

To get:

account information
the status of your request
answers to your questions

Call **800-842-2252**

Weekdays

8 a.m. - 10 p.m. (ET)

Saturday

9 a.m. - 6 p.m. (ET)

Or visit us online at

TIAA.org 24 hours a day.

Have your user ID and
password ready.

Complete this form to request a transfer from your TIAA retirement account for the purchase of service credits with your defined benefit plan.



PURCHASE SERVICE CREDIT TRANSFER REQUEST FORM

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Please print using black or dark blue ink.

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

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 TIAA.org/forms, and scroll to Find tax forms.

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.)

* The Plan and Sub Plan Numbers should have been provided and Sub Plan # 73M83.2499 56./Span BDC 0 ce



NOTE: Payment will be sent by check to the instructions provided below.

I would like the check made payable to the payee provided in the payee name section below, and the check mailed to me at my address of record.



PURCHASE SERVICE CREDIT TRANSFER REQUEST FORM

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Please read, sign and date where indicated.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Digital signatures are not accepted.

I certify that this request is in compliance with applicable Plan provisions and federal law and that the participant has received from the Plan any notices required by law. I approve this transfer as it is presented on this form.

I represent that I am an authorized signer on behalf of the above-named Plan and have an authority to instruct Service Provider to process this form.

Plan Representative's Signature

Today's Date (mm/dd/yyyy)

 / /

Plan Representative's Name *(Please print)*

Title

FAX:
800-914-8922 (within U.S.)
704-595-5795 (outside U.S.)

STANDARD MAIL:
TIAA
P.O. Box 1260
Charlotte, NC 28201-1260

OVERNIGHT:
TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

