



730 Third Avenue
New York NY 10017-3206

Transfer/Rollover Authorization to TIAA-CREF

Use this form to authorize the transfer or roll over of funds to TIAA-CREF. Mail this form in the envelope attached or to **TIAA-CREF, P.O. Box 1260, Charlotte, NC 28201-9911**. 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 am to 10 pm and Saturday from 9 am to 6 pm, ET.

1 PERSONAL INFORMATION

Name	Social Security Number	Birth Date
Residence Address	Daytime Telephone Number	
City	State	Zip Code

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

IMPORTANT NOTE TO CURRENT CARRIER: 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 carrier or fund provider from which you will transfer/roll over funds:

Street Address	Telephone Number	
City	State	Zip Code

Account Name(s) and 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 INITIAL SOURCE OF FUNDS

What type of funds are you transferring/rolling over?

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

*Federal law restricts rollovers and certain transfers of funds to and from 457(b) private plans.

If you do not know the type of the 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 1986 and/or 1988? Yes No

PLEASE, CONTINUE →

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 cash funds 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 cash 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 ____ / ____ / ____

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 before maturity date. **TIAA-CREF is not liable if your bank or carrier transfers the money earlier despite instructions that they transfer only upon maturity.**)

OTHER (e.g.: insurance, annuity)

Type of Asset _____ Account No. _____

Amount to be liquidated and transferred: My entire account

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

6 TIAA-CREF CONTRACT INFORMATION

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

Apply the funds to my existing contract.*

TIAA Number _____

CREF Number _____

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

For rollovers to plans other than an IRA: Please provide the name of the employer to which your rollover should be applied.

Name of Employer: _____

*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.

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 new plan rules.

PLEASE, CONTINUE →

7 ALLOCATE YOUR FUNDS

Allocate the funds to the accounts as follows (use *either* a dollar amount or whole percentages):

Guaranteed	Equities			
TIAA Traditional	CREF Stock	CREF Global Equities	CREF Growth	CREF Equity Index
Real Estate	Fixed Income			Equities & Fixed
TIAA Real Estate	CREF Money Market	CREF Bond Market	CREF Inflation-Linked Bond	CREF Social Choice

Please complete this section for all transfers and rollovers. If you do not provide an allocation, or it does not equal 100%, your funds will be applied according to the most recent allocation on file. All of the accounts listed are available for Rollover IRA and SRA contracts. The TIAA Real Estate account is not available in California.

8 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 carriers or fund providers may not provide this service.

9 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 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 TIAA and CREF funds listed in Section 7. If necessary for the purpose of this transfer/rollover, I also authorize the carrier or fund provider to liquidate immediately, and transfer the proceeds in cash to my TIAA and CREF 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 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 the carrier or fund provider on my behalf to arrange the transfer/rollover of these funds.

I understand that if I roll over a plan distribution 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 contract to which the funds are being rolled over.

I further understand that if I roll over funds from another plan into a TIAA-CREF Supplemental Retirement Annuity, Group Supplemental Retirement Annuity contract, Retirement Annuity or Group 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 plan and receiving contract.

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

Your Signature (REQUIRED)

Date

PLEASE, CONTINUE →

SIGNATURE GUARANTEE

Your current Carrier or Fund Provider may require a Signature Guarantee to complete this transaction. Please check with them prior to sending this form. A signature guarantee is not the same as a notarized signature. You must obtain a signature guarantee from a national or state bank, federal savings and loan association or member of a national stock exchange.

I certify that the above-named person as described, whose identity is known or proven to me, personally appeared before me on (date) _____ at (city) _____ (state) _____ and signed this request.

Signature and Title of Certifying Officer

Name of Financial Institution