





FINANCIAL SERVICES  
FOR THE GREATER GOOD<sup>®</sup>

# DESIGNATING BENEFICIARIES

## CHOOSE YOUR BENEFICIARIES

Tell us who should receive any payments due after you die. Unless you specify otherwise, your benefits will be allocated equally among your beneficiaries. The total allocation to the beneficiaries of each class must equal 100%.

Check this box and attach either the optional page(s) provided with this form, or a signed and dated page, to list additional primary and/or contingent beneficiaries, a trust, or to provide additional instructions.

### PRIMARY BENEFICIARY (CLASS I) - First Name

MI

Last Name

1

Social Security Number/Tax Identification Number

Date of Birth (mm/dd/yyyy)

Gender (M or F)

Percentage

Relationship

First Name

MI

Last Name

2

Social Security Number/Tax Identification Number

Date of Birth (mm/dd/yyyy)

Gender (M or F)

Percentage

Relationship

### CONTINGENT BENEFICIARY (CLASS II) - First Name

MI

Last Name

1

Social Security Number/Tax Identification Number

Date of Birth (mm/dd/yyyy)

Gender (M or F)

Percentage

Relationship

First Name

MI

Last Name

2

Social Security Number/Tax Identification Number

Date of Birth (mm/dd/yyyy)

Gender (M or F)

Percentage

Relationship





FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# DESIGNATING BENEFICIARIES

PAGE 3 OF 3

## 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)

 /  / 200 



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# 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





FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# DESIGNATING BENEFICIARIES

OPTIONAL - FOR DESIGNATING ADDITIONAL BENEFICIARIES

## YOUR PERSONAL INFORMATION

**First Name**

**MI**

**Last Name**

**Social Security Number/Tax Identification Number**

-   -

**PRIMARY BENEFICIARY (CLASS I) - First Name**

**MI**

**Last Name**

**Social Security Number/Tax Identification Number**    -   -

**Date of Birth (mm/dd/yyyy)**   /   /

**Gender (M or F)**

**Percentage**

**Relationship**

**First Name**

**MI**

**Last Name**

**Social Security Number/Tax Identification Number**    -   -

**Date of Birth (mm/dd/yyyy)**   /   /

**Gender (M or F)**

**Percentage**

**Relationship**

**CONTINGENT BENEFICIARY (CLASS II) - First Name**

**MI**

**Last Name**

**Social Security Number/Tax Identification Number**    -   -

**Date of Birth (mm/dd/yyyy)**   /   /

**Gender (M or F)**

**Percentage**

**Relationship**

**First Name**

**MI**

**Last Name**

**Social Security Number/Tax Identification Number**    -   -

**Date of Birth (mm/dd/yyyy)**   /   /

**Gender (M or F)**

**Percentage**

**Relationship**

