



FINANCIAL SERVICES
FOR THE GREATER GOOD®

REQUEST FOR A CASH WITHDRAWAL FROM A KEOGH PLAN

QUESTIONS?

800 842-2776

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

Monday – Friday

8 a.m. – 10 p.m. (ET)

Saturday

9 a.m. – 6 p.m. (ET)

tiaa-cref.org

24 hours daily

Have your user ID and
password ready.

YOUR CHECKLIST

- Complete all necessary personal information and indicate how much you want to withdraw by account or fund. (Sections 1 and 2)
- Let us know where to send your withdrawal: direct deposit to your bank account, by check to your address, or direct rollover to TIAA-CREF or to another investment company. (Section 3)
- Remember to sign and date this form. (Section 4)
- Complete the “Additional Requirements Based on Marital Status” section. If you’re single, complete section 9A; if you’re married your spouse must complete Section 9B in front of a notary public.
- If your withdrawal is due to disability, then the employer who contributed to the plan you’re making the withdrawal from must provide the date of your disability. (Section 5)
- Mail all pages of your completed form to: **TIAA-CREF, P.O. Box 1268, Charlotte, NC 28201-1268**. If your withdrawal amount is less than \$50,000, you may instead fax your forms to **800 914-8922**, and not mail the forms to us.

KEY INFORMATION TO CONSIDER

- We’ll send the withdrawal, or rollover amount after we receive your completed forms. To avoid delays, be sure to complete all sections.
- You may be subject to a 10% federal tax penalty for early withdrawal if you were under age 55 when your employment ended, or if you’re under age 59½ when you take this withdrawal.
- A withdrawal is taxable if it is not rolled over to another tax-deferred account. For withdrawals (not rollovers), we are required to withhold 20% for federal taxes. To withhold more than 20% federal taxes, you can download Tax Form W4-P from our website.
- Withdrawals from a money purchase Keogh plan due to hardship are *not* allowed.

IRS regulations governing withdrawals from a **profit-sharing Keogh 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 ½;
- subject to optional 10 percent income tax withholding; and
- not eligible to be rolled over to any IRA or another plan.



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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., please complete tax form W-8BEN, which you'll find at 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 800 842-2776.

1. PROVIDE PERSONAL AND ACCOUNT INFORMATION

First Name Middle Initial

Last Name

Social Security Number/Taxpayer Identification Number - - Daytime Telephone Number - -

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**

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.

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.

2. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE)

A. I want to withdraw the entire amount available from all my accounts.

OR

B. I want to withdraw only a portion of my available account balances as indicated.

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

Account Name	Dollar Amount	OR	Percentage
TIAA Traditional	\$ <input type="text"/>		<input type="text"/> %
TIAA Real Estate	\$ <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"/> %

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2. TELL US HOW MUCH YOU WANT TO WITHDRAW (CHOOSE ONE) (CONTINUED)

Account Name	Dollar Amount	OR	Percentage
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"/> %

3. TELL US WHERE TO SEND YOUR WITHDRAWAL (CHOOSE ONE)

A. Direct Deposit to my bank account. (Also complete Section 3A)

OR

B. Rollover to another TIAA-CREF account.* (Also complete Section 3B)

OR

C. Rollover to another investment company.* (Also complete Section 3C)

OR

D. Send a check to my mailing address on file.

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Helpful Hint: Direct deposit gives you the quickest access to your funds.

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.

For your direct deposit request, if you **do not** attach a voided check a bank or Federal Savings & Loan representative must complete this section. **A notary public's signature is not acceptable.**

3A. DIRECT DEPOSIT

Bank's Name

Street Address or P.O. Box for Funds Transfer

City

State

Zip Code

Contact Telephone Number

Extension

Account Number

Bank Transit Routing Number

ACCOUNT TYPE (Choose only one)

Checking (ATTACH A VOIDED CHECK. Otherwise, the Signature of Bank Representative must be completed.)

OR

Savings (The Signature of Bank Representative must be completed.)

SIGNATURE OF BANK OR FEDERAL SAVINGS AND LOAN REPRESENTATIVE

I certify the bank routing number is correct and the person described above, whose identity is known or has been proven to me, personally appeared before me and signed this request on:

Date (mm/dd/yyyy)

City

State

Bank or Federal Savings & Loan Representative Signature

Date (mm/dd/yyyy)



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*If you're rolling over your funds to a TIAA-CREF account, please provide your account number at the right. 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 800 842-2776.

If you need to open a new TIAA-CREF IRA, please call us at 800 842-2776.

Conversions to TIAA-CREF Roth IRAs will be made first as a rollover to a Traditional IRA, and then converted to a Roth IRA.

If you're converting to a TIAA-CREF Roth IRA, check one of the boxes for federal tax withholding.

If you're rolling over to a Roth IRA, you may owe federal taxes on your pretax amount.

The investment company receiving your rollover must complete the Investment Company Information. If the rollover is not going to an IRA account, then the investment company must also complete the Acceptance By Investment Company.

3B. ROLLOVER MY WITHDRAWAL TO ANOTHER TIAA-CREF ACCOUNT

My existing TIAA-CREF IRA*

TIAA Number

CREF Number

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)

Roth IRA

Traditional IRA

If you checked Roth IRA, do you want federal taxes withheld from the pretax amount you're converting to a TIAA-CREF Roth IRA? If you don't check a box, we'll withhold 10% for federal taxes.

No, do not withhold federal taxes.

Yes, withhold % OR \$

3C. ROLLOVER MY WITHDRAWAL TO ANOTHER INVESTMENT COMPANY

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

Roth IRA

Traditional IRA

Other

If you checked Roth IRA, do you want federal taxes withheld from the pretax amount? If you don't check a box, we'll withhold 10% for federal taxes.

No, do not withhold federal taxes.

Yes, withhold % OR \$

INVESTMENT COMPANY INFORMATION

Investment Company Name

Contact Telephone Number

 - -

Street Address or P.O. Box

City

State

Zip Code

Account Number

CONTINUED ON NEXT PAGE



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If the rollover is not going to an IRA account, then a representative of the investment company receiving the direct rollover must complete and sign this section.

3C. ROLLOVER MY WITHDRAWAL TO ANOTHER INVESTMENT COMPANY (CONTINUED)

ACCEPTANCE BY INVESTMENT COMPANY

We certify that the Internal Revenue Code of the plan receiving the direct rollover is *(select only one)*

401(a)
 403(a)
 Other

We agree to accept the direct rollover.

Investment Company Representative Signature

Date (mm/dd/yyyy)

 / /

Title

Telephone Number

 - -

Please read and sign where indicated.

If you're married, **you must sign and date this section before your spouse signs** Section 10B.

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

4. AUTHORIZE YOUR REQUEST

By signing in the "Your Signature" box below:

- You authorize TIAA-CREF to make withdrawals from your TIAA-CREF account balances, as stated in this form.
- If you requested that your withdrawal be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA-CREF. You release your bank from any liability to TIAA-CREF for overpayment above the amount of the funds available at the time TIAA-CREF requests a refund.
- 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.

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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To the Plan Owner:

You must complete and sign this section if the early withdrawal is due to disability.

5. EARLY WITHDRAWAL CERTIFICATION — DISABILITY

Your employer's plan representative must complete and sign this section if your withdrawal is because of disability.

I certify that the person named below is eligible for a distribution of retirement plan contributions, as permitted by the Internal Revenue Code (IRC) and the terms of the retirement plan, because he/she is disabled as defined by the IRC. The individual is unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that is expected to result in death or to be of a long-continued and indefinite duration. The disability was as of the following date:

First Name of Participant

Middle Name of Participant

Last Name of Participant

Disability Date of Participant (mm/dd/yyyy)

 / /

Owner-Employer Plan Representative Name (please print)

Owner-Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Title

Telephone Number

 — —



REQUEST FOR A CASH WITHDRAWAL FROM A KEOGH PLAN

Enter the percentage or dollar amount if you want taxes withheld. If you are a U.S. citizen residing outside the United States, you must elect income tax withholding.

Nonresident aliens must complete Form W-8BEN. If we did not include a copy, please visit our website at tiaa-cref.org to print Form W-8BEN, or call 800 842-2776, and we'll mail one to you. Form W-8BEN is also available from the Internal Revenue Service website at www.irs.gov.

6. EARLY WITHDRAWAL CERTIFICATION — HARDSHIP

You and your employer's plan representative must complete this section.

A. YOU COMPLETE THIS PORTION.

Yes, I certify I have an immediate and heavy financial need and I am requesting a hardship withdrawal.

Yes, withhold the following amount from my withdrawal for federal income taxes.

% OR \$

No, I do not want any amount withheld from my withdrawal for federal income taxes.

If you do not make an election above, we will apply the default withholding rate, which is 10% of the taxable amount for U.S. citizens residing in the U.S.

B. YOUR EMPLOYER COMPLETES THIS PORTION.

I certify that, having met the Internal Revenue Code and regulations financial hardship definition as of the date shown, the below-named person is eligible for a distribution of any of the following:

- 403(b) and/or 401(k) elective deferral contributions (excluding post-1988 403(b) earnings);
- employer contributions, as permitted by the employer's plan, to a 401(a) profit sharing plan or to a 403(b)(1) annuity contract.

I understand that it is my responsibility to verify whether a participant is entitled to receive an in-service distribution or plan loan and whether the participant will be required to take such a distribution or loan prior to authorizing the hardship distribution.

First Name of Participant

Middle Name of Participant

Last Name of Participant

Date of Eligibility (mm/dd/yyyy)

 / /

Owner-Employer Plan Representative Name (please print)

Amount Approved for Hardship

\$

Owner-Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Title

Telephone Number

 — —

Plan Name



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Complete this section if your plan permits you to make withdrawals while still employed.

7. CERTIFICATION OF OTHER PLAN REQUIREMENTS

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

Owner-Employer Plan Representative Signature

Title

Plan Name

Telephone Number

 - -

Your employer must complete this Section, unless otherwise indicated.

8. CERTIFICATION OF TERMINATION

PARTICIPANT'S EMPLOYMENT TERMINATION DATE

Date (mm/dd/yyyy)

 / /

PLAN REPRESENTATIVE CERTIFICATION

By signing, you are approving this request. You understand that by signing below, you are confirming that this person has terminated employment with this employer.

Owner-Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Owner-Employer Plan Representative Name (please print)

Title

Your withdrawal cannot be made unless Section 9A or 9B is completed.

If you're single, please sign Section 9A. If you're still working for the employer that contributed to this plan, they need to certify below that you're not married. If you're no longer working for that employer, just sign and date this section.

9. ADDITIONAL REQUIREMENTS BASED ON MARITAL STATUS

9A. IF YOU'RE SINGLE, COMPLETE THIS SECTION

I certify that I am not married.

Your Signature

Date (mm/dd/yyyy)

 / /

OWNER-EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

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

Owner-Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Owner-Employer Plan Representative Name (please print)

Title



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Your spouse has the right to receive a survivor benefit of at least 50% of your account balance. Your spouse can give up, or waive, this right by consenting to this withdrawal.

9B. IF YOU'RE MARRIED, YOUR SPOUSE COMPLETES THIS SECTION

After you've signed and dated Section 5, your spouse must sign and date this waiver in front of a notary public.

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)

Date (mm/dd/yyyy)

 / /

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.



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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, 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.

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 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.