____
is eligible for a distribution because he/she has met the definition of financial hardship
(as set forth under the terms of the plan and in the Internal Revenue Code and regulations)
as of (date) _____*

Signature of Authorized Representative

Date

Name of Institution

C. Certification of Other Plan Requirements

*I certify that all plan requirements for a preretirement (in-service) cash withdrawal
have been met.*

Signature of Authorized Representative

Title

Name of Employer

Telephone Number

**6 EMPLOYER
CONFIRMATION**

*I understand that by signing I am confirming that this person has terminated
employment with this employer.*

*The Plan Owner
must complete this
section.*

Authorized Signature

Title

Name of Institution

Telephone Number

Date

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

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

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

Authorized Signature

Title

Date

SPOUSE'S WAIVER

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

Spouse's Consent to Waiver of Preretirement Survivor Benefits

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 withdrawal, you **will not** receive a survivor benefit payment from the amount withdrawn.

If you agree to the withdrawal, 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 8:00 a.m. to 11:00 p.m. ET and weekends from 9:00 a.m. to 6:00 p.m. ET.

I agree to the payment of funds from the Keogh Annuities listed in Section I. I understand and agree that I'm giving up my right to receive a survivor benefit payment from TIAA-CREF for the amount being paid. I release TIAA and CREF from all liability for making this payment.

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 RSV 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.

If you mail your completed authorization for this withdrawal with this cover sheet, this withdrawal will not count toward the \$50,000 maximum for faxed withdrawals.

Your Name: _____

Telephone Number: _____

DO NOT PROCESS THIS AUTHORIZATION. *I have previously faxed this authorization to TIAA-CREF. I am returning my completed authorization so that this withdrawal will not count toward the \$50,000 maximum for faxed withdrawals.*

Mail your authorization with this cover sheet to:

TIAA-CREF
730 Third Avenue
New York, NY 10017-3206