

QUESTIONS?

For account information or any questions:

Call **800 842-2776**

Monday – Friday
8 a.m. – 10 p.m. (ET)

Saturday
9 a.m. – 6 p.m. (ET)

Or visit us online at tiaa-cref.org 24 hours a day.
Have your user ID and password ready.

HELPFUL HINT:

To complete this process faster just go to tiaa-cref.org. You'll need your user ID and password.

Note: You cannot designate beneficiaries online if you name an irrevocable beneficiary.

WHEN DO I USE THIS FORM?

Use this form to tell us who you want to be the beneficiary of the balances in your TIAA-CREF accounts. You can change your beneficiaries at any time by completing this form.

A beneficiary can be an individual, an institution, a trust, or your estate. (Naming an estate can limit the options available to your heirs. Please call us before choosing this option.) Beneficiaries can also be the children of the beneficiaries that you list on this form. You can choose primary beneficiaries and contingent beneficiaries. Your primary beneficiaries receive benefits when you die. If no primary beneficiary is living, the benefits become payable to your contingent beneficiaries. If none of the beneficiaries are living at the time of your death, the benefits go to your estate.

YOUR CHECKLIST

- ☐ Provide all the personal information requested and choose your beneficiaries.
- ☐ Remember to sign and date this form in Section 4.
- ☐ Complete the “Additional Requirements Based on Marital Status” section. If you are single, complete section 5A; if you are married and have not designated your spouse as a primary beneficiary of at least 50% of the benefit, or the percentage required by your plan, your spouse must complete Section 5B in front of a notary public or your contributing employer’s plan representative. **NOTE:** Under federal law, if you are under age 35, you cannot complete a Spousal Waiver (Section 5B) unless your plan provides otherwise. Even if your plan does allow you to complete a Spousal Waiver, you must complete **another** Spousal Waiver once you reach age 35. We will notify you at that time.
- ☐ If applicable, attach a signed and dated page to list special provisions for passing on benefits to children of a deceased beneficiary. Label the provision “Payment to children of a deceased beneficiary” and specify if it applies to a primary or contingent beneficiary.

If it applies to a primary beneficiary:

If your primary beneficiary is also deceased at your death, the benefits will instead be paid to his or her children. Your contingent beneficiaries would receive benefits only if your primary beneficiary and his or her children have also died.

If it applies to a contingent beneficiary:

If your primary beneficiary is not living at your death, benefits will be payable to your contingent beneficiaries. If a contingent beneficiary of yours is also deceased at the time of your death, this individual’s children would share those benefits equally.

- ☐ Mail all pages of your completed form to: **TIAA-CREF, P.O. Box 1259, Charlotte, NC 28201.** (Sorry, we can’t accept faxed forms.)

KEY INFORMATION TO CONSIDER

- You can use this form to name beneficiaries for funds in TIAA-CREF retirement accounts. These include: Group Retirement Annuities, Group Supplemental Retirement Annuities, Individual Retirement Annuities, Keogh Annuities, Minimum Distribution Option, Qualified Voluntary Employee Contribution (QVEC), Retirement Annuities, Retirement Choice, Retirement Choice Plus, Savings and Investment Plan Annuities, Supplemental Retirement Annuities, and Transfer Payout Annuities.

For all other types of contracts not listed here, call us at 800 842-2776 for the correct beneficiary designation forms.

Print in upper case using black or dark blue ink and provide all information requested.

1. PROVIDE PERSONAL INFORMATION

First Name			Middle Initial		
Last Name					
Social Security Number		—		—	
Date of Birth (mm/dd/yyyy)		/		/	
Daytime Telephone Number		—		—	
Extension					

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

2. ANNUITY CONTRACT NUMBERS (CHOOSE ONE)

☐ **A. This beneficiary designation applies to ALL the TIAA-CREF annuity contracts I currently have that are referenced by contract type on the cover page of this form. (If you select this box, do not list any numbers below.)**

OR

☐ **B. This beneficiary designation applies ONLY to my TIAA-CREF annuity contract and/or certificate numbers indicated below.**

(Please list your applicable TIAA and CREF numbers that correspond with the contract types listed on the cover page of this form.)

TIAA Contract Numbers

CREF Certificate Numbers

A beneficiary can be an individual, an institution, a trust, or your estate. Your primary beneficiaries receive benefits after your death. If no primary beneficiary is living, the benefits become payable to your contingent beneficiaries. If none of the beneficiaries are living at the time of your death, the benefits go to your estate.

3. CHOOSE YOUR BENEFICIARIES

Tell us who should receive your account balance after your death.

☐ **Check this box and attach a signed and dated page, to list additional primary and/or contingent beneficiaries, a trust, or to provide additional instructions.**

PRIMARY BENEFICIARIES

1. First Name			Middle Initial		
Last Name					
Social Security Number/Tax Identification Number		—		—	
Date of Birth (mm/dd/yyyy)		/		/	
Percentage			Relationship		
Gender					

CONTINUED ON NEXT PAGE

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

3. CHOOSE YOUR BENEFICIARIES (CONTINUED)

PRIMARY BENEFICIARIES

2. First Name		Middle Initial
<input type="text"/>		<input type="text"/>
Last Name		
<input type="text"/>		
Social Security Number/Tax Identification Number	Date of Birth (mm/dd/yyyy)	
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Percentage	Relationship	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M

CONTINGENT BENEFICIARIES

1. First Name		Middle Initial
<input type="text"/>		<input type="text"/>
Last Name		
<input type="text"/>		
Social Security Number/Tax Identification Number	Date of Birth (mm/dd/yyyy)	
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Percentage	Relationship	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M
2. First Name		Middle Initial
<input type="text"/>		<input type="text"/>
Last Name		
<input type="text"/>		
Social Security Number/Tax Identification Number	Date of Birth (mm/dd/yyyy)	
<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	
Percentage	Relationship	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M

Please provide your
signature and the date.

4. SIGN YOUR FORM

I, the undersigned, agree that:

- All prior beneficiary designations and methods of payment requested for the annuities indicated on this "Designating Beneficiaries" form will be revoked, and any benefits due by reason of my death will be payable to the beneficiary(ies) named on this form.
- I understand that this form is subject to all of the terms and conditions of the annuities and as described in the cover page provided with this form.
- I request that any provision that requires the annuities to be submitted for endorsement of this change be waived.
- I reserve the right to make further changes to my beneficiary designations. However, if I previously named an irrevocable beneficiary for any benefits, I will need to obtain a consent or release from the beneficiary before a change can be made.
- I understand that if I elect to have this designation apply to all my referenced annuities, it will apply **ONLY** to those issued as of the date this form is accepted by TIAA-CREF.
- I understand that if any or all of my accumulation for which this designation applies is attributable to contributions under a retirement or tax-deferred annuity plan subject to the Employee Retirement Income Security Act (ERISA) of 1974, as amended, and I have been credited with an hour of service or paid leave under the plan after August 22, 1984 or as provided for by the terms of my non-ERISA-governed retirement plan, then my right to exclude naming my spouse as a primary beneficiary for at least 50% of these death benefits (or the required amount, if greater) is subject to my spouse's consent.

Your Signature

Date (mm/dd/yyyy)

 / /

Your spouse has the right to receive a survivor benefit of a least 50% of your account balance if your employer's retirement plan is subject to the Employee Retirement Income Security Act (ERISA). If the plan is not subject to ERISA, your spouse is entitled to the percentage specified by the plan. Therefore, your spouse must consent to give up, or waive, this right if you choose to name someone else as the beneficiary for more than 50% (or the amount specified by the plan) of your account balance.

5. ADDITIONAL REQUIREMENTS BASED ON MARITAL STATUS

5A. IF YOU ARE SINGLE, COMPLETE THIS SECTION

Check the box if you are not married.

☐ I am not married.

5B. IF YOU ARE MARRIED

This section does **not** need to be completed if you are single or you named your spouse as primary beneficiary for at least 50% of the death benefit.

The date of your spouse's signature must be the same or later than the date you sign section 4.

Consent by Spouse (Must Be Witnessed)

With this consent I am voluntarily and irrevocably giving up my right to a qualified preretirement survivor death benefit. I recognize that any preretirement death benefit payable under these annuities or the mutual funds will be paid to the beneficiaries as described in this form.

Signature of Spouse

Date (mm/dd/yyyy)

 / /

Social Security Number

 — —

Spouse's Date of Birth (mm/dd/yyyy)

 / /

Signature of Notary Public or Employer Plan Representative

Date (mm/dd/yyyy)

 / /