



FINANCIAL SERVICES
FOR THE GREATER GOOD®

REQUEST FOR PAYMENT OF PLAN EXPENSES FROM FORFEITURE ACCOUNT

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

· Enter **Plan Name** and **Plan Number** information.

· In statement 5, indicate the amount of the distribution. For a full distribution of the balance of the forfeiture account, write **100%** in the dollar amount field.

· In the **Authorization** section, enter the Payee name, company and address information for the person to whom TIAA-CREF will remit the distribution.

· In the **Authorized Representative** section, an authorized representative of the plan sponsor must sign and date the form, enter his/her title, and print his/her name.

· The completed form may be faxed to TIAA-CREF: **Attn: Remittance Processing/Task INCRMTRFD at 800 842-5916.**

· Alternatively, the form may be mailed to: **TIAA-CREF PO Box 1294 Charlotte, NC 28201-1294**

Attn: Contributions

· Please retain a copy of the completed form for your records.

Funds will be distributed as a check, via regular U.S. mail.

Please allow 5 business days from receipt by TIAA-CREF for processing of the request, and 7-10 business days from the processing date for delivery of the check via U.S. mail.

Plan Name

Plan Number

I hereby certify that I am an authorized representative of the above-named Plan. By my signature below I confirm:

- Such deduction from the forfeiture account maintained by TIAA on behalf of the Plan is authorized under the terms of the Plan document.
- The amount being requested from the forfeiture account maintained by TIAA on behalf of the Plan is being used for the exclusive benefit of Plan participants and beneficiaries.
- The amount of the payment for the service requested is a reasonable and necessary Plan expense.
- If this Plan is subject to the Employee Retirement Income Security Act of 1974 ("ERISA") I acknowledge the Plan Administrator's responsibility to report fees for services rendered to the Plan to the Department of Labor ("DOL") as required on Form 5500, and its applicable Schedules.
- Fees in the amount of \$ should be deducted from the forfeiture account maintained by TIAA and paid directly to the designated payee listed below who is providing reasonable and necessary services to the Plan.

AUTHORIZATION

I direct TIAA to deduct from the forfeiture account maintained for the Plan those expenses listed above, and to pay such amount directly to the following payee:

Payee Name

Company

Street Address

City

State

Zip Code

AUTHORIZED REPRESENTATIVE

Name (please print)

Title

Signature

Date (mm/dd/yyyy)

TIAA-CREF will not refund forfeiture account proceeds directly to an institution. By completing this form, Plan Administrators can request payments from forfeiture accounts to an alternate carrier or third-party service provider for the purpose of funding future remittances or for reasonable and necessary plan expenses.

The foregoing does not apply with respect to governmental IRC section 403(b) plans where TIAA-CREF has agreed to pay amounts in the forfeiture account directly to the institution. Such payments can, at the institution's request, continue to be made. It also doesn't apply to any governmental plan where we have agreed to remit forfeiture amounts to the institution pursuant to their legal counsel's opinion that doing so doesn't violate the plan, federal tax law, or applicable state law.

