



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 ttaa.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 employer-sponsored retirement plan. For changes to other product or account types, please visit us at ttaa.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, 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.ttaa.org/profile or complete this Designation of Beneficiary form and mail back to us. To obtain a form, visit our website at www.ttaa-cref.org/beneficiary, or call us.

Selecting a Beneficiary

A beneficiary can be an individual, an institution, an organization, a 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. We cannot accept a 'Will' as a designation but you can designate a Testamentary Trust if we are provided with the "Will" creation date of which the Testamentary Trust will be issued.) 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, unless the plan provision states otherwise.

Spousal Rights to Death Benefits

If you live in a community 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 property states include, but are not limited to: AZ, CA, ID, LA, NV, NM, TX, WA and WI.

Federal pension law, in accordance with the Employee Retirement Income Security Act (ERISA), and certain Plan and State provisions mandate:





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

IMPORTANT INFORMATION

How to waive a 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 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.

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.



BENEFICIARY DESIGNATION FORM

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. For acceptable Trust designations see T* (will be divided equally among)-15()JrG1Y PRrcenOrcenVISNA

BENEFICIARY DESIGNATION FORM

3. CHOOSING YOUR PRIMARY BENEFICIARY

3. First Name

Middle Initial

BENEFICIARY DESIGNATION FORM

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. For acceptable Trust designations see BENEFICIARY PROVISIONS #4 at end of this form.

**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 or as outlined in your Plan provisions.

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

BENEFICIARY DESIGNATION FORM

BENEFICIARY DESIGNATION FORM

5. YOUR SIGNATURE

I, the undersigned, agree that:

- I understand that this form is subject to all of the terms and conditions of the employer-sponsored retirement plan, annuity and IRA contracts and/or accounts as described in Section 3.
- I reserve the right to make further changes to my beneficiary designations with spousal waivers, if applicable.
- 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.
- 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)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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BENEFICIARY DESIGNATION FORM

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.

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 your pre-retirement death benefit, or the percentage required by your plan or state law, 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 the plan or applicable laws and regulations. I recognize that any death benefit payable under the plan will be paid to the beneficiaries as described on this form.

First Name

Last Name

Signature

Today's Date (mm/dd/yyyy)

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CHECKLIST

Did you remember to:

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ADDITIONAL PROVISIONS



