



NEED HELP? Call TIAA at
800-842-2252 weekdays,
8 a.m.-10 p.m. (ET).

IMPORTANT INFORMATION

Use this form to update existing or designate new beneficiary(ies) on your TIAA retirement plan. For changes to other product or account types, please visit us at [TIAA.org](https://www.tiaa.org) or call us.

Did you know that incomplete information can make it difficult for us to find your beneficiaries?

To help ensure that your beneficiaries receive their survivor benefits, it's important that we have complete information on file to locate them at all times. This includes each beneficiary's name, address, telephone number, email address, date of birth, Social Security Number or Taxpayer Identification Number and relationship to you and the portion of the benefits to which they are entitled. If you haven't already done so, please update your beneficiary designation with all of this information as soon as possible. And, we also recommend that you review and update your beneficiary information periodically to make sure it continues to be accurate.

To update or change your beneficiary designation, please visit us online at



Please contact your human resources administrator for any special employer rules.

IMPORTANT INFORMATION (CONTINUED)

How to waive a death benefit?

If you are married and want to name someone other than your spouse as beneficiary of your retirement account, your spouse must agree to your beneficiary designation. He or she may consent to your designation by completing the Additional Requirement Based on Marital Status section of this form. A Notary Public or Plan Representative must witness your spouse signing and dating his or her consent.

Please consult with your Plan Representative for more information.



Please print using black ink and provide all information requested.

To help avoid incorrect interpretation or delays, please be sure that all handwritten information is legible.

1. PROVIDE YOUR INFORMATION

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Suffix	
<input type="text"/>	<input type="text"/>	
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Telephone Number	Extension	
<input type="text"/>	<input type="text"/>	
Email Address		
<input type="text"/>		

Check the first box if you want the same beneficiary designation(s) for all your applicable TIAA and CREF annuity contracts. Check the second box only if you want the beneficiary designation applied to specific contracts.

2. APPLICABLE CONTRACTS AND/OR ACCOUNTS

This beneficiary designation applies to:

ALL my active TIAA and CREF pension, annuity and IRA contracts

OR

ONLY my TIAA or CREF pension, annuity or IRA contract set(s) indicated below:

TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>
TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>
TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>
TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>
TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>

Designations can only be at the contract and/or account level. Plan-based designations are not acceptable.

NOTE: If you wish to make changes to other products you hold at TIAA, please visit us at TIAA.org or call us.



If you have more than one primary beneficiary, benefits will be divided equally among the living beneficiaries unless you specify the percentages. The percentages for all of the primary beneficiaries must total 100%.

* TIAA cannot accept a 'Will' as a designation. For acceptable Trust designations, see BENEFICIARY PROVISIONS #4 at the end of this form.

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3. First Name Middle Initial

Last Name Percentage %

Relationship Payments made to this deceased beneficiary's children**

Address City

State Zip Code Email Address

Contact Telephone Number Country Gender





CHECKLIST

Remember to:

Provide all the personal information requested and choose your beneficiaries.

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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, D.C., 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.

