



Financial Services

BENEFICIARY DESIGNATION FORM

QUESTIONS?

For account information or any questions:

Call **800 842-2252**

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.

IMPORTANT INFORMATION

Use this form to update existing or to designate new beneficiary(ies) on your TIAA-CREF pension annuities and/or IRA accounts. For changes to other product or account types, please visit us at tiaa-cref.org or call us at **800 842-2252**.

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, 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 www.tiaa-cref.org/profile or complete this Designation of Beneficiary form and mail back to us. To obtain a form, visit our website at www.tiaa-cref.org/beneficiary, or call us at **800 842-2252**.

Selecting a Beneficiary

A beneficiary can be an individual, an institution, an organization, a testamentary trust, or your estate. (Naming an estate may limit options available to your heirs. Please consult with an attorney prior to naming your estate or trust.) Beneficiaries can also be the children of the beneficiaries that you designate on this form. You can choose primary and contingent beneficiaries. Your primary beneficiary(ies) receives benefits at the time of your death. If a class includes more than one person, the benefits are paid proportionately among the living beneficiaries of the class unless you specify otherwise. If there are no living primary beneficiaries at the time of your death and you did not select the child provision option, the benefits will become payable to your contingent beneficiary(ies). If none of the beneficiaries are living at the time of your death, we will pay your Estate.

Spousal Rights to Annuity Death Benefits

If you live in a community or marital property state and have designated someone other than your spouse as more than 50% primary beneficiary, you need to consult your tax advisor regarding the effect that may have on your beneficiary designation. Community and marital property states include, but are not limited to: AZ, CA, ID, LA, NV, NM, TX, WA and WI.

Federal pension law (ERISA) and certain Plan and State provisions mandate:

If you are married at the time of your death, your spouse is entitled to receive, as primary beneficiary, at least 50%, could be up to 100%, of your qualified preretirement survivor annuity death benefits under a retirement or tax-deferred annuity plan covered by any of the following: ERISA or your plan's spousal policy. If you name someone other than your spouse as primary beneficiary of those qualified preretirement survivor annuity death benefits, then we will be obligated to pay your spouse **regardless of your beneficiary designation in effect at the time of your death**. The remainder will be payable in proportion of the amounts allocated to the other beneficiary(ies) listed as primary.





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

IMPORTANT INFORMATION (CONTINUED)

How to waive a preretirement survivor death benefit?

Please consult with your Plan Representative for more information.

If you are married and want to name someone other than your spouse as beneficiary for more than 50% of your retirement account (or a higher amount, if required by your employer's plan), 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. Under federal law, if you are under 35, your spouse cannot provide consent unless it is permitted by your plan. And, even if your plan allows this, your spouse must consent to the beneficiary designation again when you turn age 35.

If your spouse does not sign the Additional Requirement Based on Marital Status section when you complete this form, we will update your beneficiary designation as requested. However, at the time of your death, we will advise your spouse about the legal right to his or her portion of your retirement account. Your spouse will have the option to either claim this inheritance or give up his or her rights to this amount.





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Print in upper case using black or dark blue 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

First Name

Middle Initial

Last Name

Suffix

Social Security Number/
Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

Address

City

State

Zip Code

Contact Telephone Number

Extension

Email Address

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

2. APPLICABLE CONTRACTS

This beneficiary designation applies to:

☐

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

OR

☐

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

TIAA Number

CREF Number

TIAA Number

CREF Number

TIAA Number

CREF Number

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

NOTE: If you wish to make changes to other products you hold at TIAA-CREF, please visit us at tiaa-cref.org or call us at 800 842-2252.



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%.

*TIAA cannot accept a 'Will' as a designation. Testamentary trusts are acceptable if we are provided with the "Will" creation date of which the Testamentary trust will be issued.

**If you check 'payment to my deceased beneficiary's children' and the named beneficiary predeceases you, the monies which would have been paid to that beneficiary will be divided proportionately among his/her children (if any). If there are no living children for that beneficiary their portion will be paid proportionately to the remaining primary beneficiaries in this class. In the Event there are no primary beneficiaries or their children to pay at the time of your death, we will pay who you select under Contingent beneficiary section #4. If you do not select a Contingent beneficiary, we will pay your Estate.

See Provisions at end of this form.

NOTE: Upon death, we will pay the benefits based on your instructions, please make sure that they are in accord with the guidance which is provided throughout this document.

3. CHOOSING YOUR PRIMARY BENEFICIARY

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

1. First Name

Middle Initial

Last Name

Percentage

 %

Relationship

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

Address

City

State

Zip Code

Contact Telephone Number

Country

Gender

☐ F ☐ M

Social Security Number/
Taxpayer Identification Number

Date of Birth/Date of Trust/
Issue Date of Will* (mm/dd/yyyy)

 / /

2. First Name

Middle Initial

Last Name

Percentage

 %

Relationship

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

Address

City

State

Zip Code

Contact Telephone Number

Country

Gender

☐ F ☐ M

Social Security Number/
Taxpayer Identification Number

Date of Birth/Date of Trust/
Issue Date of Will* (mm/dd/yyyy)

 / /


3. CHOOSING YOUR PRIMARY BENEFICIARY (CONTINUED)

3. First Name		Middle Initial
<input type="text"/>		<input type="text"/>
Last Name		Percentage
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
Relationship		
<input type="text"/>		<input type="checkbox"/> Payments made to this deceased beneficiary's children**
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Telephone Number	Country	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

4. First Name		Middle Initial
<input type="text"/>		<input type="text"/>
Last Name		Percentage
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %
Relationship		
<input type="text"/>		<input type="checkbox"/> Payments made to this deceased beneficiary's children**
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Telephone Number	Country	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)	
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	

☐ Check this box and attach a signed letter, to list additional primary and/or contingent beneficiaries, a trust, or to provide additional instructions. Please include your contract numbers.



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

*TIAA cannot accept a 'Will' as a designation. Testamentary trusts are acceptable if we are provided with the "Will" creation date of which the Testamentary trust will be issued.

**If you check 'payment to my deceased beneficiary's children' and the named beneficiary predeceases you, the monies which would have been paid to that beneficiary will be divided proportionately among his/her children (if any). If there are no living children for that beneficiary their portion will be paid proportionately to the remaining beneficiaries in that class. In the event there are no other beneficiaries, we will pay your Estate.

4. CHOOSING YOUR CONTINGENT BENEFICIARIES

Tell us who should receive your account balance ONLY if the following occurs:

- If all Primary beneficiary(ies) predecease you, and
- The children of the Primary beneficiary(ies) predecease you - if that option was selected.

1. First Name		Middle Initial	
<input type="text"/>		<input type="text"/>	
Last Name		Percentage	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %	
Relationship		<input type="checkbox"/> Payments made to this deceased beneficiary's children**	
<input type="text"/>			
Address			
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Telephone Number	Country	Gender	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M	
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
2. First Name		Middle Initial	
<input type="text"/>		<input type="text"/>	
Last Name		Percentage	
<input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> %	
Relationship		<input type="checkbox"/> Payments made to this deceased beneficiary's children**	
<input type="text"/>			
Address			
<input type="text"/>			
City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Contact Telephone Number	Country	Gender	
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M	
Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will* (mm/dd/yyyy)		
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		



4. CHOOSING YOUR CONTINGENT BENEFICIARIES (CONTINUED)

3. First Name Middle Initial

Last Name Percentage %

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

Address

City State Zip Code

Contact Telephone Number Country Gender ☐ F ☐ M

Social Security Number/
Taxpayer Identification Number Date of Birth/Date of Trust/
Issue Date of Will* (mm/dd/yyyy) / /

4. First Name Middle Initial

Last Name Percentage %

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

Address

City State Zip Code

Contact Telephone Number Country Gender ☐ F ☐ M

Social Security Number/
Taxpayer Identification Number Date of Birth/Date of Trust/
Issue Date of Will* (mm/dd/yyyy) / /



5. YOUR SIGNATURE

I, the undersigned, agree that:

- I understand that this form is subject to all of the terms and conditions of the pension, annuity and IRA contracts as described in Section 3.
- I reserve the right to make further changes to my beneficiary designations.
- If you named an irrevocable beneficiary, your annuity partner will be unable to change the designation at any time.
- I understand that if I elect to have this designation apply to all of my referenced accounts, it will apply **ONLY** to those active 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 subject to Spousal Consent under plan or ERISA rules, my spouse must complete the spousal consent section of this form.
- I understand that if I elect 'payment to my deceased beneficiary's children' that I agree with TIAA's interpretation of how the benefits at my death will be paid as outlined in this form.
- I understand and agree to the changes and updates I made on this form.

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

Your Signature

Today's Date (mm/dd/yyyy)

		/			/	2	0		
--	--	---	--	--	---	---	---	--	--



The Employee Retirement Income Security Act of 1974 (ERISA) provides certain rights to the spouse of a participant in a retirement plan subject to the law. Some Non-ERISA plans may also require that we pay from 50% to 100% to a surviving spouse at death.

NOTE: Due to Plan Provisions or Employee Retirement Income Security Act (ERISA) regulations we need to verify if there is a surviving spouse. This verification will be completed prior to benefits being paid/ settled to any beneficiary.

FOR NOTARY PUBLICS IN MASSACHUSETTS ONLY
Indicate the type of identification:

6. ADDITIONAL REQUIREMENTS BASED ON MARITAL STATUS

6A. IF YOU ARE SINGLE, COMPLETE THIS SECTION

Check the box if you are not married

☐ I am not married.

6B. IF YOU ARE MARRIED

If you are married and have not designated your spouse as a primary beneficiary for at least 50% of the benefit, or the percentage required by ERISA or your plan, your spouse must complete this section in front of a Notary Public or your current employer's plan representative.

In order to ensure that your spouse has seen your intentions and can attest that they fully agree to waive their rights, your spouse's signature must be the same or a later date than you signed in Section 5.

TO BE COMPLETED BY YOUR SPOUSE

Consent by Spouse (Must Be Completed by Your Spouse and Witnessed)

With this consent, I voluntarily and irrevocably give up my right to a death benefit that I may be entitled to under spousal consent/law. I recognize that any death benefit payable under these annuities or the mutual funds will be paid to the beneficiaries as described on this form.

First Name

Last Name

Signature

Today's Date (mm/dd/yyyy)

 / / 20

NOTARY PUBLIC CERTIFICATION

State County

Notary Expiration Date (mm/dd/yyyy)

 / / 20

On the date noted below the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public's Signature

Today's Date (mm/dd/yyyy)

 / / 20

- ☐ Valid federal or state ID
- ☐ Testimony of a credible witness
- ☐ Personal knowledge of the subscriber

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state

OR

PLAN REPRESENTATIVE CERTIFICATION

By signing, you are certifying you witnessed the spouse's signature.

Plan Representative's Signature

Today's Date (mm/dd/yyyy)

 / / 20

Plan Representative's Name (Please print)

Title





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CHECKLIST

Did you remember to:

- ☐ Provide all the personal information requested and choose your beneficiaries.
- ☐ Initial any changes made within the form and be sure to sign and date the agreement in Section 5.
- ☐ Complete the "Additional Requirements Based on Marital Status" section. If you are single, complete Section 6A; 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 6B in front of a Notary Public or your current employer's plan representative.
- ☐ If applicable, attach a signed and dated page to list special provisions for deceased beneficiaries.

Original documents are required. Faxes cannot be accepted.

RETURN COMPLETED FORM TO:

STANDARD MAIL:

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

OVERNIGHT:

TIAA-CREF
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

BENEFICIARY PROVISIONS

1. Effectiveness

This Designation of Beneficiary is effective for each annuity contract and certificate listed by number or by definition of contracts as stated in the Annuity Numbers section. If the beneficiary designations are satisfactory by TIAA-CREF's standards and the designations are accepted by TIAA-CREF, the designations will be effective from the date the form was received in good order by TIAA-CREF.

2. Immediate Annuity under a Two-Life Option

If you own an Immediate Annuity under a Two-Life Option, you have already provided for benefits at your death for the second annuitant. Therefore, your second annuitant should not be named as a beneficiary. If you do designate your second annuitant, TIAA-CREF will remove that person from the contract's designation. Your confirmation will display this change.

3. Order of Payment and Division of Benefits

- a. Unless otherwise stated: At your death (or the last surviving annuitant's death under a Two-Life Annuity), any benefits due will be paid to a beneficiary if he or she is then living. If a class of beneficiaries contains more than one person, benefits due to the beneficiaries in such class at your death (or the last surviving annuitant's death under a Two-Life Annuity) will be paid in accordance with the proportions stated. If a beneficiary predeceases you (or the last surviving annuitant under a Two-Life Annuity), the proportion of the benefits that would have otherwise been apportioned to such deceased beneficiary shall instead be divided to the other beneficiaries who survive you (or the last surviving annuitant under a Two-Life Annuity).
- b. If all beneficiaries predecease you (or the last surviving annuitant under a Two-Life Annuity), all benefits will be payable to your estate (or the estate of the last surviving annuitant under a Two-Life Annuity).



**ADDITIONAL PROVISIONS**

Provision: 'Payment to my deceased beneficiary's children' provision applied to a beneficiary means that if you check 'payment to my deceased beneficiary's children' and the named beneficiary predeceases you, the monies which would have been paid to that beneficiary will be divided proportionately among his/her children (if any). If there are no living children for that beneficiary, their portion will be paid in proportion to the remaining beneficiaries in that class. In the event there are no other beneficiaries, we will pay your Contingent beneficiary(ies) or Estate.

Example:

John Doe – your son with a 50% designation 'payment to my deceased beneficiary's children'

Jane Doe – your daughter with a 50% designation 'payment to my deceased beneficiary's children'

John predeceases you. Then John's portion will be paid to his children equally. If John has no children, his share will then be paid to Jane. If both John and Jane predecease you and there are no children, we will pay the contingent beneficiaries you designate. In absence of any contingent beneficiaries, we will pay your Estate.

4. If a Testamentary Trust is Designated as Beneficiary:

- a. TIAA-CREF will not accept or be obliged to inquire into the terms of any will or of any trust affecting the annuity contract/certificate or its death benefit and shall not be charged with knowledge of terms thereof.
- b. TIAA can only accept a testamentary trust if you give us the create date of the will at the time of the designation. A designation of Will is not acceptable.
- c. If benefits become payable to a testamentary trust and (i) the will is not presented for probate within 90 days following the date of your death (or the death of the last surviving annuitant in a Two-Life Annuity); or (ii) the will has been presented for probate within the aforesaid 90 days and no qualified trustee makes claim for the benefits within nine months after your death (or the death of the last surviving annuitant in a Two-Life Annuity); or (iii) if evidence is furnished and is satisfactory to TIAA-CREF within such nine-month period that no trustee can qualify to receive the benefits, payment shall be made to the successor beneficiary(ies), if any such beneficiary(ies) (is)are designated and survive you (or the last surviving annuitant in a Two-Life Annuity): otherwise to your estate (or the estate of the last surviving annuitant).
- d. If benefits become payable to an inter vivos trust and (i) the trust agreement is not in effect; or (ii) no trustee can qualify to receive the benefits; or (iii) the qualified trustee is not willing to accept the benefits, payments shall be made to the successor beneficiary(ies) as designated, if any such beneficiary(ies) are designated and survive(s) you (or the last surviving annuitant in a Two-Life Annuity); otherwise to your estate (or to the estate of the last surviving annuitant).
- e. Payment to, and receipt by, said trustee, said successor beneficiary(ies) or said estate, as provided for in (b) and (c) above, shall fully discharge TIAA-CREF for all liability to the extent of such payment. TIAA-CREF shall have no obligations as to the application of funds so paid and shall, in all dealings with said trustee or with said executor(s) or administer(s), including but not limited to any consent, release or waiver of interest, be fully protected against the claims or demands of any other person(s).





Financial Services

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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, 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.

