

**INTERPROVIDER PLAN-TO-PLAN TRANSFER REQUEST  
TENNESSEE BOARD OF REGENTS  
403(B) RETIREMENT PLAN**



Refer to Instructions. Please type or print clearly in dark ink. KEEP A COPY OF THIS REQUEST FOR YOUR RECORDS.

**INSTRUCTIONS**

1. Verify or complete the Participant Information.
2. Complete the Transfer Election and Instructions section.
  - Choose and complete Section A to transfer amounts to your Plan account with Voya Financial®.
  - Choose and complete Section B to transfer amounts to your Plan account with TIAA.
3. Sign and date the form in the Participant Certification section. Make a copy for your records.

**PARTICIPANT INFORMATION**

Name *(last, first, middle initial)* \_\_\_\_\_ SSN *(Required)* \_\_\_\_\_

**TRANSFER ELECTION AND INSTRUCTIONS**

A.  **To Voya** **From (Check one.)** **Transfer**  
**Plan No. 664102**  TIAA No. \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **OR** \_\_\_\_\_ %  
**TBR 403(B)**  CREF No. \_\_\_\_\_ **Investment Option Name(s)**  
 VALIC ID# \_\_\_\_\_

*(For transfers from TIAA, indicate the investment option(s) to be transferred if a dollar amount or a percentage less than 100% is selected).*

**Transfer Mode (Check one.)**

**Check** Make payable and mail to:  
Voya Institutional Trust Company  
FBO \_\_\_\_\_  
*(Plan #, Participant SSN & Name)*  
PO Box 3015  
New York, NY 10116-3015

**Wire** Send wire transfer to:  
Wells Fargo Bank, N.A.  
ABA Number: 121000248  
Bank Account Number: 2087300443964  
Voya Institutional Trust Company  
Gov't and Health Account  
Ref# \_\_\_\_\_  
*(Plan #, Participant SSN & Name)*

**Express Mail (for checks)**

JP Morgan Chase  
**Payee:** Voya Institutional Trust Company  
Attn: Lockbox 3015  
4 Chase Metrotech Center, 7th Floor East  
Brooklyn, NY 11245

**Special Instructions** \_\_\_\_\_

B.  **To TIAA** **From (Check one.)** **Transfer**  
**No.** \_\_\_\_\_  Voya Plan No. \_\_\_\_\_ **Amount \$** \_\_\_\_\_ **OR** \_\_\_\_\_ %  
**TIAA:**  Voya Plan No. VF \_\_\_\_\_  
**INCXFRFRM/TA TDI**  VALIC ID# \_\_\_\_\_

**Transfer Mode**

Make check payable and mail to:  
TIAA  
FBO \_\_\_\_\_  
*(First and Last Name)*

**Express Mail (for checks)**

TIAA  
Attn: Imaging Services  
8500 Andrew Carnegie Boulevard  
Charlotte, NC 28262

SSN \_\_\_\_\_  
TIAA Contract \_\_\_\_\_  
CREF Contract \_\_\_\_\_  
PO Box 532248  
Atlanta, GA 30353-2248

Special Instructions \_\_\_\_\_

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## PARTICIPANT CERTIFICATION

I have read and understand this form, and certify that the information contained here correctly reflects my intended transfer request. I acknowledge that any balances I am exchanging from a 403(b)(1) annuity into a 403(b)(7) custodial account may be subject to more restrictive withdrawal provisions.

If this transfer will result in a total surrender of my VALIC account, I have attached my Contract/Certificate to this form or, alternatively, I certify that my Contract/Certificate has been lost or destroyed. I agree to indemnify VALIC against any claims that may be asserted on the basis of the Contract/Certificate being found and presented for payment.

If this request will result in a transfer to TIAA-CREF, I direct TIAA-CREF to treat all monies as pretax contributions made after 12/31/88 unless the investment provider identified above provides TIAA-CREF with account balances as of 12/31/88 and post-1988 salary reduction contributions. I direct TIAA-CREF to treat the entire balance as subject to minimum distribution requirements unless the investment provider identified above provides TIAA-CREF with account balances as of 12/31/86. All funds will be applied to the current allocation on file.

Participant Name *(Please print.)* \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date *(mm/dd/yyyy)* \_\_\_\_\_

**Mail or Fax the completed Interprovider Transfer Request to *BOTH* the Transferring and Receiving Investment Provider at the address shown.**

Voya Retirement Insurance and Annuity Company  
PO Box 990063  
Hartford, CT 06199-0063  
Fax: 800-643-8143

TIAA  
PO Box 1260  
Charlotte, NC 28201-1260  
Fax: 800-914-8922

VALIC Document Control  
PO Box 15648  
Amarillo, TX 79103  
Fax: 877-202-0187

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## UNDERSTANDING THE PURPOSE OF THIS FORM

This form is to be used by a Participant in the **Tennessee Board of Regents 403(b) Retirement Plan** (Plan) to transfer plan account balances between investment providers under the Plan.

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## GOOD ORDER

Good order is receipt at the designated location of this form accurately and entirely completed, and includes all necessary signatures. If this form is not received in good order, as determined by the investment provider, it may be returned to you for correction and processed upon re-submission in good order at the designated location.

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## TERMS AND CONDITIONS

1. You must be enrolled with the provider to receive the transfer amount prior to submitting this request.
2. For purposes of calculating the amount to be transferred, the value of the participant account will be determined after the final close of business of the New York Stock Exchange (NYSE) on the date the transfer occurs. A valuation date is any normal business day, Monday through Friday that the NYSE is open.
3. Unless otherwise indicated by you, the amount of your transfer request will be either invested according to your current investment allocations or withdrawn from your account on a pro rata basis from all investment options on the date this request is received in good order.
4. If you wish to reallocate the amount deposited to your Plan account, contact the receiving investment provider after the transfer has been processed.
5. An interprovider transfer is not subject to federal or state tax withholding or reporting. You will not receive a 1099R.
6. You will not be able to withdraw the transferred amount until you are eligible for a distribution under the Plan. When the amount is subsequently distributed, a surrender fee and/or market value adjustment may apply.

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**TERMS AND CONDITIONS** *(Continued)*

7. When requesting a transfer, the transferring investment provider is not responsible for the application of transferred amounts by the receiving investment provider. Please make all necessary arrangements with the receiving provider, including the completion of required paperwork, **before** requesting this transfer. If your transfer is returned by the receiving investment provider, the transferring investment provider will credit your Plan account on the date such amount is received. The transferring investment provider is not responsible for any lost investment opportunities that may result from failed transfers.
8. If you receive investment income, such as dividends, return of capital or a capital gains distribution to an ORP Plan account after you have requested a full transfer from it, the trailing investment income may transfer to the receiving provider or be paid to you at the discretion of the transferring investment provider.
9. If you choose to have your check sent via express mail or the assets wire transferred, a fee may apply from the transferring provider. Please inquire with the transferring provider for the cost associated for this service and any additional information you may need to provide (e.g., credit card information).
10. For your protection, some states and the District of Columbia require a warning against fraud to appear on this form. These states, including but not limited to Alaska, Arizona, Arkansas, California, Delaware, Indiana, Kentucky, Louisiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Tennessee and Virginia require a warning substantially similar to the following. People who file applications for insurance or statements of claim commit a fraudulent insurance act if they knowingly do so with intent to injure, defraud or deceive any insurance company or another person; and/or knowingly include in their application or statement of claim any materially false or misleading information; and/or knowingly conceal information, for the purpose of misleading, concerning any fact material to the application or claim. A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages. New York residents, please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any 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 shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation. Arizona residents, please note: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties. Colorado residents, please note: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. 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. Florida residents, please note: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree. New Jersey residents, please note: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.