

# TIAA-CREF TRANSFER OR ROLLOVER AUTHORIZATION



Use this form to authorize the transfer or rollover of funds to TIAA-CREF. You may photocopy this form for multiple transfers. A separate transfer form with an **original signature** must be completed and returned to TIAA-CREF for each carrier or fund provider from which you are transferring/rolling over funds. **Please attach a copy of your most recent statement for the account(s) you are transferring to TIAA-CREF.** If you have any questions, please call our Telephone Counseling Center at **800 842-2776**, Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET).

**Please print in upper case using black or dark blue ink and provide all information requested.**

## 1 Personal Information

First and Middle Name or Initial

Last Name

Address

City

State

Zip Code

Daytime Telephone Number

Extension

Birth Date (mm/dd/yyyy)

Social Security Number or Taxpayer ID Number

## 2 Current Carrier or Fund Provider Account Information

**Please attach a copy of your most recent statement for the account(s) you are transferring to TIAA-CREF. IMPORTANT NOTE TO CURRENT CARRIER OR FUND PROVIDER:** Our client named above authorizes you, as the current carrier or fund provider, to forward to them immediately, any forms that are required to complete this transaction.

Name of current carrier or fund provider that issued the contract being exchanged.

Telephone Number

Address

City

State

Zip Code

Account Number(s)




PLEASE CONTINUE →

### 3 Amount and Source of Funds

For rollovers to plans other than an IRA, please provide the name of the employer from which the transfer/rollover funds originated. You may photocopy this page for multiple transfers from different employers.

Employer

Are you still employed at the employer named above?  Yes  No

Please indicate the amount that you are transferring/rolling over to TIAA-CREF:

 100% of the amount in my account(s) OR \$  . 

What type of funds are you transferring/rolling over?

If you do not know the type of funds that are being transferred/rolled over, contact your current carrier or fund provider.

401(a)     401(k)     403(b)     403(b) (7)     414(h)     457(b) Private\*  
 457(b) Public     Brokerage Account     Certificates of Deposit     Keogh     Roth IRA\*\*     SIMPLE IRA\*\*\*  
 Traditional IRA     Simplified Employee Pension (SEP) IRA

Were any of the funds in this transfer/rollover transaction invested prior to 1989?  Yes  No

\*Funds in 457(b) private plans can only be transferred to other 457(b) private plans that accept the transfer.

\*\*A Roth IRA can only be rolled over to another Roth IRA.

\*\*\*SIMPLE IRA must have been established for at least two years. If prior to the 2-year holding period, and is otherwise an early distribution, the additional tax imposed by the IRS (because of the early distribution) is increased from 10% to 25% of the amount distributed.

### 4 Liquidation and Transfer Instructions

Check the terms of your current investment. Certain surrender charges may apply. Please check the appropriate box(es) to authorize the liquidation of other types of investments you may have.

**CERTIFICATES OF DEPOSIT**

Account Number

Maturity Date (mm/dd/yyyy)

 /  / 

Please liquidate the CD **IMMEDIATELY**. I am aware of and acknowledge the penalty I will incur from any early withdrawal.

Please liquidate the CD **AT MATURITY**.  
 (Please submit this request no earlier than 30 days before the maturity date. TIAA-CREF is not liable if your CD term is renewed or if penalty fees are incurred as a result of transferring/rolling over funds from a CD.)

PLEASE CONTINUE →



## 5 Wire Transfer Request

Are you requesting that the funds be sent to us as a wire transfer?  Yes  No

*A fee may be imposed by your current carrier or fund provider for this service. Also, some firms may not provide this service.*

## 6 TIAA-CREF Account Information

For rollovers to plans other than an IRA: Please provide the name of the employer to whose plan the transfer/rollover should be applied. *If you do not identify an employer, your funds will be applied to the last known premium-remitting employer that accepts rollover funds to their plan. All rollovers are subject to the new plan's rules.*

Name of Employer

**To which TIAA-CREF accounts should we apply the funds?** If you select "apply the funds to my existing account" below, the account must have been established under the employer's plan indicated.

**Apply the funds to my existing account.\*** TIAA Number         CREF Number

**Apply the funds to my new TIAA-CREF account.** *Please enclose your completed enrollment application.*

RA  GRA  SRA  GSRA  RS  RSP  RC

RCP  Traditional IRA  Roth IRA\*  457(b) Private\*\*  457(b) Public

Simplified Employee Pension (SEP) IRA  Keogh To open an IRA/Keogh account, go to [www.tiaa-cref.org](http://www.tiaa-cref.org). Click "Open an Account" then click "Keogh," or "IRA" or call **800 842-2776**.

*\*For Rollovers into a Roth IRA: Please note that funds from an employer sponsored retirement plan cannot be rolled over directly to a Roth IRA. They must first be rolled over to a Traditional IRA and then converted to the Roth IRA. The conversion is considered a taxable event. If you are unable to do this conversion with your current carrier or fund provider, then you must first establish a Traditional IRA with TIAA-CREF.*

*\*\*For 457(b) private plans: These funds are going into a contract that is part of your employer's general assets and is subject to the claims of your employer's creditors.*



## 8 Authorization, Rollover Waiver and Your Signature

If you are over age 70½, you may need to begin distributions on this amount during this calendar year. Please contact us at **800 842-2776**.

I authorize the current carrier or fund provider listed in Section 2 to transfer/roll over the assets from my account(s) as stated in Section 3 and/or 4 for immediate deposit into my funds listed in Section 7. If necessary for the purpose of this transfer/rollover, I also authorize the current carrier or fund provider to liquidate immediately, and transfer the proceeds in the form of a check to my funds listed in Section 7, any mutual fund shares, company stocks, bonds, or other financial investments held in the account(s) listed in Section 3 and/or 4. The current carrier or fund provider may release information pertaining to the contributions and earnings attributable to the transfer/rollover amount, as requested by TIAA-CREF. I also authorize TIAA-CREF to contact my current carrier or fund provider on my behalf to arrange the transfer/rollover of these funds. I understand that if I do not name an employer in Section 6, my funds will be applied to the last-known premium-remitting institution that accepts rollover funds into their plan and will be subject to the rules of that plan.

I understand that if I roll over a distribution from another plan into a TIAA-CREF Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Retirement Select, Retirement Select Plus, Supplemental Retirement Annuity or Group Supplemental Retirement Annuity contract, my right to receive a distribution of these funds prior to or following my termination of employment from the employer sponsoring the plan that is accepting the rollover, will depend on the terms of that plan and the TIAA-CREF account to which the funds are being rolled over.

I further understand that if I roll over a distribution from another plan into a TIAA-CREF Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Retirement Select, Retirement Select Plus, Supplemental Retirement Annuity, or Group Supplemental Retirement Annuity contract, to the extent the plan accepting the rollover is subject to the Employee Retirement Income Security Act (ERISA), spousal rights will apply to the funds and I may need a signed waiver from my spouse in order to receive a subsequent distribution of these funds to the extent the distribution is permitted by the new plan and receiving contract account.

I have read and understand the above conditions and I request that TIAA-CREF accept a rollover of funds to my TIAA-CREF account under a qualified plan. By signing below, I agree to be bound by these conditions.

### Your Signature (REQUIRED)

Date (mm/dd/yyyy)

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## 9 Medallion Signature Guarantee (if Applicable)

Some carriers or fund providers may require a medallion signature guarantee. If your current carrier or fund provider does, please complete the following section and have it medallion-stamped by an **authorized bank**. A notary public is not an acceptable medallion signature guarantee.

### Medallion Signature Guarantee

#### Signature of Guarantor

Name of Institution

Title

Date

 /  / 

Authorized Officer to Place Medallion Stamp Above

# 10 **Mail Your Transfer or Rollover Authorization**

When we receive your form, we'll send you a letter of acknowledgement and contact your current carrier or fund provider.

**Mail this form to:**

TIAA-CREF  
P.O. Box 2200  
Denver, CO 80201-9644

**If you are mailing a check to TIAA-CREF and intend to send it via overnight mail, please use the following address:**

TIAA-CREF  
Transfer Department  
370 17th Street  
Suite 200  
Denver, CO 80202