

DESIGNATING BENEFICIARIES FOR YOUR TIAA-CREF ACCOUNTS



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GETTING STARTED

Making sure your beneficiary designations for your TIAA-CREF and other financial accounts are up-to-date is a critical component of your estate plan: Your beneficiaries will receive the value in your accounts as a death benefit if you die before receiving retirement income from your accounts. If you know who you'd like to be your beneficiary, you can designate your beneficiaries by:

1. Logging into your TIAA-CREF accounts with your user ID and password at www.tiaa-cref.org. (You can set up a user ID and password online.)
NOTE: You cannot designate beneficiaries online if you name an irrevocable beneficiary, or if your designation requires a waiver. A waiver is needed if you intend to name someone other than your spouse for more than 50% of the benefits and your plan is subject to ERISA, or your institution has plan provisions with spousal rights. Your spouse's signature is required on the waiver and it cannot be "e-signed" according to federal law.
2. Completing the "Designating Beneficiaries" form and mailing it to **TIAA-CREF, P.O. Box 1259, Charlotte, NC 28201.**

You can use this form to name beneficiaries for funds in TIAA-CREF retirement accounts through employers' plans not subject to ERISA, from plans that have no spousal rights provisions, or are not part of employers' plans like IRAs.

NOTE: Do not use this form if any of your funds are from employer-sponsored retirement plans subject to ERISA or from plans with spousal rights provisions. You should complete Form F1387, which is available online at www.tiaa-cref.org or by calling us at **800 842-2776**. You can also designate your beneficiaries by logging into your accounts at www.tiaa-cref.org.

STEPS FOR YOUR BENEFICIARIES

You should designate someone to notify TIAA-CREF promptly of your death. This individual should call us at **800 842-2776**. In turn, we will prepare illustrations and information for your beneficiaries so that ownership is transferred to them and they may take control of their share of the benefits. Once ownership is transferred, your beneficiaries can reallocate assets among accounts and receive their survivor benefits.

Generally your beneficiaries can choose to receive their survivor benefits using one or more of our income options. We offer the Savings & Investment Plan, which is designed to preserve assets while complying with minimum distribution rules; lump-sum withdrawals, which offer maximum flexibility; and lifetime annuity income, which guarantees an income that your beneficiaries cannot outlive.

However, please keep in mind that TIAA-CREF reserves the right to pay survivor benefits in a lump sum in the following situations:

- if the beneficiary is a trust corporation, association, partnership, executor, or administrator;
- if the amount does not meet contractual minimums (usually \$25 a month for payments or \$5,000 for selecting income options).

QUESTIONS?

Contact us at

- www.tiaa-cref.org - Available 24/7 for access to your accounts, forms and other features.
- **800 842-2776** - Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET).

MAKING BENEFICIARY DESIGNATIONS

A beneficiary can be an individual, an institution, a trust, or your estate. Your primary beneficiary (Class I) receives the benefits to be paid when you die. If no primary beneficiary (Class I) is living, the benefits become payable to your contingent beneficiary (Class II). If a class includes more than one person, the benefits are divided equally among the living beneficiaries of the class unless you provide other instructions. If none of the beneficiaries is living, the benefits go to your estate.

EXAMPLE

Primary (Class I): Your spouse

Contingent (Class II): Your son and daughter

Upon your death, your spouse, as primary beneficiary, will receive the entire amount. If your spouse had already died before you, your two children would each receive half the amount. If no beneficiaries are living at your death, benefits become payable to your estate.

EXAMPLE

Primary (Class I): Your spouse 50%, son 25%, and daughter 25%

Contingent (Class II): A niece

Upon your death, as primary beneficiaries, your spouse will receive 50%, and each of your children will receive 25%. If your spouse had already died, the remaining beneficiaries, your son and daughter, would split the benefits and each receive 50%. Your niece would receive benefits only if there were no surviving primary beneficiaries.

SPECIAL PROVISIONS FOR PASSING ON BENEFITS TO CHILDREN OF A DECEASED CHILD OR BENEFICIARY

By choosing one of these provisions, you may elect to have benefits paid to the children of a deceased child of yours (your grandchildren) or to the children of any deceased beneficiary. You may add one of these provisions to your primary beneficiary designations, your contingent beneficiary designations, or both designations. To add these provisions, complete the section at the top of Page 3 of the form.

EXAMPLE

Provision: "Payment to children of a deceased beneficiary" applied to your 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.

EXAMPLE

Provision: "Payment to children of a deceased child of mine" applied to your contingent beneficiaries.

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 (your grandchildren) would share those benefits equally.



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Charlotte, NC 28201

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Important: Please use a pen with **blue or black ink and print in capital letters.** If you have questions, call us toll-free at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET) or visit us online at **www.tiaa-cref.org.**

YOUR PERSONAL INFORMATION

First Name	MI	Last Name
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Social Security Number/Tax Identification Number	Date of Birth (mm/dd/yyyy)
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Daytime Telephone Number	Evening Telephone Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Your Country of Citizenship is

Your U.S. State of Residence is: **OR** Your Country of Residence is:

PROVIDE YOUR ANNUITY/ACCOUNT NUMBERS

Important: This form is for funds in TIAA-CREF retirement accounts through employers' plans not subject to ERISA, from plans that have no spousal rights provisions, or are not part of employers' plans like IRAs. This form does not cover mutual fund accounts not part of a retirement plan, life insurance contracts, and contracts through which you are currently receiving retirement income. If you have questions or need a form for these situations, call us or visit us online.

Check **either A or B** below. Check the first box (**A**) if you want the same beneficiary designation(s) for all your applicable TIAA-CREF annuities. Check the second box (**B**) if you want the beneficiary designation(s) applied to specific annuities. If you have additional annuities for which the designation(s) apply, check the box below and attach a signed and dated page listing your additional annuity numbers.

A. These beneficiary designations will apply to all of your TIAA and accompanying CREF annuity numbers, which are described on Page 1 of "Designating Beneficiaries for Your TIAA-CREF Accounts."

OR

B. These designations of beneficiaries are to apply only to the following TIAA and accompanying CREF annuity numbers.

Check this box and attach a signed and dated page to list additional annuity numbers.

TIAA Numbers

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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CREF Numbers

<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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DESIGNATING PAYMENT TO CHILDREN OF A DECEASED CHILD OF MINE/BENEFICIARY

If you want to apply the **Payment to children of a deceased child of mine/Payment to children of a deceased beneficiary** designations, complete **A and/or B** as appropriate. **If you don't select a class of beneficiaries for a provision, we will apply this provision to your primary beneficiary(ies).** See "Making Beneficiary Designations" on Page 2 of "Designating Beneficiaries for Your TIAA-CREF Accounts" for more information on these provisions.

A. Apply the provision "Payment to children of a deceased **child** of mine" to my

Primary (Class I) beneficiaries Contingent (Class II) beneficiaries.

AND/OR

B. Apply the provision "Payment to children of a deceased **beneficiary**" to my

Primary (Class I) beneficiaries Contingent (Class II) beneficiaries.

YOUR AGREEMENT

Please provide your signature and the date below. Also be sure to complete the following pages which request information about your marital status as required by your plan. Please mail this completed form to **TIAA-CREF, P.O. Box 1259, Charlotte, NC 28201.**

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 "Designating Beneficiaries" form is subject to all of the terms and conditions of the annuities and as described in "Designating Beneficiaries for Your TIAA-CREF Accounts" 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 to those issued as of the date this form is accepted by TIAA-CREF.

Your Signature

Date (mm/dd/yyyy)

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DESIGNATING A TRUST

OPTIONAL - FOR DESIGNATING A TRUST

YOUR PERSONAL INFORMATION


 **First Name**

MI

Last Name

Social Security Number/Tax Identification Number

- -

 **NAME OF TRUST**

Tax Identification Number - -

Date Trust was established (mm/dd/yyyy) / /

Additional Information



