



NOTIFICATION OF EMPLOYMENT TERMINATION
 FROM A TAX-EXEMPT 457(b) DEFERRED COMPENSATION PLAN OF
 A PRIVATE EMPLOYER

Complete this form to notify TIAA of an employee's separation from service in your tax-exempt, nongovernmental, 457(b) deferred compensation plan. If notification is received at TIAA prior to the expiration of the election period as defined in your plan, TIAA will administer the election process directly with the employee. If notification is received after the expiration of the election period, TIAA will follow the default distribution procedures of your plan.

IMPORTANT


As soon as your employee stops working, please complete and fax or mail this form following the directions below.

Please print using black or dark blue ink.

1. PROVIDE EMPLOYEE ACCOUNT INFORMATION

First Name			Middle Initial	
Last Name			Suffix	
Title				
Social Security Number	Employment Termination Date (mm/dd/yyyy)			
		20		
Plan Number	TIAA Account Number	CREF Contract Number		

If you have any questions, call your assigned Relationship Manager, Client Services Manager or our Administrator Telephone Center at **888-842-7782**. Representatives are available weekdays from 8 a.m. to 8 p.m. (ET).

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

2. PLAN REPRESENTATIVE AUTHORIZATION

I authorize TIAA to start the distribution election process for the participant of the tax-exempt 457(b) Deferred Compensation Plan listed above.

Name			
Title			
Contact Telephone Number	Extension	Email Address	
Institution Name			
Authorized Signature	Today's Date (mm/dd/yyyy)		
	20		

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

