



# 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 →



**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



**5 Wire Transfer Request**

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

**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

Grid of 28 empty boxes for entering the employer name.

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 [grid] CREF Number [grid]

Apply the funds to my new TIAA-CREF account. Please indicate the account type below.

RA  GRA  SRA  GSRA  RS  RSP  RC

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

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.

\* If you are rolling over funds from a 401(k) or 408(a) plan, you must select "Traditional IRA" or "Roth IRA" as the account type. If you are rolling over funds from a 457(b) plan, you must select "457(b) Private" or "457(b) Public" as the account type.

\*\* If you are rolling over funds from a 457(b) plan, you must select "457(b) Private" or "457(b) Public" as the account type.





## 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

**Mail Your Transfer or Rollover Authorization**