FINANCIAL SERVICES
FOR THE GREATER GOOD®

# TIAA-CREF Brokerage Services
# Incoming Account Transfer Form

- Use this form only to transfer assets into your TIAA-CREF Brokerage accounts.
- If you are transferring assets from more than one account, please complete a separate form for each account.
- **A copy of the most current statement (dated within six months) of the account you are transferring is required.**
- Transfers must occur between "like" registered accounts. (e.g., from a joint account into a joint account).
- Questions? Please call us at **800 927-3059** Monday to Friday from 8 a.m. to 7 p.m. (ET).

## 1. TIAA-CREF BROKERAGE ACCOUNT INFORMATION

Name(s) on Account (as it appears on your statement)

___ – ______
Brokerage Account Number (leave blank if new account)

0443 Pershing
Pershing Clearing Number

___ – __ – ____
Social Security Number/Tax ID Number

___ – __ – ____
Joint Account Owner's Social Security Number (only if applicable)

**TYPE OF ACCOUNT** (Check only one. Complete a separate transfer form for each registration type)

**Nonretirement:** ☐ Individual ☐ Joint ☐ Custodial ☐ Trust ☐ Other

**Retirement:** ☐ Traditional IRA ☐ Rollover IRA ☐ Roth IRA ☐ SEP IRA ☐ Inherited IRA

## 2. DELIVERING ACCOUNT INFORMATION

Name(s) on Account (as it appears on your statement)

Delivering Account Number

___ – __ – ____
Social Security Number/Tax ID Number

**TYPE OF ACCOUNT** (Check only one. Complete a separate transfer form for each registration type)

**Nonretirement:** ☐ Individual ☐ Joint ☐ Custodial ☐ Trust ☐ Other

**Retirement:** ☐ Traditional IRA ☐ Rollover IRA ☐ Roth IRA ☐ SEP IRA ☐ Inherited IRA
☐ Qualified Plan

Name of Delivering Institution (Brokerage Firm, Mutual Fund Company, Bank, etc.)

Delivering Firm's Clearing Number (if known)

Contact Person's Name

___ – ___ – ____
Contact Person's Phone Number

Delivering Firm's Address (No P.O. Box)

City

State

Zip code _____ – ____

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F11043 (05/07)

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## 3. TRANSFER INSTRUCTION *(Choose only one)*

**NOTE:** Money market funds must be liquidated and will be transferred as cash.

☐ **Transfer my entire account in kind.** (All liquidation requests must be made through your delivering firm by you prior to submitting a full transfer request.)

☐ **Transfer only the assets listed below in kind.** (All liquidation requests must be made through your delivering firm by you prior to submitting a partial transfer request. If you need additional space, you may copy this page to indicate your instructions.)

| Security description/Symbol/CUSIP | Number of Shares or "All" |
|---|---|
| | |
| | |
| | |
| | |
| | |

☐ **Direct Mutual Fund Company Transfers.** (All dividends/capital gains will be reinvested, unless otherwise specified. If you have requested a liquidation, your market price is not guaranteed. You will receive the current market price after your transfer request is received, reviewed, and determined to be in good order by the delivering firm. If no indication is made, all transfers will occur in kind. If you need additional space, you may copy this page to indicate your instructions. Please complete a separate transfer form for each fund family.)

| Fund Name/Symbol/CUSIP | Fund Account Number | Number of Shares or "All" | Method | |
|---|---|---|---|---|
| | | | ☐ In Kind | ☐ Liquidate |
| | | | ☐ In Kind | ☐ Liquidate |
| | | | ☐ In Kind | ☐ Liquidate |
| | | | ☐ In Kind | ☐ Liquidate |
| | | | ☐ In Kind | ☐ Liquidate |

☐ **Dividend Reinvestment Plan/Direct Registration Transfer.** (Do not complete a transfer form for physical certificates that you currently hold.) **NOTE:** Transfer agent will electronically send position or issue a certificate for whole shares and redeem fractional shares.

☐ **Bank or Credit Union Transfers for retirement accounts only.** (Check only one. We cannot request transfers of retail accounts.)

- ☐ Liquidate my CD/savings account **immediately** and transfer cash. I acknowledge there may be a penalty for my early withdrawal from my CD.
- ☐ Liquidate my CD/savings **at maturity** and transfer cash. Maturity must be within 30 days of the date the transfer was submitted.

  Specify the CD maturity date: __ __ / __ __ / __ __ __ __
  (month/day/year)

☐ **Direct Rollover Request From A Qualified Retirement Plan or 403(b) Plan** (Check only one.) Please consult with your plan administrator prior to submitting a transfer request. Your plan may require additional paperwork to be completed before the funds can be rolled over.

- ☐ I have contacted my plan administrator and submitted to my plan all the required paperwork.
- ☐ I have contacted my plan administrator and there is no additional paperwork required.



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## 4. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS

☐ **Age 70½ restrictions:** If you are over the age of 70½ you attest that the amount to be transferred will not include the required minimum distribution (RMD) for the current year pursuant to Section 401 (a) (9) of the Internal Revenue Code.

☐ **Rollover Certification of Employee:** I understand the rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this rollover transaction and will hold neither Pershing LLC nor TIAA-CREF Brokerage Services liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a rollover contribution.

**For Internal Use Only:**

**To the Prior Trustee:**

☐ Pershing LLC accepts appointment as successor custodian.

☐ Please be advised that ______________________________________ does hereby accept appointment as successor custodian.

Successor Custodian's Signature: ______________________________________________________ Date: ________________________

## 5. PARTICIPANT SIGNATURE AND CERTIFICATION

To the Delivering Firm Named Above: If this account is a qualified retirement account, I have amended the applicable plan so that it names as successor custodian the trustee listed below. Unless otherwise indicated in the instruction above, please transfer all assets in my account to Pershing without penalties, such assets may be transferred within the time frames required by NYSE Rule 412 or similar rule of the NASD or other designated examining authority.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian.

I authorize you to deduct any outstanding fees due to you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of the sale, when, and as directed to me.

I understand that upon receiving a copy of this transfer information, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my brokerage account. I understand that you will contact me with respect to the disposition of any assets in my brokerage account that are nontransferable.

✗ ____________________________________________ ________________________
Client's Signature Date

✗ ____________________________________________ ________________________
Joint Client's Signature Date

**Signature Guaranteed By:**

**Signature Guarantee obtained by TIAA-CREF**