

If this refund is not a Mistake of Fact and is due to a plan error that should be corrected through other permissible correction principles like the Employee Plans Compliance Resolution System (EPCRS), please use the Plan Sponsor Refund Request form.

This form should be used by the plan administrator of a 403(b) or 401(a)/(k) plan to request a Mistake of Fact refund due to the correction of arithmetic or clerical errors on contributions made to a participant account within one year of occurrence. *As per IRS Revenue Ruling 91-4, the type of error that is considered to be a Mistake of Fact is intended to be narrowly interpreted and should be rare.*

For tax purposes, a Mistake of Fact contribution that is returned to the institution or the forfeiture/suspense account will be treated as if the contribution was never made, and no Form 1099-R will be generated. The maximum that may be returned is the amount contributed in error. Earnings on the mistaken amount may not be returned to the institution and any losses will reduce the amount returned.

A Mistake of Fact contribution must be returned within one year of the mistaken payment of contribution. If the request is after the one year time frame, it is no longer considered Mistake of Fact and should be corrected through other permissible correction principles like EPCRS. *If over one year, use the Plan Sponsor Refund Request form; select the 'Other' type of refund, explain the error and correction method. Please consult with your legal counsel to determine the appropriate correction method. TIAA cannot provide legal or tax advice.*

Provide all information requested, and if you are completing the paper form, print in upper case using black or dark blue ink.

INCOMPLETE FORMS OR THOSE NOT COMPLETED PROPERLY WILL BE CONSIDERED "NOT IN GOOD ORDER," WHICH MEANS TIAA CANNOT PROCESS THE REQUEST AND REQUIRES A NEW REQUEST BE SUBMITTED.





QUESTIONS: Call your TIAA representative or the Administrator Telephone Center at 888-842-7782.

1. PROVIDE INSTITUTION INFORMATION

Employer Name

Campus/Location (if applicable)

Plan Sponsor's Name

Plan Sponsor's Email Address

Plan Sponsor's Telephone Number Extension

2. PLAN INFORMATION

Please provide plan information that contributions should be removed from.

Plan Number

Plan Name

Type of Plan (Choose one)

 401(a) 403(b) 401(k)

*See last page for format and instructions for submitting multiple participant data.

3. PARTICIPANT INFORMATION

Single Participant — Fill out the information below Multiple Participants*

Participant's First Name

Middle Initial

Participant's Last Name

Social Security Number

Contract Number (from which contribution(s) should be removed)

Total Refund

\$

NOTE: Enter the Social Security Number and the Contract Number for the request. If you need assistance in locating the Contract Number, please contact your TIAA representative or the Administrator Telephone Center.



4. PLAN SPONSOR REFUND INSTRUCTIONS TO TIAA (CHOOSE ONLY ONE)

The principal should be:

Returned to the institution

OR

Applied to the plan's forfeiture/suspense account

Note: The employer may not receive earnings on the mistaken amount directly.

5. CONTRIBUTION SOURCES

Provide the dollar amount, payroll date(s)/trade date(s) or indicate LIFO (last in, first out) for each contribution source. Please provide the information for at least one contribution source.

Breakdown of source(s) from which funds are to be removed:

*If no payroll dates are indicated, TIAA will use the Last In, First Out (LIFO) method and take the refund amount from the last contribution amounts received.

Contribution Source(s)	Dollar Amount	Payroll Dates/Trade Dates	LIFO*
<input type="checkbox"/> Employee pretax	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Employee pretax mandatory	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Employee pretax matched	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Roth 401(k) or Roth 403(b)	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Employee after tax	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Employer	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="checkbox"/> Employer Match	\$ <input type="text"/>	<input type="text"/>	<input type="checkbox"/>



6. REFUND MAILING INSTRUCTIONS

Institution-directed refunds will be sent to the plan contact and address reflected in TIAA's system and distributed by the method reflected in TIAA's system (check or EFT). For institutions using the decentralized model setup, the proceeds and communication will be directed to the applicable plan-level or campus-level contact reflected in TIAA's systems.

7. MISTAKE OF FACT CERTIFICATION

Please read carefully before signing. The form will not be accepted unless it is signed and dated by the plan sponsor or employer's designee.

I hereby direct TIAA to return the contribution(s) as requested on this form. The employer certifies that the contribution(s) was made to the plan by reason of Mistake of Fact as defined by the IRS, the IRC, and its applicable guidance and regulations.

The employer acknowledges that Mistake of Fact refunds must occur within 12 months of the mistaken contribution, the net amount requested cannot exceed the amount contributed to the plan, and any losses attributable to the Mistake of Fact contribution will reduce the amount to be returned.

To the extent permitted by law, the employer agrees to indemnify and hold harmless TIAA and its affiliates and subsidiaries from and against any and all damages, losses, liabilities, costs, and expenses it may incur or be required to pay as a result of following the directions above.

Please sign in black or dark blue ink. Digital signatures, such as signing with Adobe Acrobat, are not accepted. ▶

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20

Please do not address the envelope or fax to a specific TIAA representative or employee. This will delay the processing of your request.

RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

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

OVERNIGHT:

TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

FAX:

800-842-5916

MULTIPLE PARTICIPANTS: DATA FORMAT AND INSTRUCTIONS

When requesting a refund for multiple participants from the same plan, mark the checkbox for Multiple Participants in Section 3. Please use the format below to provide information for each participant that requires a Mistake of Fact correction and enter only one datum per field. If you are submitting multiple entries for the same participant, you must include a separate line for each entry. Attach the printed/ scanned spreadsheet with the required data elements and mail or fax to TIAA with the Mistake of Fact form. Using the appropriate format will avoid any delays in processing.

Plan Number	Social Security Number	Participant Name	Contract Number	Pay/Obligation Date	Source	Dollar Amount
123456	123-45-6789	John A. Doe	A123456-7	1/1/2018	Employer	\$50.00

