



## DIRECT DEPOSIT AUTHORIZATION

Page 1 of 2

Please print using black or dark blue ink.

Please provide all of the requested information. If you need help with this form or locating your TIAA and/or your CREF contract number(s):

Call 800-842-2252

Monday — Friday

8 a.m. — 10 p.m. (ET)

Saturday

9 a.m. — 6 p.m. (ET)

### 1. PROVIDE YOUR INFORMATION

First Name

Middle Initial

Last Name

Suffix

Social Security Number/

Taxpayer Identification Number

(Enter the last 4 digits of your SSN or TIN)

Contact Telephone Number

Extension

State of Legal Residence

(if outside the U.S., write in Country of Residence)

Citizenship (if not U.S.)

### 2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number

CREF Number

TIAA Number

CREF Number

TIAA Number

CREF Number

TIAA Number

CREF Number

TIAA Number

CREF Number

TIAA Number

CREF Number

TIAA Number

CREF Number

TIAA Number

CREF Number

TAIHD;  
TATTD0/OPYMNTTPA (TPA);  
TAMSZ/OPYMNTMDO (MDO);  
TA\_CKC/OPYMNTSWT (SWAT);  
TAPTDC/OPYMNTIRO (IPRO)  
F11182 (2/16)





## DIRECT DEPOSIT AUTHORIZATION

Page 2 of 2

When you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

You may fax copies of forms and documents if you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must mail original documents (not faxed copies) with this form.

The address listed on the check or bank letter must match your current address on file at TIAA.

### 3. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

☐ Direct Deposit to my bank account already on file:

Bank Name:

Account Number ending in:

☐ Direct Deposit to my new Checking or Savings Account:

☐ Checking Account

OR

☐ Savings Account


Provide documentation described in item A or B below.

A. Mail an original voided check with this form. Starter checks, deposit slips and third-party checks are not acceptable.

OR

B. Mail a letter from your bank with the following information:

- On bank letterhead
- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Account type (Personal checking account or personal savings account)
- Signature of the financial institution's representative. This signature must either be notarized by the financial institution's notary; or, it must be a signature guarantee including the stamp or seal from the financial institution's authorized representative.

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

### 4. SIGNATURE

I authorize TIAA to deposit payments to my account at the bank named above. I also authorize that bank to charge my account and to refund any overpayments to TIAA. My bank is released from any liability to TIAA for overpayments above the amount of funds available in my account at the time TIAA requests a refund.

Your Signature

Today's Date (mm/dd/yyyy)

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TAIHD;  
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If you chose Direct Deposit to your **new** Checking or Savings Account, you must mail your original documents and this completed form.

### RETURN COMPLETED FORM(S) TO:

#### NEW BANK ACCOUNT

If this is your FIRST or NEW Direct Deposit to the bank account listed, INCLUDE VOIDED CHECK:

##### STANDARD MAIL:

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

##### OVERNIGHT:

TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

#### EXISTING BANK ACCOUNT

For Direct Deposit to a bank account we have PREVIOUSLY sent a Direct Deposit 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

#### ONLINE:

- Log in to your account at [tiaa.org](http://tiaa.org). On the top most menu, next to "Profile & Settings," select "Messages."
- Within the "Shared Files" tab in "Message Center," select the "Upload Files" button.

#### MOBILE UPLOAD:

- Log in to your TIAA app, and click on "Upload documents" from the menu.
- Follow the instructions to take a picture and upload your completed form.

### CHECKLIST

Did you remember to:

- ☐ Complete all necessary personal information.
- ☐ If you chose direct deposit to a **NEW** checking or savings account, include an original voided check or original bank letter with the completed forms package. **(We cannot accept faxed copies, online uploads or mobile uploads.)** **NOTE:** You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.
- ☐ Sign and date this form.
- ☐ Call TIAA if you have any questions or need assistance at **800-842-2252**.

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## DIRECT DEPOSIT AUTHORIZATION

### 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, DC 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.

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