



Thank you for your interest in moving funds to TIAA. We look forward to helping you meet your financial goals.

We understand this transfer is important to you, so we're here to guide you through the process and make it as easy as possible. Once we receive your completed form, we will:

- Review the information you provided for completeness.
- Contact your current financial institution and request that your assets be transferred to TIAA.
- Apply the funds based on your instructions in the form once they are received.
- Mail you a confirmation statement.

To help avoid delays, it's important that we receive all the required documents (including the latest statement for the account(s) you are moving to TIAA) and that forms are completed correctly. So if you need help, remember to call us.

If you have questions or need assistance, call us at **800-842-2252**. TIAA consultants are available weekdays, 8 a.m. to 10 p.m. and Saturday, 9 a.m. to 6 p.m. (ET).





MOVING FUNDS TO AN EMPLOYER-SPONSORED RETIREMENT PLAN AT TIAA

NEED HELP? 800-842-2252

Weekdays

8 a.m. – 10 p.m. (ET)

Saturday

9 a.m. – 6 p.m. (ET)

Or visit TIAA.org.

Complete and return this form to authorize movement of funds from another financial institution into your employer-sponsored plans at TIAA. If you want to roll over to an IRA, do not complete this form.

For IRA rollovers, please use the TIAA Investment Solutions IRA Transfer or Rollover Authorization Form (F10463).

HOW TO MOVE YOUR FUNDS

OPTION 1

- **Rollover:** You may be eligible to do a rollover of retirement funds from one account to another if you have one of the following qualifying events: separation from service, disability or reaching age 59½. There are two ways to roll over your funds: you can do either a direct or indirect rollover. With a direct rollover, you may move funds directly to any eligible retirement plan that agrees to accept the rollover. Eligible plans may be tax-qualified plans under 401(a)/403(a) (including 401(k) plans), 403(b) plans, governmental 457(b) plans and IRAs. With an indirect rollover, you may receive a distribution from a tax-qualified plan and then, within 60 days of the distribution, you roll it over to another tax-qualified plan or an IRA.

OPTION 2

- **Direct Transfer:** A transfer enables you to move all or a portion of your retirement funds from one investment provider to another within your qualified retirement plan (examples of qualified plans include 401(a), 401(k) and 457(b) plans). Both investment providers must be part of the same employer's plan, and the one receiving the funds must be an approved provider in your employer-sponsored plan.
- **Contract Exchange (403(b) plans only):** If available under your current employer's plan, a contract exchange enables you to move your 403(b) retirement funds from one investment provider to another within your retirement plan. A contract exchange is permitted even if you have not had one of the following qualifying events: separation from service, disability or reach age 59½.
- **Plan-to-Plan Transfers: (403(b), 457(b) or Qualified Retirement Plan):** A plan-to-plan transfer enables you to move funds from one employer's plan to another as long as it is the same type of retirement plan. For example, if you have changed employers and would like to move your account from your former employer's 403(b) plan to your current employer's 403(b) plan, you may initiate a plan-to-plan transfer. Call your TIAA representative or our National Contact Center at 800-842-2252 to confirm the availability of this option.





MOVING FUNDS TO AN EMPLOYER-SPONSORED RETIREMENT PLAN AT TIAA

GETTING STARTED

Attach a complete copy of your most recent statement for the account(s) you are transferring to TIAA.

- If your request includes securities held in brokerage accounts or mutual funds, you must liquidate them before TIAA contacts your financial institution.
- Roth 403(b)(1/7), Roth 401(k) and Public 457(b) Roth contributions can only be transferred/rolled over to another 403(b)/401(k) plan that will accept the funds or to a Roth IRA.
- If you're transferring/rolling over Roth funds, your current financial institution or investment provider must send us additional information about your Roth contributions and earnings. If we don't receive this information within five (5) business days of receiving the funds, TIAA must refund the Roth portion of your transfer back to the original financial institution or investment provider.
- **If you are requesting a direct transfer or contract exchange, we must know the name of your employer and the retirement plan name before we can complete the transaction.**
- Funds in 457(b) private plans can only be transferred to other 457(b) private plans that accept the transfer. Please note that the 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. Please check with your plan administrator if you are unsure of the type of plans that you have.
- If you are rolling over or transferring funds from a governmental 457(b) plan to a governmental 457(b) plan at TIAA, we will need to know if you have rolled any funds into the governmental 457(b) plan at your other carrier. If you have rolled funds into the governmental 457(b) plan at your other carrier, we will need to know the originating source of the rollover money for taxation purposes. Governmental 457(b) plan money is never subject to the 10% early withdrawal penalty, even if withdrawn prior to age 59½; however, rollover money from other plan types may be subject to the penalty and requires separate tracking by TIAA.
- If you are unable to provide the originating source of the rollover money, TIAA will default it to be from a plan other than a governmental 457(b) plan.





MOVING FUNDS
TO AN EMPLOYER-SPONSORED
RETIREMENT PLAN AT TIAA
Page 1 of 6

Please print using black or dark blue ink.

IMPORTANT: A full Social Security Number is required to process your request.

If you claim residence AND citizenship outside the U.S., you must complete IRS Form W-8BEN in addition to this form to certify your foreign tax status. To print the W-8BEN form, go to TIAA.org/forms and scroll to Find tax information.

1. PROVIDE YOUR INFORMATION

First Name	Middle Initial
<input type="text"/>	<input type="text"/>
Last Name	Suffix
<input type="text"/>	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	Contact Telephone Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
	Extension
	<input type="text"/>

Rollovers and transfers may be subject to the rules of the retirement plan that you are moving the funds to.
See cover page for descriptions of Options 1 and 2.

2. TELL US WHAT YOU WOULD LIKE TO DO

☐ **OPTION 1: Rollover** ☒ **OPTION 2: Direct Transfer/Contract Exchange/Plan-to-Plan Transfer**

PLEASE NOTE: If you do not complete this section, we will process your request in the following order, if allowed: Rollover/Direct Transfer/Contract Exchange/Plan-to-Plan Transfer.

Is this request related to a natural disaster? ☐ Yes ☒ No

We need a complete copy of your most recent alternate carrier statement to process your rollover or transfer request.

3. TELL US ABOUT THE FUNDS YOU WANT TO MOVE TO TIAA

Financial Institution's Name		
<input type="text" value="MetLife c/o FASCore, LLC"/>		
Address		
<input type="text" value="P.O. Box 173768"/>		
City	State	
<input type="text" value="Denver"/>	<input type="text" value="C"/> <input type="text" value="O"/>	
	Zip Code	
	<input type="text" value="80217-3768"/>	
Contact Telephone Number	Extension	Fax Number
<input type="text" value="800-543-2520"/>	<input type="text"/>	<input type="text" value="866-345-3050"/>
(If allows faxes, please provide the number below)		
Employer		
<input type="text"/>		
Plan Name		
<input type="text" value="South Carolina State Optional Retirement Program (State ORP)"/>		

Are you still employed at the Employer named above? ☐ Yes ☐ No

If you selected a Direct Transfer/Contract Exchange in Section 2, please tell us who made contributions to the account you are transferring: you, your Employer or both of you.

☐ Employer Contributions ☐ Your (Employee) Contributions ☒ Both

You must complete a separate form for each account that you are transferring or rolling over to TIAA.





If you need additional space for your instructions, please write them on a separate page and attach it to this form.

If you don't know the type of plan, check with your employer.

If you are rolling over or transferring funds from a governmental 457(b) plan to a governmental 457(b) plan at TIAA, we will need to know if you have rolled any funds into the governmental 457(b) plan at your other carrier. If you have rolled funds into the governmental 457(b) plan at your other carrier, we will need to know the originating source of the rollover money for taxation purposes. Governmental 457(b) plan money is never subject to the 10% early withdrawal penalty, even if withdrawn prior to age 59½; however, rollover money from other plan types may be subject to the penalty and requires separate tracking by TIAA.

If you are unable to provide the originating source of the rollover money, TIAA will default it to be from a plan other than a governmental 457(b) plan.

3. TELL US ABOUT THE FUNDS YOU WANT TO MOVE TO TIAA (CONTINUED)

Choose Liquidation Instructions A or B

A. LIQUIDATION INSTRUCTIONS FOR INVESTMENT ACCOUNTS

Account Number

If any of the funds you are transferring include a Roth contribution, indicate the type of retirement plan they were contributed under:

☐ Roth 403(b)(1/7) ☐ Roth 401(k) ☐ Public 457(b) Roth

☒ **OPTION 1:** Liquidate (cash out) my entire account and move the proceeds to TIAA.

☐ **OPTION 2:** Liquidate (cash out) only the following amount and move the proceeds to TIAA.

Fund Name	Number of Shares	Percent	Dollar Amount
<input type="text"/>	<input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %	OR \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %	OR \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %	OR \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %	OR \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %	OR \$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR <input type="text"/> <input type="text"/> <input type="text"/> %	OR \$ <input type="text"/>

Is this rollover coming from a Government-Sponsored 457(b) plan into a Government-Sponsored 457(b) plan recordkept by TIAA?

☐ Yes ☒ No

Have you rolled over any money into the other Government-Sponsored 457(b) plan?

☐ Yes ☒ No

Will the rollover to TIAA of the Government-Sponsored 457(b) plan include amounts rolled into that plan?

☐ Yes ☒ No

If you answered **YES** to the above questions and previous rollover money will be included with the Government-Sponsored 457(b) plan money that you are rolling to TIAA, please tell us the originating source of the previous rollover money:

☐ Government-Sponsored 457(b) ☐ Other retirement plan type (i.e., 403(b), 401(k), etc.)

☐ Commingled\Unknown





NOTE: Do not submit this form more than 30 days before the maturity date of your CD. TIAA is not liable if your CD term is renewed or if penalty fees are incurred as a result of transferring/rolling over funds from a CD.

3. TELL US ABOUT THE FUNDS YOU WANT TO MOVE TO TIAA (CONTINUED)

B. LIQUIDATION INSTRUCTIONS FOR CERTIFICATES OF DEPOSIT (CDs)

Account Number

☐ **OPTION 1:** Liquidate (cash out) my CD **IMMEDIATELY** and move the proceeds to TIAA.
I am aware of and acknowledge the penalty I may incur from any early withdrawal.

☐ **OPTION 2:** Liquidate (cash out) my CD at **MATURITY** and move the proceeds to TIAA.

NOTE: Your current financial institution may charge a fee for this service.

4. WIRE TRANSFER REQUEST

Would you like to request that your funds be sent to TIAA via a wire transfer?

☐ Yes ☒ No

5. CHOOSE WHERE TO APPLY YOUR FUNDS

Employer/Plan Name

 /State ORP

☒ **OPTION 1:** Apply funds to my existing account listed below.

Provide Your Contract Numbers

TIAA Number

CREF Number

☐ **OPTION 2:** Apply funds to my new TIAA account.

Please select one:

☐ Employer Plan (Retirement Annuity, Group Retirement Annuity, Retirement Choice)

☐ Supplemental Plan (Supplemental Retirement Annuity, Group Supplemental Retirement Annuity, Retirement Choice Plus)

☐ 457(b) (Governmental, Private)





***IMPORTANT** - If you are currently using the TIAA Custom Portfolio Service to automatically rebalance your account, your transfer or rollover must be allocated using your current allocation on file (Option A). If you choose your own allocation (Option B), the funds will be reallocated to your current allocation on file the next time your account is rebalanced.

Choose Item A or B*

- ☒ A. Use my current allocation on file for the contract my funds are being applied to.
- ☐ B. Use the allocation instructions below.

Investment Fund Name	Fund Number	Percent Allocation		
				%
				%
				%
				%
				%
				%
				%
				%
				%
		1	0	0 %

I understand that if I roll over a distribution from another plan into a TIAA Retirement Annuity, Group Retirement Annuity, Retirement Choice, Retirement Choice Plus, Supplemental Retirement Annuity or Group Supplemental Retirement Annuity contract: i) 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 account to which the funds are being rolled over; and ii) 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 new plan and receiving contract account.

Continued on the next page





7. AUTHORIZATION AND ACKNOWLEDGMENT (CONTINUED)

Distributions from 403(b) plans before age 59½, severance from employment, death, or disability may be prohibited, limited, and/or subject to substantial tax penalties. Different restrictions may apply to other types of plans.

I understand that I am responsible for determining my eligibility to roll over or transfer within the limits set forth by tax laws, related regulations, plan regulations and plan agreements. I assume responsibility for any tax consequences or penalties that apply to the requested transactions.

I direct TIAA to treat all salary reduction monies as pretax contributions made after 12/31/88 unless the financial institution identified above provides TIAA with account balances as of 12/31/88.

For transfers involving amounts in a 403(b) plan, I direct TIAA to treat the entire balance as subject to current minimum distribution requirements unless the financial institution identified above provides TIAA with account balances as of 12/31/86.

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

If I am a non-resident alien individual, I acknowledge that the below tax certifications do not apply to me. I have provided TIAA with an IRS Form W-8BEN within the last three years or will submit a W-8BEN prior to requesting a distribution from this account. I acknowledge that I must have a W-8BEN on file to request a distribution.

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); and (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; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

If you need to print the IRS Form W-8BEN, go to [TIAA.org/forms](https://www.tiaa.org/forms) and scroll to Find tax information.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted. ►

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20



8. MEDALLION SIGNATURE GUARANTEE

Many financial institutions or investment providers require a Medallion Signature Guarantee. If required by your current financial institution or investment provider, please have a member of the medallion signature guarantee program complete this section and have it medallion-stamped. A Medallion Signature Guarantee is not the same as a notarized signature. You must obtain a Medallion Signature Guarantee from a national or state bank, federal savings and loan association, savings bank or member of a national stock exchange who is a member of the medallion signature program. TIAA can provide this service.

I certify the above-named person as described and whose identity is known or has been proven to me.

Authorized Officer to Place Stamp Above

You may need to get your employer's authorization before you can roll over, transfer or exchange retirement funds. To determine if the employer you specified in **STEP 3** needs to complete this section, please contact your employer, your TIAA representative or our National Contact Center at 800-842-2252.

Weekdays
8 a.m. - 10 p.m. (ET)
Saturday
9 a.m. - 6 p.m. (ET)

9. EMPLOYER AUTHORIZATION

I am a representative of the Employer, Plan Sponsor, or Third-Party Administrator. I certify that the participant is eligible for the requested transaction.

Plan Representative's Name

Title

Not required for Direct Transfer

Telephone Number

Extension

Plan Representative's Signature

Today's Date (mm/dd/yyyy)

Not required for Direct Transfer

 / / 20

FOR INTERNAL USE ONLY

☐ No Letter of Acceptance required. Transfer has been initiated with current financial institution.

RACFID

SR Number

OPN Number

SOF Number





**MOVING FUNDS
TO AN EMPLOYER-SPONSORED
RETIREMENT PLAN AT TIAA**

RETURN COMPLETED FORM WITH A COPY OF YOUR STATEMENT TO:

STANDARD MAIL:

TIAA
P.O. Box 1260
Charlotte, NC 28201-1260

OVERNIGHT:

TIAA
8500 Andrew Carnegie Blvd
Charlotte, NC 28262

CHECKLIST

Remember to:

- Provide a complete copy of your most recent statement from your current alternate carrier. Your request cannot be processed without this information.
- Sign and date this form in Step 7.
- Confirm with your current alternate carrier whether a Medallion Signature Guarantee is required. If required, TIAA can provide that service.
- Call TIAA if you have any questions or need assistance at 800-842-2252.

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.

