



TRANSFER TIAA TRADITIONAL TO VARIABLE ACCOUNTS AND/OR MUTUAL FUNDS **TRANSFER PAYOUT ANNUITY**

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

Call **800 842-2776**

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.

What is a Transfer Payout Annuity?

The Transfer Payout Annuity (TPA) is an option for transferring some or all of your TIAA Traditional account balances in 10 annual installments to one or more of your variable accounts and/or mutual funds in your TIAA and CREF contracts.

Since the TIAA portfolio is made up of long term investments, transfers can only be made in 10 annual installments.

How does it work?

You complete the enclosed forms choosing an amount of \$10,000 or more (100% if your account balance is less than \$10,000) from your TIAA Traditional account, which is then placed into a new Transfer Payout Annuity contract. Each year this new contract will automatically transfer 10% of the value, plus any earnings, and reinvest that amount into the variable account(s) and/or mutual funds you choose.

YOUR CHECKLIST

- Provide all the personal information requested and tell us how much you want to transfer. (Sections 1 and 3)
- You must name a beneficiary for your new Transfer Payout Annuity contract. (Section 5)
- Remember to sign and date this form. (Section 6)
- 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

- If you want to withdraw funds from your CREF accounts, please call us. There are different rules for these withdrawals so you must complete separate forms.



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TIAA-CREF ACCOUNT/FUND LIST

Please use the information below to complete Section 4. Some of these accounts/funds may not be available under your employer's plan. Call us at **800 842-2776** to verify.

ASSET CLASS	TYPE	INVESTMENT ACCOUNT/FUND NAME and ACCOUNT/FUND NUMBER	
EQUITIES	VARIABLE ANNUITY ACCOUNTS	CREF Equity Index Account (008) CREF Global Equities Account (006)	CREF Growth Account (007) CREF Stock Account (002)
	MUTUAL FUNDS	TIAA-CREF Equity Index Fund (373) TIAA-CREF Growth & Income Fund (011) TIAA-CREF International Equity Fund (013) TIAA-CREF International Equity Index Fund (027) TIAA-CREF Large-Cap Growth Index Fund (019) TIAA-CREF Large-Cap Growth Fund (348) TIAA-CREF Large-Cap Value Fund (014) TIAA-CREF Large-Cap Value Index Fund (020) TIAA-CREF Mid-Cap Blend Index Fund (021) TIAA-CREF Mid-Cap Growth Fund (015)	TIAA-CREF Mid-Cap Growth Index Fund (022) TIAA-CREF Mid-Cap Value Fund (016) TIAA-CREF Mid-Cap Value Index Fund (023) TIAA-CREF Real Estate Securities Fund (017) TIAA-CREF S&P 500 Index Fund (018) TIAA-CREF Small-Cap Blend Index Fund (024) TIAA-CREF Small-Cap Equity Fund (028) TIAA-CREF Small-Cap Growth Index Fund (025) TIAA-CREF Small-Cap Value Index Fund (026) TIAA-CREF Social Choice Equity Fund (012)
REAL ESTATE	VARIABLE ANNUITY ACCOUNT	TIAA Real Estate Account (009)	
FIXED INCOME	VARIABLE ANNUITY ACCOUNTS	CREF Bond Market Account (005)	CREF Inflation-Linked Bond Account (010)
	MUTUAL FUNDS	TIAA-CREF Bond Fund (368) TIAA-CREF Bond <i>Plus</i> Fund II (358) TIAA-CREF High-Yield Fund II (355)	TIAA-CREF Inflation-Linked Bond Fund (367) TIAA-CREF Short-Term Bond Fund II (361)
MONEY MARKET	VARIABLE ANNUITY ACCOUNT	CREF Money Market Account (003)	
	MUTUAL FUND	TIAA-CREF Money Market Fund (370)	
GUARANTEED	GUARANTEED ANNUITY ACCOUNT	TIAA Traditional Account (001)	
MULTI-ASSET	VARIABLE ANNUITY ACCOUNT	CREF Social Choice Account (004)	
	MUTUAL FUNDS	TIAA-CREF Managed Allocation Fund II (352) TIAA-CREF Lifecycle Fund 2010 (135) TIAA-CREF Lifecycle Fund 2015 (136) TIAA-CREF Lifecycle Fund 2020 (137) TIAA-CREF Lifecycle Fund 2025 (138) TIAA-CREF Lifecycle Fund 2030 (139)	TIAA-CREF Lifecycle Fund 2035 (140) TIAA-CREF Lifecycle Fund 2040 (141) TIAA-CREF Lifecycle Fund 2045 (522) TIAA-CREF Lifecycle Fund 2050 (525) TIAA-CREF Lifecycle Retirement Income Fund (528)



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

1. PROVIDE PERSONAL INFORMATION

First Name	Middle Initial
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Last Name	
<input style="width: 100%;" type="text"/>	
Social Security Number/Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)
<input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 50%;" type="text"/>	<input style="width: 25%;" type="text"/> / <input style="width: 25%;" type="text"/> / <input style="width: 50%;" type="text"/>
Daytime Telephone Number	Extension
<input style="width: 25%;" type="text"/> - <input style="width: 25%;" type="text"/> - <input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
State of Residence (if outside the U.S., write in Country of Residence)	Citizenship (if not U.S.)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Transfer the TIAA Traditional account balance from the contract(s) listed below.

TIAA Number	CREF Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Plan Name (Contributing Employer's Plan)	
<input style="width: 100%;" type="text"/>	
Plan Number*	Sub Plan Number*
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

* 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 800 842-2776.

If you currently contribute to TIAA Traditional, you should review your allocations. If you want to change your allocations and you have a password, you can visit our website at tiaa-cref.org, or call our Automated Telephone Service toll-free at 800 842-2252.

2. WHEN WILL YOUR ANNUAL TRANSFERS BEGIN

We'll make the first transfer when we issue your Transfer Payout Annuity contract. And for future transfers, we'll transfer funds annually on the first business day of that month. If you wish to change your annual transfer date to a later date, please tell us below.

I want annual transfers to begin on the first day of: Date (mm/yyyy)

/

**The minimum transfer is \$10,000, or 100% if the account balance is less than \$10,000.

3. CHOOSE THE AMOUNT TO TRANSFER FROM TIAA TRADITIONAL

- A. I want to transfer my entire TIAA Traditional amount.
- OR**
- B. I want to transfer only a part of my TIAA Traditional available account balance as indicated.

If you are not transferring your entire available account balance, indicate the dollar amount or percentage. Percentages and amounts must be in whole numbers.

Dollar Amount**	Percent of Account Balance
\$ <input style="width: 100%;" type="text"/>	OR <input style="width: 100%;" type="text"/> %



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* The Account/Fund Number is in the TIAA-CREF Account/Fund List.

Contributions to and transfers from certain mutual funds may be subject to purchase or redemption fees. See the fund prospectuses for more details.

4. TELL US WHICH ACCOUNTS/FUNDS YOU ARE TRANSFERRING TO

Your allocation must be in whole numbers and total 100%. Your transfers will be made to the TIAA and CREF contracts you listed in Section 1.

Account/Fund Number*	Investment Account/Fund Name	Percent of Account Balance
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
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<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %
		100%

You must name a beneficiary for your new Transfer Payout Annuity contract. Contingent beneficiaries would receive payments 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 your options for your beneficiaries. If you need more space, please provide instructions on a separate page and be sure to include your name and Social Security number on it.

5. CHOOSE YOUR BENEFICIARIES

PRIMARY BENEFICIARIES

- 1. Name** Percentage (optional)

%

Social Security Number Relationship

- -

Date of Birth (mm/dd/yyyy) Gender

/ / F M

- 2. Name** Percentage (optional)

%

Social Security Number Relationship

- -

Date of Birth (mm/dd/yyyy) Gender

/ / F M

CONTINUED ON NEXT PAGE

5. CHOOSE YOUR BENEFICIARIES (CONTINUED)

CONTINGENT BENEFICIARIES

1. Name Percentage (optional)
 %

Social Security Number Relationship
 - -

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

2. Name Percentage (optional)
 %

Social Security Number Relationship
 - -

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

Please read, date and sign where indicated.

You must sign and date this section in order to make a transfer.

Mail form to:
TIAA-CREF, P.O. Box 1268,
Charlotte, NC 28201-1268.

6. SIGN YOUR FORM

By signing below:

- You authorize TIAA-CREF to transfer funds from your TIAA Traditional account balances, as stated in this form.
- The date we issue your Transfer Payout Annuity contract cannot be before we receive all necessary papers.
- Once we issue your Transfer Payout Annuity contract, it cannot be revoked and the amount cannot be changed.
- If you transfer the full account balance of your TIAA contract to your Transfer Payout Annuity, that TIAA contract will have value.

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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FRAUD WARNING

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

A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages.

New York residents, please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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.

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 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.
