



Financial Services

HELPFUL INFORMATION TO AUTHORIZE INTEREST-ONLY PAYMENTS

- Please see the cover letter for any plan rules that may apply to your Authorization.
- To establish an Interest-Only Option contract, participants must be between the ages of 55 and 69½.
- To view your current accumulation or to find out the status of your Authorization, visit our website at tiaa-cref.org, or call our Automated Telephone Service at **800 842-2252**; both are available 24 hours a day, 7 days a week. You'll need your password and User ID.
- If you have not established your date of birth in our records, we included a Record of Age form for you to complete. The form lists the types of documents we use to verify age and instructions on how to provide that information to us. You also may need to provide the same information for your annuity partner.
- If you have questions or need assistance, please call our Telephone Counseling Center at **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m. (ET), and Saturday from 9 a.m. to 6 p.m. (ET).

YOUR FEDERAL TAXPAYER IDENTIFICATION NUMBER

For most participants, their Social Security Number is their Taxpayer Identification Number. If you do not have a Taxpayer Identification Number and are not a U.S. citizen or resident alien, we have included Form W-7, which you must complete and forward to the Internal Revenue Service, to apply for an Individual Taxpayer Identification Number.

TO NON-U.S. CITIZENS

Income is generally subject to tax withholding at a statutory rate of 30% non-resident alien tax.

- If you reside in the U.S., we have included Form W-4P for you to make a required federal income tax withholding election.
- If you reside outside the U.S., we have included Form W-8BEN that you must complete to certify your foreign status. If you reside in a country that maintains a reciprocal tax treaty with the U.S., you may be exempt from or eligible for a reduced rate of withholding. To claim the benefit of the exemption or a reduced rate, you must provide us with a valid Individual Taxpayer Identification Number (ITIN) or Social Security Number (SSN). If you do not have a valid ITIN or SSN and a Form W-8BEN on file, the statutory rate of 30% non-resident alien tax will be withheld from all distributions.

ABOUT DIRECT ROLLOVERS

Your interest-only payments are subject to mandatory 20% federal income tax withholding unless they are directly rolled over to an IRA or to another plan. When you request a direct rollover, the money is sent directly to the IRA or other plan, not to you. Note: Electronic funds transfer is not available for rollovers.



DIRECT ROLLOVERS TO IRAS

You can always do direct rollovers to IRAs. TIAA-CREF offers both Traditional IRAs and Roth IRAs. Regulations require that conversions to Roth IRAs be made first as a rollover to an IRA like our Traditional IRA, and then converted to a Roth IRA. A rollover to a Traditional IRA is not taxable. A conversion to a Roth IRA is fully taxable since Roth IRAs can only accept after-tax dollars.

You can directly roll over your eligible payment(s) to an existing TIAA-CREF Traditional IRA by providing us with your IRA contract numbers. Or, if you want to open a new TIAA-CREF IRA, just check the appropriate box as instructed in the Direct Rollover section. You may enroll online at www.tiaa-cref.org/iras 24 hours a day, 7 days a week.

If you prefer, you may request a new IRA enrollment form, either by visiting our website at tiaa-cref.org, or calling our Enrollment Hotline at 800 842-2888. Be sure to return your completed IRA enrollment form along with your Authorization.

DIRECT ROLLOVERS TO PLANS

You may be able to directly roll over your eligible payments to another employer's plan. When deciding whether to roll over your payments, you should consider the choice of investments, features of the plan, and plan rules (since your accumulation will generally become subject to these rules).

Be sure to discuss state tax implications, if any, with your tax advisor. Please note that if you are making a direct rollover from a plan established under another IRS code section to a governmental 457(b) plan, and you are under age 59½ when you make the direct rollover, the 10% early withdrawal penalty will continue to apply to the accumulation you are rolling over until you attain age 59½.

If the other employer's plan is with TIAA-CREF, we can determine if the plan can accept the direct rollover. If the other employer's plan is with another financial company, the plan administrator or trustee of the plan receiving your direct rollover must complete Part D in the section Direct Rollovers to Another Company in your request. We must have this information to determine if the Internal Revenue Service rules allow your direct rollover to the plan.

AFTER-TAX CONTRIBUTIONS

Direct Rollovers from interest-only payments do not include after-tax contributions.





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If you claim residence AND citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print the W-8BEN form, go to www.tiaa-cref.org/forms, and see General Tax forms.

1. PROVIDE YOUR INFORMATION

First Name

Middle Initial

Last Name

Suffix

Social Security Number/
Taxpayer Identification Number

Contact Telephone Number

Extension

State of Legal Residence

(if outside the U.S., write in Country of Residence)

Citizenship (if not U.S.)

Please print in upper case using black or dark blue ink.

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number

CREF Number

Plan Number

Sub Plan Number

Plan Name

3. EMPLOYMENT STATUS

Prior to the date you request to start your transaction, will you have separated from all institutions that contributed to the annuities that you are using for this transaction?

If you answer **Yes** and provide a separation date, you are certifying that you have or will have separated from service by that date.

If you answer **No** or do not enter a separation from service date for employment at any institution remitting premiums to its retirement plan on your behalf, you are certifying that you understand the repercussions of authorizing this transaction while still employed.

Separation Date (mm/dd/yyyy)

☐ Yes, I have or will have separated from service on / /

☐ No, I will not have separated from service. *Please contact your employer's benefits office to discuss any consequences if you are authorizing payments from the accumulation attributable to your current employer's plan.*



4. CHOOSING THE PAYMENT START DATE AND AMOUNT

If we receive your completed form by the last business day of a month, we will issue your contract as of the first of the next month unless you requested the first of a future month in Part A below.

Your first interest-only payment will be made at the end of the month in which your contract is issued.

For example, if we receive your completed form by November 30, we will issue your contract as of December 1. Your first payment, representing interest earned during December, will be paid the first business day in January.

Part A—Tell us the month and year to issue your Interest-Only Option contract. Your payments will begin on the first business day of the **following** month.

Part B—Check the first box if you are using your entire TIAA Traditional accumulation in the contract(s) listed below.

OR

Check the second box and provide an amount if you are requesting a partial settlement. This amount must be at least \$10,000 of your TIAA Traditional accumulation in your Retirement or Group Retirement Annuity.

Date (mm/dd/yyyy)

A. Issue my contract as of / /

Payment will be made after the end of that month.

B. ☐ I'd like to base my Interest-Only Option payments on 100% of my TIAA Traditional accumulation.

OR

☐ I'd like to base my Interest-Only Option payments on the following TIAA Traditional amount:





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* If you're rolling over your funds to a TIAA-CREF account, please provide your account number at the right. We'll invest your funds using the allocation instructions on file.

If you need to open a new TIAA-CREF IRA, please call us at **800 842-2252**.

5. DIRECT ROLLOVER(S) TO TIAA-CREF

What type of account are you rolling over to? (Choose only one and provide account number.)

☐ My TIAA-CREF account*

TIAA Number

CREF Number

Plan Name (Contributing Employer's Plan)

Plan Number

Sub Plan Number

| | |
|--|----------------------|
| <input type="checkbox"/> Brokerage | <input type="text"/> |
| <input type="checkbox"/> Mutual Funds | <input type="text"/> |
| <input type="checkbox"/> After-Tax Annuity | <input type="text"/> |
| <input type="checkbox"/> Trust Services | <input type="text"/> |
| <input type="checkbox"/> IRA | <input type="text"/> |

Please select one of the following for the allocation of funds:

☐ **Like to Like** – Roll over to the same investment(s) as your entitlement funds. If they are not available in the receiving account, the funds will be applied to the money market fund.

☐ **Allocation on File** – The current allocation in the contract to which the rollover is being applied.

NOTE: If you do not choose an election, we will default to the allocation on file.

☐ New TIAA-CREF IRA (My IRA enrollment form is attached.)

☐ Roth IRA

Please select one of the following for the allocation of funds:

☐ **Like to Like** – Roll over to the same investment(s) as your entitlement funds. If they are not available in the receiving account, the funds will be applied to the money market fund.

☐ **Allocation on File** – The current allocation in the contract to which the rollover is being applied.

NOTE: If you do not choose an election, we will default to the allocation on file.

Do you want federal taxes withheld from the pretax amount you're converting to a Roth IRA? If you don't check a box, we'll withhold 20% for federal taxes.

☐ **No**, do not withhold federal taxes.

☐ **Yes**



6. DIRECT ROLLOVER(S) TO ANOTHER COMPANY

Part A—If you are making a direct rollover to an IRA at another financial company, complete this part **and Part C**.

Part B—If you are making a direct rollover to another employer's plan that doesn't offer TIAA-CREF accounts, complete this part **and Part C**.

Part C—You complete Part C to provide the name, telephone number and check-mailing address of the other financial company, and your account number.

Part D—If you are making a direct rollover to another plan, the Plan Administrator for the plan or the trustee at the other company completes this part. **We must have this information to determine if Internal Revenue Service rules allow your direct rollover to the plan.**

Make my direct rollover(s) to:

A. ☐ An IRA at another financial company.

OR

B. ☐ Another employer's plan that doesn't offer TIAA-CREF accounts.

If you have after-tax contributions and the plan receiving your direct rollover cannot accept them, we will pay that amount to you by check and send it to your address of record.

C. ☐ Other Financial Company Information

Company Name

Telephone Number

Extension

Check-mailing Street Address

City

State

Zip Code

Account Number





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6. DIRECT ROLLOVER(S) TO ANOTHER COMPANY (CONTINUED)

D. Certification and Agreement by the Plan Administrator or the trustee at the other company.

We certify that the Internal Revenue Code of the plan receiving the direct rollover is (*check one*):

☐ 403(b) ☐ 401(a), 403(a), or 401(k) ☐ 457(b) Public Plan ☐ Other:

AND

☐ We agree to accept the direct rollover and to separately account for **both** before-tax and after-tax amounts.

OR

☐ We agree to accept **only** the direct rollover of before-tax amounts.

Signature of Plan Administrator or Trustee

Today's Date (mm/dd/yyyy)

 / / 20

Title

Telephone Number



If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

The address listed on the check or bank letter must match your current address on file at TIAA-CREF.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8 – 10 business days for you to receive it.

7. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA-CREF is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

☐ Direct Deposit to my bank account already on file:

Bank Name:

Account Number ending in:

☐ Direct Deposit to my new Checking Account:

Mail an original voided check with this form. Starter checks, deposit slips and third-party checks are not acceptable.

☐ Direct Deposit to my new Savings Account:

Provide documentation described in item A or B below.

A. Mail an original voided check with this form. Starter checks, deposit slips and third-party checks are not acceptable.

B. Letter from your bank with the following information:

- On bank letterhead
- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Bank stamp or seal from authorized bank personnel

☐ Mail a check to my current address on file.

Note: To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us at **800 842-2252** so we can discuss some of your options for completing your request.



8. YOUR AUTHORIZATION AND SIGNATURE

Be sure to sign and date your request here.

By signing below, you agree that for your Interest-Only Payments:

- you must receive payments for at least twelve months;
- you must change your payment method no later than the date you attain age 90;
- the contract issue date cannot be prior to the date we receive all necessary papers;
- you acknowledge that you have received a retirement income illustration and information about the income options available to you; and
- you authorize the continuation of the beneficiaries under the original contract listed in Section 1. Once the new Interest-Only contract is issued, you reserve the right to change this destination at any time.

If you choose to have any payment sent directly to an IRA or another plan,

- your signature also authorizes this transaction; if you make a direct rollover into another employer's plan, you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the rollover and the funds in which your direct rollover are invested; you further understand that if you make a direct rollover to another employer's plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), spousal rights will apply to these funds and you may need a signed waiver from your spouse in order to receive a subsequent distribution of these funds; and if you are directing your withdrawal to a Roth IRA, you understand the tax consequences of your election.

If you completed the Direct Deposit Authorization section,

- you also authorized your bank to charge your account for this service and to refund any overpayments to TIAA and/or CREF, and your bank is released from any liability to TIAA and/or CREF for overpayments above the amount of funds available in your account at the time TIAA and/or CREF requests a refund.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; (3) I am a U.S. citizen or other U.S. person (as defined in the instructions to IRS Form W-9) and (4) The payee is exempt from FATCA reporting.

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

Your Signature

Today's Date (mm/dd/yyyy)

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AUTHORIZATION OF INTEREST-ONLY PAYMENTS

9. EMPLOYER'S AUTHORIZATION

Please provide the participant's separation of service date and let us know if this request is approved by signing below.

Separation Date (mm/dd/yyyy)

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I understand that by signing I am approving this request.

Name of Plan Representative (please print)

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Authorized Signature

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Today's Date (mm/dd/yyyy)

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Title

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Telephone Number

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RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

TIAA-CREF

P.O. Box 1259

Charlotte, NC 28201-1259

OVERNIGHT:

TIAA-CREF

8500 Andrew Carnegie Blvd

Charlotte, NC 28262

(Sorry, we cannot accept faxed forms)

CHECKLIST

Did you remember to:

- ☐ Complete all necessary personal information.
- ☐ Let us know where to send your payment: direct deposit to your bank account, by check to your address, or direct rollover to TIAA-CREF or to another investment company. (Section 5, 6 or 7)
- ☐ Include an original voided check or bank letter with the completed forms package if you chose direct deposit to a NEW checking or savings account. (We cannot accept faxed copies.) NOTE: You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.
- ☐ Your institution must approve the alternate carrier. Please call to verify if company is approved.
- ☐ Sign and date this form.
- ☐ The employer who contributed to the plan from which you're making the rollover must provide the date you separated from service. (Section 9)
- ☐ Include record of age for yourself (and for your annuity partner if applicable).
- ☐ Call TIAA-CREF if you have any questions or need assistance at **800 842-2252**.





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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.





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RECORD OF AGE

Print in uppercase using black or dark blue ink and provide all information requested.

NEED HELP?
800 842-2252

Monday to Friday
8 a.m. – 10 p.m. (ET)

Saturday
9 a.m. – 6 p.m. (ET)

Or visit tiaa-cref.org.

We need to verify your date of birth, and your annuity partner's date of birth if applicable, in order to determine eligibility for certain options as well as to calculate the amount of lifetime income payable to you. Listed below are documents that you can use to provide record(s) of age. **Please note that we will not return the records you provide.** If you prefer, a college official or notary public can review your records and complete and sign the statement on the next page.

Please return this form with the photocopy of your record of age documents.

ACCEPTABLE RECORDS OF AGE

- **Birth Certificate**
A photocopy can be obtained from the Bureau of Vital Statistics of the city or county in which you were born.
- **Baptismal Certificate**
A photocopy of the certificate listing your date of birth (or age) as well as baptismal date.
- **Driver's License or Non-Driver's Identification Card**
A photocopy of this document from your state's Division/Department of Motor Vehicles.
- **Marriage Record**
A photocopy of your record of marriage listing your date of birth.
- **Military Discharge Paper and Other Military Records**
A photocopy of your Military Discharge Paper listing your date of birth. This should be the official discharge paper. Another acceptable military record is a photocopy of the military identification or service card.
- **Passport**
A photocopy of the page listing your date of birth.
- **School or College Record** (if at least five years old)
Such records may have originated while you were attending school or teaching.



TIAA Number

CREF Number

Name of Employer

In order to establish the correct date of birth for:

1. Name of Individual

I hereby certify that I have examined the following records and that the date of birth of the above-named individual is stated therein as shown below. *(Give full details under "Type of Record," i.e., Blank Insurance Co. Policy # 72897.)*

Type of Record

Date of Birth (mm/dd/yyyy)

Date (mm/dd/yyyy)

How old is this record?

Date (mm/dd/yyyy)

If reproduction (photostat, certified copy, etc.) is used, when was it made?

Remarks

Please sign in black or dark blue ink.

Signature of Authorized Employee or Notary Public

Date of Certification (mm/dd/yyyy)

Title

Employer



In order to establish the correct date of birth for:

2. Name of Individual

I hereby certify that I have examined the following records and that the date of birth of the above-named individual is stated therein as shown below. (Give full details under "Type of Record," i.e., Blank Insurance Co. Policy # 72897.)

Type of Record

Date of Birth (mm/dd/yyyy)

 / /

Date (mm/dd/yyyy)

How old is this record? / /

Date (mm/dd/yyyy)

If reproduction (photostat, certified copy, etc.) is used, when was it made?

 / /

Remarks

Please sign in black or dark blue ink.

Signature of Authorized Employee or Notary Public

Date of Certification (mm/dd/yyyy)

 / /

Title

Employer

RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

TIAA-CREF
P.O. Box 1268
Charlotte, NC 28201-1268

OVERNIGHT:

TIAA-CREF
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

FAX:

800 914-8922

CHECKLIST

Did you remember to:

- ☐ Provide your TIAA and/or CREF Contract Numbers.
- ☐ Include the records of age documents.
- ☐ Complete all necessary personal information.
- ☐ Have this form signed by an authorized employee or notary public.
- ☐ Call TIAA-CREF if you have any questions or need assistance at 800 842-2252

