



FINANCIAL SERVICES
FOR THE GREATER GOOD®

CHOOSING ANNUITY INCOME FOR A FIXED-PERIOD

For account information, or to check the status of your request or any questions:

Call **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.

When do I use this form?

Complete this form to receive annuity income for a fixed-period from your Supplemental Retirement Annuities and Group Supplemental Retirement Annuities.

Annuity income for a fixed-period is not available from Retirement Choice Plus Annuities, TIAA Stable Value and TIAA Stable Return Annuities.

YOUR CHECKLIST

- Remember to sign and date this form. (Section 12)
- If you're single, complete Section 13A. If you're married, your spouse must complete Section 13B.
- Within 90 days before you want to begin receiving Fixed-Period annuity income, please mail all pages of your completed form to: **TIAA-CREF, P.O. Box 1268, Charlotte, NC 28201-1268. (Sorry, we can't accept faxed forms.)**

KEY INFORMATION TO CONSIDER

- We've enclosed income tax withholding forms that you should return to us with your other forms.
- If you have not established your date of birth in our records, we included a Record of Age form for you to complete.

FREQUENTLY ASKED QUESTIONS

Each section of the form includes instructions. Below we've provided answers to some frequently asked questions, which you may want to review before completing this form.

Q Don't I already have beneficiaries?

A You have beneficiaries for annuities in the accumulation phase, but your Fixed-Period annuity income is paid from a new set of annuities. Payments will be made to the beneficiaries you name if you die before the end of the period.

Q How often can my income change?

A When you choose to receive Fixed-Period annuity income from TIAA and CREF variable annuity account accumulations, this income will increase or decrease based on the investment experience of the accounts. You can choose to have your income revalued monthly or annually.

Q What is the annual valuation method?

A If you receive variable income that changes annually, your income is revalued once a year on March 31 (with payments changing on May 1). This option may be suitable if:

- you prefer to have a consistent income stream for a one-year period; and/or
- you don't mind waiting until the end of the year to receive an increase in income if performance is above the 4% Assumed Interest Rate (AIR).

CONTINUED ON NEXT PAGE

FREQUENTLY ASKED QUESTIONS (CONTINUED)

Q What is the monthly valuation method?

A If you receive variable income that changes monthly, your income is revalued on the 20th of each month (or the previous business day if the 20th is not a business day). This option may be suitable if:

- you prefer to see changes in income (up or down) immediately, rather than waiting until the following May 1; and/or
- you don't mind fluctuations in your income level each month.

Q Can I change from one valuation method to another?

A Yes, you can switch your variable income from annual to monthly valuations, and vice versa, once a year effective on March 31.

Q Can I rollover my Fixed-Period payments?

A If you choose to receive payments for **less than 10 years**, you may directly roll over your payments, if allowed by plan rules. They also will be subject to mandatory 20% federal income tax withholding unless you make direct rollovers. (Complete and return the enclosed income tax withholding forms only if you want additional withholding.)

If the number of years you choose is **10 or more years**, you may not directly roll over your payments. Be sure to complete and return the enclosed income tax withholding forms with this form.

Q What choices do I have for rolling over my Fixed-Period payments of less than 10 years?

A TIAA-CREF offers both Traditional IRAs and Roth IRAs. A rollover to a Traditional IRA is not taxable. If you want to make a rollover to a Roth IRA, please call us at **800 842-2252** for assistance.

In the section titled Direct Rollover, you can roll over funds to your existing TIAA-CREF Traditional IRA by providing your IRA contract numbers. Or, if you want to open a new TIAA-CREF IRA, you may request a new IRA enrollment form either by visiting us online at tiaa-cref.org or call us at **800 842-2273**. Be sure to return your completed IRA enrollment form along with your lifetime retirement income form.

You also may be eligible to roll over your payments to another employer's plans. Please call us at **800 842-2252** for more information if you are interested in this choice.



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

If you claim residence AND citizenship outside the U.S., you must complete form W-8BEN in addition to this form to certify your foreign tax status. To print form W-8BEN, go to www.tiaa-cref.org/forms, under General Tax Forms.

**The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them please contact us at 800 842-2252.

1. PROVIDE PERSONAL AND ACCOUNT INFORMATION

First Name Middle Initial

Last Name

Social Security Number/Taxpayer Identification Number

Daytime Telephone Number - - Extension

State of Residence (if outside the U.S., write in Country of Residence) Citizenship (if not U.S.)

TIAA Number CREF Number

Plan Name (Contributing Employer's Plan)

Plan Number** Sub Plan Number**

Write the number of years you would like to receive payments. Your age and the type of annuity determine the period of years you may choose.

2. CHOOSING THE PAYMENT PERIOD

The period of time you choose may not exceed your life expectancy as determined by the Internal Revenue Service. If you choose a period of less than 10 years, you may directly roll over your payments by also completing the Direct Rollover section.

- **Supplemental Retirement Annuities** - TIAA-CREF variable annuity accumulations from Supplemental Retirement Annuities are available for periods from 2 to 30 years.
- **Group Supplemental Retirement Annuities** - TIAA-CREF variable annuity accumulations from Group Supplemental Retirement Annuities are available for periods from 5 to 30 years.

I'd like to receive annuity payments for (write the number of years) years.





CHOOSING ANNUITY INCOME FOR A FIXED-PERIOD

Tell us the month and year you want to begin receiving annuity income. Also, tell us how frequently you want payments made.

3. CHOOSING THE PAYMENT START DATE AND FREQUENCY

The initial payment will be made at the time your contract is issued. Subsequent payments will be made as of the 1st of the month based on the payment frequency you choose.

If we receive your completed authorization between the 1st of the month and 4:00 pm Eastern time the 20th of the month, we will issue your contract as of the next business day. If the 20th of the month is not a business day, the cutoff is 4:00 pm Eastern Time (ET) on the previous business day.

If your application is received after the month-end cutoff, your starting date will be moved to the first of the month following receipt of your completed authorization. (For example, if your Authorization is received after 4:00 pm ET on Friday, 6/18 then your contract start date will be Thursday, 7/1.)

Start my annuity income on Date (mm/yyyy)
 /

Make my payments (Choose One) Monthly Quarterly Semi-annually Annually

If you die during the payment period you choose, payments will be made to the beneficiaries you name. Unless you provide a percentage for each beneficiary, all beneficiaries in a class will share equally.

If you need more space, please provide instructions on a separate page and be sure to include your name and Social Security number.

*NOTE: The sum of the percentage for all primary beneficiaries must equal 100 percent.

4. CHOOSE YOUR BENEFICIARIES

PRIMARY BENEFICIARIES

1. Name Percentage (optional)*
 %

Social Security Number/Taxpayer Identification Number Relationship

Date of Birth (mm/dd/yyyy) Gender
 / / F M

2. Name Percentage (optional)*
 %

Social Security Number/Taxpayer Identification Number Relationship

Date of Birth (mm/dd/yyyy) Gender
 / / F M

CONTINUED ON NEXT PAGE

Contingent beneficiaries would receive withdrawals only if all primary beneficiaries die before you. If you do not provide a beneficiary, your account balance will go to your Estate which will limit the options for your beneficiaries.

*NOTE: The sum of the percentage for all contingent beneficiaries must equal 100 percent.

4. CHOOSE YOUR BENEFICIARIES (CONTINUED)

CONTINGENT BENEFICIARIES

1. Name Percentage (optional)* %

Social Security Number/Taxpayer Identification Number Relationship

Date of Birth (mm/dd/yyyy) / / Gender F M

2. Name Percentage (optional)* %

Social Security Number/Taxpayer Identification Number Relationship

Date of Birth (mm/dd/yyyy) / / Gender F M

5. CHOOSING THE AMOUNT FROM YOUR ACCUMULATION

The amounts you indicate will be taken from each of the contracts listed at the beginning of this form. You must use at least \$10,000 (or the full amount, if it's less than \$10,000) from each account. The amount must be in whole numbers. If you want to take different amounts from each contract or account, please provide written instructions, or call us to discuss how to state your request. (If you provide instructions on a separate sheet of paper, be sure to include your name and TIAA-CREF contract numbers.)

Be sure to read the applicable prospectus or product literature before returning your form. For current prospectus or product literature, visit us online at tiaa-cref.org or call us at **800 842-2252**.

- TIAA Traditional Annuity, complete Section 5A.
- TIAA and CREF variable annuity accounts, complete Section 5B.

5A. TIAA TRADITIONAL ANNUITY

Amount of TIAA Traditional Accumulation (Choose only one)

Use 100% of my TIAA Traditional accumulation from each TIAA contract listed at the beginning of this form.

OR

Use the following percentage or dollar amount of my TIAA Traditional accumulation from each TIAA contract listed at the beginning of this form:

% **OR** \$

Check the appropriate box to begin income from your TIAA Traditional accumulation, if available.

Check the appropriate box to begin income from your TIAA and CREF variable annuity accounts.

5. CHOOSING THE AMOUNT FROM YOUR ACCUMULATION (CONTINUED)

5B. TIAA AND CREF VARIABLE ANNUITY ACCOUNTS

The accounts available for Fixed-Period income are listed below.

Amount

Use 100% of my TIAA and CREF variable account accumulation from each contract listed at the beginning of this form. (The accounts available for Fixed-Period income are listed below.)

OR

Use % of my TIAA and CREF variable account accumulation from each contract listed at the beginning of this form. (The accounts available for Fixed-Period income are listed below.)

OR

Use the percentage or dollar amount specified below of my TIAA and CREF variable account accumulation from each of the contracts listed at the beginning of this form.

Account Name	Dollar Amount	OR	Percent of Account Balance
TIAA Real Estate	\$ <input type="text"/>		<input type="text"/> %
TIAA Access Lifecycle Ret. Income	\$ <input type="text"/>		<input type="text"/> %
CREF Stock	\$ <input type="text"/>		<input type="text"/> %
CREF Money Market	\$ <input type="text"/>		<input type="text"/> %
CREF Social Choice	\$ <input type="text"/>		<input type="text"/> %
CREF Bond Market	\$ <input type="text"/>		<input type="text"/> %
CREF Global Equities	\$ <input type="text"/>		<input type="text"/> %
CREF Growth	\$ <input type="text"/>		<input type="text"/> %
CREF Equity Index	\$ <input type="text"/>		<input type="text"/> %
CREF Inflation-Linked Bond	\$ <input type="text"/>		<input type="text"/> %

Valuation Method

Based on investment performance, I want my TIAA and CREF variable income to change

Monthly **OR** Annually

Select whether you want your variable income to change monthly or annually.



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*If you're rolling over to a TIAA-CREF account, please provide your account number. We'll invest your funds using the allocation instructions on file.

**The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them please contact us at 800 842-2252.

If you need to open a new TIAA-CREF IRA please call us at 800 842-2273.

6. DIRECT ROLLOVER TO A TIAA-CREF ACCOUNT

Make my direct rollover(s) to:

My existing TIAA-CREF account*

TIAA Number

CREF Number

Plan Name (Contributing Employer's Plan)

Plan Number**

Sub Plan Number**

OR

My new TIAA-CREF IRA (My IRA enrollment form is attached)

WHAT TYPE OF ACCOUNT ARE YOU ROLLING OVER TO? (Choose only one)

Traditional IRA

Other

The investment company receiving your rollover can assist with completing the information in this section.

7. DIRECT ROLLOVER TO ANOTHER INVESTMENT COMPANY

What type of account are you rolling over to? (Choose only one)

Traditional IRA

Other

INVESTMENT COMPANY INFORMATION

Investment Company Name

Contact Telephone Number

Street Address or P.O. Box

City

State

Zip Code

Account Number

If your banking instructions are invalid TIAA-CREF will send a check to your address on file. We will continue to mail your payments if you do not contact us with corrected banking instructions.

Note: You must provide personal account information only. EFT is not permitted to a third-party account.

Your bank routing number is 9 digits and is usually on the bottom left of your checks, before your account number. It may take your bank 24 to 72 hours to make your funds available.

8. DIRECT DEPOSIT

Note: This section does not apply to any payments you are rolling over.

Bank's Name

Street Address or P.O. Box for Funds Transfer

City

State

Zip Code

Bank Contact Telephone Number

 - -

Extension

Account Number

Bank Routing Number

ACCOUNT TYPE (Choose only one)

Checking (ATTACH A VOIDED CHECK.)

OR

Savings

Prior to the date you request to start receiving Fixed-Period annuity income, will you have terminated employment from all institutions that contributed to the annuities that you are using for this transaction?

9. YOUR EMPLOYMENT STATUS

If you answer **Yes** and provide a termination date, you are certifying that you have or will have terminated employment by that date. Employer authorization is required to be completed in Section 10.

If you answer **No** or do not enter a termination date for employment at any institution remitting premiums to its retirement plan on your behalf, you are certifying that you understand the consequences of authorizing this transaction while still employed.

Date (mm/dd/yyyy)

Yes, I have or will have terminated employment on / /

No, I will not have terminated employment.

Please contact your employer's benefits office to discuss any consequences if you are authorizing payments from the accumulation attributable to your current employer's plan.



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The employer that contributed to your plan must complete this section. By completing this section the employer is providing TIAA-CREF with information concerning your termination from employment.

10. HAVE YOUR EMPLOYER'S PLAN REPRESENTATIVE COMPLETE THIS SECTION

EMPLOYMENT TERMINATION DATE

Date (mm/dd/yyyy)

/ /

EMPLOYER PLAN REPRESENTATIVE CONFIRMATION

Employer Plan Representative Signature

Date (mm/dd/yyyy)

/ /

Employer Plan Representative Name (please print)

Title

To view your loan balance (loan plus accrued interest), visit our website at tiaa-cref.org, or call 800 842-2252.

- If you check **Yes**, we'll repay your loan(s) and use the remaining balance as you instruct.
- If you check **No**, or leave this section blank, we won't repay any loan. However, your request will not include any collateral amount required. Your request will not be a full (100%) settlement.

11. WILL YOU REPAY YOUR LOAN(S)?

If you're requesting a full (100%) settlement of your entire account balance, you need to provide instructions regarding any outstanding TIAA-CREF loan(s).

Yes, I want to repay my entire outstanding loan balance(s) from this withdrawal.

No, I do not want to repay my entire outstanding loan balance(s) from this withdrawal. I understand that the collateral amount supporting my outstanding loan(s) will remain for future use.

Please read and sign
where indicated.

12. AUTHORIZE YOUR REQUEST

By signing in the "Your Signature" box below, you agree that for your Annuity Income for a Fixed-Period:

- You can't change your annuity income option, or period of years after annuity income payments begin;
- Your retirement income starting date cannot be prior to the receipt of all necessary papers;
- You understand that you may be issued separate TIAA and/or CREF annuities and payments for accumulations attributable to retirement plans covered by different sections of the Internal Revenue Code, and that the beneficiaries you name and any spousal waiver that is completed will apply to all contracts issued to you;
- You acknowledge that you have received a retirement income illustration and information about the income options available to you;
- Subject to the terms of your employer's retirement plan provisions, you may receive the commuted value of the remaining payments at any time; and

If you choose to have any payment sent directly to an IRA or another plan:

- Your signature also authorizes this transaction; if you make a direct rollover into another employer's plan you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the rollover and the funds in which your direct rollover are invested; you further understand that if you make a direct rollover to another employer's plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), spousal rights will apply to these funds and you may need a signed waiver from your spouse in order to receive a subsequent distribution of these funds; and if you elect to rollover your withdrawal to a Roth IRA, you understand the tax consequences associated with that election.

If you completed the Direct Deposit Authorization section:

- You also authorized your bank to charge your account for this service and to refund any overpayments to TIAA and/or CREF, and your bank is released from any liability to TIAA and/or CREF for overpayments above the amount of funds available in your account at the time TIAA and/or CREF requests a refund.

Under penalties of perjury, you certify that:

1. The number shown on this form is my correct social security number/taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person.

Your Signature

Date (mm/dd/yyyy)

 / /



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If you're single, please sign this section.

If you're still working for the employer that contributed to this plan, they need to confirm that you're not married. If you're no longer working for this employer, just sign and date this section.

13. ADDITIONAL REQUIREMENTS BASED ON MARITAL STATUS

13A. IF YOU'RE SINGLE, COMPLETE THIS SECTION

I certify that I am not married.

Your Signature

Date (mm/dd/yyyy)

 / /

EMPLOYER PLAN REPRESENTATIVE CONFIRMATION

By signing, you confirm that the participant is not married.

Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Employer Plan Representative Name (please print)

Title

CONTINUED ON NEXT PAGE

Your spouse has the right to receive a survivor benefit of at least 50% (or more as provided by plan provisions) of your account balance. Your spouse can give up or waive this right by consenting to this withdrawal.

The date you sign must be the same or later than the date your spouse signed this form.

Contact your benefits office if you prefer to complete this section instead of the Notary Public Certification above.

13B. IF YOU'RE MARRIED, YOUR SPOUSE COMPLETES THIS SECTION

After you've signed and dated Section 12, your **spouse must sign and date** this waiver in front of a notary public, or the contributing employer's plan representative.

SPOUSE'S WAIVER OF SURVIVOR BENEFITS

You have the right to receive a survivor benefit of at least 50% (or more as provided by plan provisions) of your spouse's account balance if your spouse dies before you. Your spouse is requesting a withdrawal/rollover and since this money will not be used to provide you with a survivor benefit, we require your consent. If you agree to the withdrawal/rollover, please read and sign the statement below, and have your signature witnessed.

By signing I agree that the amount withdrawn/rolled over will not be available as a survivor benefit.

Spouse's Signature

(Must sign in front of Notary Public **OR** Employer Plan Representative)

Date (mm/dd/yyyy)

(Must be the same or later than the date your spouse signed)

 / /

NOTARY PUBLIC CERTIFICATION

State

County

Date (mm/dd/yyyy)

 / /

First Name of Spouse

Last Name of Spouse

On the above date the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public Signature

Date (mm/dd/yyyy)

 / /

FOR NOTARY PUBLICS IN MA

Indicate the type of identification:

- Valid federal or state ID
- Testimony of a credible witness
- Personal knowledge of the subscriber

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

OR

EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Employer Plan Representative Name (please print)

Title



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FRAUD WARNING

FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE / WARNING REQUIRED BY MANY STATES

This notice/warning does not apply in New York.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.

Colorado residents, please note: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Virginia and Washington, DC residents, please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.