

REQUEST FOR PAYMENT OF PLAN EXPENSES FROM FORFEITURE ACCOUNT

Page 1 of 1

Plan Number

Print in upper case using black or blue ink and provide all information requested.

· Enter **Plan Name** and **Plan Number** information.

Plan Name

- · In statement 5, indicate the amount of the distribution. For a full distribution of the balance of the forfeiture account, write 100% in the dollar amount field.
- In the Authorization section, enter the Payee name, company and address information for the person to whom TIAA-CREF will remit the distribution.
- · In the Authorized Representative section, an authorized representative of the plan sponsor must sign and date the form, enter his/her title, and print his/her name.
- The completed form may be faxed to TIAA-CREF:
 Attn: Remittance
 Processing/Task
 INCRMTRFD at 800 842-5916.
- · Alternatively, the form may be mailed to: TIAA-CREF PO Box 1294 Charlotte, NC 28201-1294

Attn: Contributions

 Please retain a copy of the completed form for your records.

Funds will be distributed as a check, via regular U.S. mail.

Please allow 5 business days from receipt by TIAA-CREF for processing of the request, and 7–10 business days from the processing date for delivery of the check via U.S. mail.

I hereby certify that I am an authorized representative of the all confirm:	bove-nai	med Pla	an. E	By my signature below
Such deduction from the forfeiture account maintained by TIA the terms of the Plan document.	AA on be	ehalf of	the	Plan is authorized under
2. The amount being requested from the forfeiture account main used for the exclusive benefit of Plan participants and benefi		by TIAA	on l	pehalf of the Plan is being
3. The amount of the payment for the service requested is a rea 4. If this Plan is subject to the Employee Retirement Income Set the Plan Administrator's responsibility to report fees for service of Labor ("DOL") as required on Form 5500, and its applicable.	curity Acces rend	t of 19 ered to	74 ("ERISA") I acknowledge
5. Fees in the amount of \$\) by TIAA and paid directly to the designated payee listed below services to the Plan.				re account maintained reasonable and necessary
AUTHORIZATION I direct TIAA to deduct from the forfeiture account maintained for and to pay such amount directly to the following payee:	or the Pla	an thos	e ex	penses listed above,
Payee Name				
Company				
Street Address				
City	St	tate		Zip Code
AUTHORIZED REPRESENTATIVE				
Name (please print)	Title			
Signature	Date (mm/dd/y	ууу)	
TIAA-CREF will not refund forfeiture account proceeds directly to	an instit	ւ ution. B	Ву сс	mpleting this form, Plan

TIAA-CREF will not refund forfeiture account proceeds directly to an institution. By completing this form, Plan Administrators can request payments from forfeiture accounts to an alternate carrier or third-party service provider for the purpose of funding future remittances or for reasonable and necessary plan expenses.

The foregoing does not apply with respect to governmental IRC section 403(b) plans where TIAA-CREF has agreed to pay amounts in the forfeiture account directly to the institution. Such payments can, at the institution's request, continue to be made. It also doesn't apply to any governmental plan where we have agreed to remit forfeiture amounts to the institution pursuant to their legal counsel's opinion that doing so doesn't violate the plan, federal tax law, or applicable state law.

