



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# REQUEST FOR A PAYMENT FROM YOUR INVESTMENT SOLUTIONS TRADITIONAL, ROTH OR SEP IRA

- Payments are available from your accounts, and they may be directly rolled over.
- If you have any questions, please call our Telephone Counseling Center at **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET).

**Return this form to:**

**Standard Mail**  
TIAA-CREF  
PO Box 1268  
Charlotte, NC 28201-9935

**Overnight**  
TIAA-CREF  
8500 Andrew Carnegie Blvd  
Charlotte, NC 28262

## TAXATION OF WITHDRAWALS AND INCOME TAX WITHHOLDING

This information applies to U.S. citizens and resident aliens. U.S. citizens living outside the United States must elect income tax withholding. Non-resident aliens must complete Form W-8BEN. If we did not include a copy, please visit our website at [tiaa-cref.org](http://tiaa-cref.org) to print a Form W-8BEN, or call our Telephone Counseling Center at **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET), and we will mail one to you. Form W-8BEN is also available from the Internal Revenue Service website at [www.irs.gov](http://www.irs.gov).

Your withdrawal is subject to ordinary income tax for the year in which you make the withdrawal, unless you make a direct rollover.

The Internal Revenue Service has different rules for the three types of IRAs TIAA-CREF offers. To identify the type of IRA you have, look at the first two characters of your TIAA and CREF numbers. Listed below are the TIAA and CREF number ranges for each type.

	<b>Traditional IRA</b>	<b>Roth IRA</b>	<b>SEP IRA</b>
<b>TIAA Number</b>			
<b>Begins with</b>	K-9; N-7 – N-9	N-2 – N-5	N-6
<b>CREF Number</b>			
<b>Begins with</b>	J-9; T-7 – T-9	T-2 – T-5	T-6

## FOR THE TRADITIONAL IRA & SEP IRA

Your withdrawal is subject to ordinary income tax for the year in which you make the withdrawal, unless you make a direct rollover.

## FOR THE ROTH IRA

Your withdrawal amount is subject to optional income tax withholding, unless you make a direct rollover to another Roth IRA. After five years, withdrawals from Roth IRAs are not subject to income tax withholding if you are 59½ or older.

## TAX PENALTIES

Remember, if you are under 59½ when you make this withdrawal, you may be subject to a federal tax penalty in addition to regular income taxes, unless:

- you make a rollover;
- the payment (up to \$10,000) is for a qualified first-time home purchase;
- the payment is for qualified higher education expenses;<sup>1</sup>
- you meet the IRS rules pertaining to receipt of unemployment compensation and the withdrawal does not exceed the amount paid during the taxable year for qualified health insurance coverage for yourself, your spouse, and/or your dependents;<sup>2</sup>
- you are disabled as defined by the IRS.

<sup>1</sup> Qualified higher education expenses generally include tuition, fees, books, supplies, equipment, and certain room and board for the taxpayer, his or her spouse, and children or grandchildren of the taxpayer or his or her spouse.

<sup>2</sup> IRS rules require that the withdrawal be made in a year in which you receive at least 12 consecutive weeks of unemployment compensation or in the year after you receive such compensation.



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Each section also provides instructions for completion. The availability of this form does not guarantee that you are eligible for cash withdrawals.

## PERSONAL INFORMATION

Please be sure to complete all of the requested information below. We need your citizenship and state of residence for tax reasons.

First Name

Middle Name

Last Name

Social Security Number

Daytime Telephone Number

Citizenship (if not U.S.)

State of Residence

TIAA Number

CREF Number



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Complete this part if you want to receive your payment on a later date. Otherwise, within three business days of receipt of your form, we'll make your payment.

**Note:** If the payment you are requesting is from assets in the brokerage portion of your account, please call our Telephone Counseling Center at 800 842-2252 to move the cash so it is available to make this payment.

**B.** Complete this part to request payment in specific amounts from selected accounts. For a one-time single payment the minimum withdrawal is \$1,000 per fund or 100% if the fund balance is less than \$1,000. For multiple systematic payments the minimum withdrawal is \$100 per fund.

PLEASE MAKE THE PAYMENT ON THE FOLLOWING DATE:

Date (mm/dd/yyyy)

/   /

### AMOUNT

Tell us how much of the available amount you want to withdraw from each of your eligible accounts.

A. I WANT TO WITHDRAW THE ENTIRE AMOUNT FROM ALL MY ACCOUNTS.

**OR**

B. I AM REQUESTING A PARTIAL AMOUNT FROM THE FOLLOWING.

Fund/Account Name

Amount or percentage to be withdrawn

(specify frequency of payments on the next page)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### FREQUENCY

Tell us how often you want to withdraw your money.

A. ONE-TIME SINGLE PAYMENT

**OR**

B. MULTIPLE SYSTEMATIC PAYMENTS (PLEASE COMPLETE THE NEXT SECTION)



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A. Tell us the frequency you want to receive payments.

B. Provide the date you want to start receiving payments. Pick a date from the first to the twenty-eighth of the month. This date, which we use to make payments, is called the **effective date of payment**. We use this date to value your account and it must be a business day. Whenever the effective date of payment is not a business day, we use the **next** business day. You'll receive each payment shortly after the effective date of payment.

C. Tell us how long you want to receive payments.

## SCHEDULE YOUR MULTIPLE SYSTEMATIC PAYMENTS

A. HOW OFTEN DO YOU WANT TO RECEIVE PAYMENTS?

Monthly       Quarterly       Semiannually       Annually

B. WHEN DO YOU WANT YOUR PAYMENTS TO START?

Date (mm/dd/yyyy)  
  /   /

C. HOW LONG DO YOU WANT TO RECEIVE PAYMENTS?

C1. Number of Payments

OR

C2. Payment date to stop on (mm/dd/yyyy)

/   /

OR

C3. Continue Payments

Continue payments until there are no funds in the designated accounts, or until I request that payments stop.

**NOTE:** This section is for use by U.S. citizens and resident aliens only. For more information, please read **Helpful Information** before completing this section.

• Check the **Yes** box and enter the dollar amount or percentage if you want taxes withheld. For U.S. citizens residing in the U.S., the default rate is 10% of the taxable amount. If you are a U.S. citizen residing outside the U.S., you must elect income tax withholding.

• Check the **No** box if you don't want taxes withheld.

## FEDERAL TAX WITHHOLDING DECISION

Non-resident aliens must complete Form W-8BEN. If we did not include a copy, please visit our website at [tiaa-cref.org](http://tiaa-cref.org) to print Form W-8BEN, or call our Telephone Counseling Center at **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET), and we'll mail one to you. Form W-8BEN is also available from the Internal Revenue Service website at [www.irs.gov](http://www.irs.gov).

Yes, withhold the following amount for federal income tax.

\$  ,    ,    .   OR    %

No, I do not want any amount withheld from my withdrawal(s) for federal income taxes.

If you do not make an election above, we will apply the default withholding rate.

## YOUR VOLUNTARY STATE TAX WITHHOLDING DECISION

If you are subject to mandatory state withholding, visit us online at [tiaa-cref.org](http://tiaa-cref.org) for the form or call **800 842-2252**. If you are not subject to mandatory state withholding but would like to have state taxes withheld from your payments, please tell us the amount below.

Withhold   % from my payments for voluntary income tax withholding

for the state of





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\* If you are subject to backup withholding and / or if you are not a U.S. person, cross out the statements that do not apply to you before signing.

Return this form to:

Standard Mail  
TIAA-CREF  
PO Box 1268  
Charlotte, NC 28201-9935  
  
Overnight  
TIAA-CREF  
8500 Andrew Carnegie Blvd  
Charlotte, NC 28262

## YOUR SIGNATURE

By signing, you authorize TIAA-CREF to make the withdrawals as stated in this Request for Payment. If you receive distributions, such as dividends, return of capital, or a capital gains distribution, to an account after you have requested a full transfer from it, that distribution will be paid to you.

**Direct deposit:** If you request that your payment be directly deposited, you authorize that the bank charge your account and refund any overpayment to TIAA-CREF. You release your bank from any liability to TIAA-CREF for overpayment above the amount of the funds available in your account at the time TIAA-CREF requests a refund.

**Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number; and you are not subject to backup withholding due to a failure to report interest or dividend income; and you are a U.S. person (this includes all U.S. citizens and resident aliens).\***

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

Signature

Date (mm/dd/yyyy)

 /  / 

## FRAUD WARNING

FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE / WARNING REQUIRED BY MANY STATES

This notice/warning does not apply in New York.

*Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.*

**Colorado residents, please note:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Virginia and Washington, DC residents, please note:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.