



**METROPOLITAN WATER DISTRICT
OF SOUTHERN CALIFORNIA**

**PURCHASE SERVICE CREDIT TRANSFER
REQUEST FORM**

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.

IMPORTANT INFORMATION

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

- You must complete all sections of the form. Any incomplete sections will result in a delay of processing your request.
- Your Employer will need to sign and authorize the transfer from your plan.
- Your account will be valued as of market close on the date this form is received in good order. If your request is received after market close on a business day, your account will be valued at the close of the next business day.
- You must include the acceptance letter or a copy of the defined benefit plan certification form for plan to plan transfers and direct rollovers.
- Payment will be sent by check made payable to the defined benefit provider. You may choose to have the payment sent to you directly or directly to the provider in Section 4 of this 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.

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.)

* The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them, please reference your quarterly statement.

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number

CREF Number

Plan Number*

Sub Plan Number*

Plan Name

**Withdrawals from certain mutual funds may be subject to redemption fees.

See fund prospectus for additional information.

3. TRANSFER AMOUNT

Please provide the amount of the transfer.

☐

I would like to transfer \$ proportionately from all available investments.**
(Enter the dollar amount here and leave the specific investment section below blank).

☐

I want payment(s) made as follows

Investment Account/Fund Name

Withdrawal Amount

\$

\$

\$

\$

\$

\$

\$





4. TRANSFER DELIVERY INSTRUCTIONS

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.

☐

I would like the check made payable to the payee provided below and mailed directly to the payee using the mailing instructions provided.

Name of Defined Benefit Provider/Payee Name

Mailing Address

City

State

Zip Code

Account Number

Please read, sign and date
where indicated.

5. YOUR SIGNATURE

By signing below:

You authorize TIAA to transfer from your account balances with TIAA, as stated in this form.

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: Item 4 serves no purpose beyond required reproduction of the official Form W-9 language. 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. Digital
signatures are not
accepted. ►

Your Signature

Today's Date (mm/dd/yyyy)





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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.

6. EMPLOYER AUTHORIZATION

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)

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Plan Representative's Name *(Please print)*

Title

RETURN COMPLETED FORM TO:

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

