



REQUESTING TIAA SPECIAL TRANSFER SERVICE FOR THE STATE UNIVERSITY OF NEW YORK

For account information, or to check the status of your request or any 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.

KEY STEPS AT A GLANCE

1. If you are a new employee, wait until you receive your TIAA and CREF Group Retirement Annuity contracts before returning this form to authorize transfers. Otherwise, complete this form to authorize transfers.
2. Please mail your completed form to:
TIAA
P.O. Box 1268
Charlotte, NC 28201-1268

ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT TIAA'S SPECIAL TRANSFER SERVICE

Here are answers to some frequently asked questions, which you may want to review before completing this form.

WHAT IS TIAA'S SPECIAL TRANSFER SERVICE?

Under The State University of New York's (SUNY's) Retirement Plan, you have investment choices from TIAA and authorized investment providers. If you enroll in the Special Transfer Service, TIAA will automatically make transfers from your eligible investment choices in your CREF Retirement Annuity or Group Retirement Annuity to any of the other companies.

IS THE SPECIAL TRANSFER SERVICE AVAILABLE FOR MY OTHER TIAA ANNUITIES?

No. The Special Transfer Service is only available for investment choices in the CREF Retirement Annuity and Group Retirement Annuities under the SUNY retirement program and not TIAA Group Retirement Annuities or the TIAA Supplemental Retirement Annuities under its tax-deferred annuity program.

WHAT FUNDS ARE ELIGIBLE FOR THE SPECIAL TRANSFER SERVICE?

You may request transfers from the following funds ONLY.

060 CREF Stock	064 CREF Global Equities
061 CREF Money Market	065 CREF Growth
062 CREF Social Choice	066 CREF Equity Index
063 CREF Bond Market	067 CREF Inflation-Linked Bond

WHAT AMOUNT CAN I TRANSFER?

The Special Transfer Transaction (STS) is used to transfer current contributions and associated earning to another approved alternate investment provider.

Please refer to your My TC account(s) to determine the dollar amount that you wish to transfer using the STS transaction.

IMPORTANT: The STS transaction is not intended to move amounts other than your current contributions from your CREF Fund associated with this order. If you wish to move amounts from your TIAA-CREF mutual funds or other CREF accounts, you must use the TIAA Direct Transfer Form.

DOES TIAA CHARGE FOR THESE TRANSFERS?

No. Currently there are no charges for the Special Transfer Service.





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WHEN WILL TRANSFERS BE MADE?

The effective date of your transfers will be as of the close of business on the 15th of every month. If the 15th is not a business day, the transfer will be made as of the close of the next business day.¹

After each transfer is complete, we'll send you written confirmation showing the amount transferred. Transfers also will be reported on your TIAA quarterly statements.

CAN I MAKE TRANSFERS TO MORE THAN ONE INVESTMENT COMPANY?

Yes. However, you need to complete a form for each company that you want to make transfers to because each company must complete the last section of this form.

ONCE I START TRANSFERS, CAN I STOP OR CHANGE THEM?

To stop transfers, simply call us at **800-842-2252**, weekdays, from 8 a.m. to 10 p.m. or Saturday from 9 a.m. to 6 p.m. (ET). It's best to let us know at least a week before the next scheduled transfer. If you want to change the amount or where your transfers are sent, you need to complete a new authorization.

IS THE SPECIAL TRANSFER SERVICE AVAILABLE AFTER I TERMINATE EMPLOYMENT?

No. This service is only available while The State University of New York makes contributions to your Retirement Annuities.

¹TIAA reserves the right to change the effective date and/or frequency of transfers within 60 days, advance notice. In no event, will transfers be made less frequently than monthly.





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Important: Return all of these pages. Please use a pen with dark blue or black ink and print using capital letters to provide the requested information. Each section provides instructions for completion. You must have a representative from the other company complete the last section of the form, The Other Company's Acceptance.

Please print using black or dark blue ink.

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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.

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.)

2. PROVIDE YOUR CONTRACT NUMBERS

These transfers are to be made from current contributions represented by accumulations in:

TIAA Number

CREF Number

Plan Number

Name of Employer

Campus





- The “available accumulation” includes contributions and earnings that have already been applied to your CREF investment choices under The State University of New York’s retirement plan.
- If you choose a dollar amount from a specific fund and there aren’t sufficient accumulations in that fund to meet the amount you specify, we’ll transfer the entire available accumulation from that fund.

3. REQUESTING THE AMOUNT OF YOUR MONTHLY TRANSFER

Provide the number and name of each fund and tell us the dollar amount or percentage of your available accumulation that you want to transfer each month. IMPORTANT: If you choose 100% (100 percent), all the assets in the fund associated with your Special Transfer Service transaction will be swept to the investment provider(s) that you have selected. The numbers and names are provided on the first page of Answers to Frequently Asked Questions at the beginning of this form.

Fund Number	Fund Name	Dollar Amount	Percentage
<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"/>	\$ <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"/> %

Please read, date and sign where indicated. It will become effective on the day we receive your completed form.

NOTE: Once you begin transfers, any automatic rebalancing that you set up for this accumulation will no longer be in effect.

4. YOUR AUTHORIZING SIGNATURE

By signing below, you authorize TIAA to make transfers as stated in this form to:

VALIC OR VOYA OR Fidelity Investments

(If you want transfers made to more than one company, please call us at 800-842-2252 for instructions.)

By signing below, you agree that:

- You can request transfers to stop at any time.
- Transfers will stop if the account you are transferring to is no longer offered under The State University of New York retirement plan.
- Transfers will stop when we receive notification of your death.

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.

Note: There are no FATCA code entries on this form, so please disregard item 4.

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

Please sign your full legal name with suffix, if applicable, using black or dark blue ink.

Your Signature

Today's Date (mm/dd/yyyy)

/ / 20

If you are subject to backup withholding, check this box:

If you are not a U.S. person, check this box:





5. THE OTHER COMPANY'S ACCEPTANCE

You must have a representative from the other company complete this section.

TO THE OTHER COMPANY'S REPRESENTATIVE

By signing, you agree to accept direct transfers from TIAA and to deposit the amounts in an account/ annuity set up for the participant under the employer's retirement plan. You understand that these transfers can be stopped anytime at the request of the participant. You'll enforce applicable Internal Revenue Code withdrawal restrictions on any elective deferrals or earnings on them.

Name of Company

Contact Telephone Number

Extension

Check-mailing Street Address

City

State

Zip Code

Participant's First Name

Participant's Last Name

Participant's Account Number

Authorized Signature

Today's Date (mm/dd/yyyy)

Please sign using black or dark blue ink.

Please return ALL numbered pages including any pages you did not need to complete.

RETURN COMPLETED FORM(S) TO:

FAX:

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

STANDARD MAIL:

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

OVERNIGHT:

TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

SEND US YOUR FORM ONLINE:

- Log in to your account at TIAA.org. On the main menu, under "My Account," select the "Upload documents" link.
Within the "Shared Files" tab in "Message Center," select the "Upload Files" button.

MOBILE UPLOAD:

- Log in to your TIAA app, and click on "Message Center" from the top right menu.
Click on "Shared Files."
In the bottom right corner, click on the upload icon and select the folder to upload to.
Follow the instructions to take a picture and upload your completed form.





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.

