



TIAA-CREF Transfer or Rollover Authorization

Use this form to authorize the transfer or rollover of funds to TIAA-CREF. Mail this form in the envelope attached to **TIAA-CREF, P.O. Box 2200, Denver, CO 80201-9644**. When we receive your form, we'll send you a letter of acknowledgement and contact your current carrier or fund provider. If you have any questions, please call our Telephone Counseling Center at **800 842-2776**, Monday to Friday from 8:00 a.m. to 10:00 p.m. and Saturday from 9:00 a.m. to 6:00 p.m. ET.

1 PERSONAL INFORMATION

Grids for Last Name, First Name, and MI.

Residence Address

City, State, Zip Code

Telephone Number, Social Security Number or Taxpayer ID Number, Birth Date (mm/dd/yyyy)

If applicable, please provide the name(s) of the employer(s) from which the transfer/rollover funds originated.

Employer(s)

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

2 CURRENT CARRIER OR FUND PROVIDER ACCOUNT INFORMATION

IMPORTANT NOTE TO CURRENT CARRIER OR FUND PROVIDER: Our client named above authorizes you, as the current carrier or fund provider, to forward any forms that are required to complete this transaction to their attention immediately.

Name of current carrier or fund provider which issued the contract to be exchanged.

Name of current carrier or fund provider which issued the contract to be exchanged.

Telephone Number, Extension

Address

City, State, Zip Code

Account Number(s)

3 AMOUNT OF TRANSFER OR ROLLOVER

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

Total amount in my account(s) or \$

Are the funds that you are transferring/rolling over currently in an investment vehicle other than cash (i.e., a Brokerage Account, Mutual Fund, CD)? Yes No

If you answered "Yes" to this question, please complete Section 5.

4 SOURCE OF FUNDS

What type of funds are you transferring/rolling over?

- 401(a) 401(k) 403(b) 403(b) (7) 457(b) Private* Classic IRA Roth IRA
 457(b) Public 414(h) Keogh other, please specify _____

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

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

Were any of the funds in this transfer/rollover transaction invested prior to 1987 and/or 1989? Yes No

5 LIQUIDATION AND TRANSFER INSTRUCTIONS

Complete this section if you answered "yes" to the question in Section 3. 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. **TIAA-CREF can accept transfers in the form of a check only.** 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.

BROKERAGE ACCOUNTS (other than Mutual Funds or Certificates of Deposit)

Account No.

I wish to liquidate and transfer my entire account.

I wish to liquidate only the following assets in my account, and transfer the proceeds in the form of a check to my TIAA-CREF account. I am not liquidating and transferring my entire account.

Description of Asset (Partial transfers only.)

Quantity

See below for mutual funds or CDs.)

(Indicate "ALL" or no. of shares, dollar amount, or percentage to be liquidated.)

MUTUAL FUNDS - Requests to sell mutual fund positions are dependent upon the delivering firm receiving and processing the request. This process may take several weeks to complete.

Name of Fund

Fund Account No.

Quantity (Indicate "ALL" or no. of shares, dollar amount, or percentage to be liquidated.)

CERTIFICATES OF DEPOSIT - Account No.

Maturity Date / /

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 at least 30 days prior to 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.**)

OTHER (e.g.: insurance, annuity)

Type of Asset Account No.

Amount to be liquidated and transferred: My entire account **OR**

\$ _____ **OR** _____ % **OR** _____ No. of shares

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. Name of Employer: _____ **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.**

If you select "apply the funds to my existing account" below, the account must have been established under the employer's plan indicated.

To which TIAA-CREF account should we apply the funds?

Apply the funds to my existing account.*

TIAA Number

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CREF Number

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Apply the funds to my new* **Please enclose a new enrollment form.**

TIAA-CREF RA GRA SRA GSRA Classic IRA Roth IRA* 457(b) Private**

457(b) Public Keogh To open an IRA/Keogh account, go to www.tiaa-cref.org. Click "Open an Account" then click "Keogh," or "IRA" or call **800 842-2776**.

*For Rollovers into a Roth IRA: Before assets can be applied to a Roth IRA, the funds must be converted by your current carrier or fund provider. Moving money from a Tax-Deferred Annuity (TDA) or Classic IRA to a Roth IRA is a taxable event. Please consult your tax advisor.

**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.

7 ALLOCATE YOUR FUNDS

Please use my current allocation on file.

Indicate the percentage you would like to allocate to the funds below.

Allocate my funds as follows: **Use the space below to enter the account number, name and percentage you would like to allocate from the list of fund choices available under your plan.** If you need additional space for your allocation choices, please provide them on a separate page with your name and Social Security number. **Please use whole percentages and make sure your allocation equals 100%.**

Account Number

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Account Name

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Allocation Percent

			%
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			%
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			%
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			%
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			%
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			%
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1 0 0 %

The TIAA Real Estate Account is not available in California.

If you do not provide an allocation or if your allocation does not equal 100%, your funds will be applied according to the most recent allocation on file. If the account name and number don't match, the account name will be used to determine account choice.

If you are unsure about the fund choices available to you, please visit our Web Center at www.tiaa-cref.org or call our Telephone Counseling Center at 800 842-2776.

8 AUTHORIZATION, ROLLOVER WAIVER AND YOUR SIGNATURE

If you are over age 70 1/2, 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 5 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 5. 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 new plan 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, 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, 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)

9 SIGNATURE GUARANTEE (IF APPLICABLE)

Some carriers or fund providers may require a signature guarantee. If your current carrier or fund provider does, please complete the following section and have it medallion-stamped by an authorized bank.

MEDALLION SIGNATURE GUARANTEE

Signature of Guarantor

Title and Name of Institution

/ /

Date (mm/dd/yyyy)

Authorized Officer to Place Stamp Here

10 LETTER OF AUTHORIZATION

Letter of Authorization to TIAA-CREF. Complete only if the account registration at your current carrier or fund provider differs from that listed in **Section 2.** (**Important:** All owners of the current and new account must sign.)

Transfer from:

Name of Current Carrier or Fund Provider

Account Number

Name or Name(s) on the Account

Transfer to:

TIAA-CREF Account Number

Name or Names on the Account

Signature of All Owners of the Transferring and TIAA-CREF Accounts. (You must sign below if you are completing this section.)

I understand that this transfer constitutes a change in the ownership of the assets and that the new registered account owners will have exclusive rights to the assets.

Signature

Signature

Important: Completing this form doesn't guarantee acceptance of the transfer instruction by the current carrier or fund provider. Contact the current carrier or fund provider to confirm that it will accept the Letter of Authorization and to determine if it requires additional documentation.

11 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.