

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 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 that are subject to ERISA or plans that have spousal rights provisions. These plans include Retirement Annuities and Supplemental Retirement Annuities as well as Transfer Payout Annuities and Keogh Annuities. You may also include designations for beneficiaries for funds in IRAs or plans not subject to ERISA or without spousal rights provisions.

NOTE: Do not use this form if your funds are **only** in an IRA, from employer-sponsored retirement plans not subject to ERISA or are from plans without spousal rights provisions. You should complete Form 11136, 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).

IMPORTANT INFORMATION ABOUT YOUR SPOUSE'S RIGHTS

If you're married and since August 23, 1984 you have participated in retirement plans or tax-deferred annuity plans subject to federal pension law (the Employee Retirement Income Security Act of 1974), your spouse may have certain rights to funds in those plans. Federal pension law provides your spouse, as a primary beneficiary, the right to receive at least 50% of your qualified preretirement survivor annuity death benefits.

Retirement or tax-deferred annuity plans not subject to federal pension law may have plan provisions that entitle your spouse, as a primary beneficiary, to a death benefit of up to 100% of your retirement funds. If your designation does not satisfy your institution's policy, we will notify you when we review your designation request.

If you name someone other than your spouse as a primary beneficiary for more than 50% of the benefits (or more than the amount required under plan provisions), your spouse must consent to this primary beneficiary designation by completing the spouse's waiver. If this is not completed, then 50% (or the amount stated in the plan provisions) of those qualified preretirement survivor annuity death benefits to which your spouse is entitled, will be payable to your spouse **regardless of your beneficiary designation in effect at the time of your death**. The remainder of the death benefit, if any, will be payable to your other named beneficiaries.

THE SPOUSAL WAIVER

If you are married and want more than 50% of your death benefit (or the required amount as stated by plan provisions) to go to someone other than your spouse, you must meet one of the exceptions listed above, or your spouse must authorize your beneficiary designations by signing a waiver.

The spouse's waiver section must be signed by your spouse, and the signing must be either notarized by a Notary Public or verified by your plan representative. Also the date your spouse signs must be on or after the date you sign the beneficiary designations. An e-signature is not acceptable for a spouse's waiver.

If you are under age 35, you cannot complete a spouse's waiver under federal law unless your plan allows you to. Please note: If your plan allows you to complete a waiver, you also must complete another spouse's waiver once you attain age 35. (We will notify you at that time.)

Exceptions to spousal rights to survivor benefits requirements

You are not subject to the spousal benefits rules, and may designate whomever you wish as beneficiary, if:

- You are not married;
 - You are legally separated with a court order to that effect;
 - Your participation was in plans not subject to federal pension law, or in plans with no spousal rights provisions;
- or**
- The funds to which this designation applies are attributable to self-remitted, after-tax contributions, or solely to contributions made under a retirement plan or tax-deferred annuity plan prior to August 23, 1984.

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.



P.O. Box 1259
Charlotte, NC 28201

DESIGNATING BENEFICIARIES

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="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"/> <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"/>

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"/> <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"/>

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

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 employers' plans that are subject to ERISA or have plan provisions providing spousal rights. 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="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"/>	<input type="text"/>
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CREF Numbers

<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"/>	<input type="text"/>
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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**

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**

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**



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 3 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.
- 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)

 / / 200





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PAGE 4 OF 5

DETERMINATION FOR UNMARRIED INDIVIDUALS

Check the box if you are not married.

 I am not married.

OR

SPOUSE'S WAIVER FOR MARRIED INDIVIDUALS

To the Participant: If, on this form, you named your spouse as primary beneficiary for at least 50% (or the required amount, if greater) of the survivor benefits, or you completed the "Unmarried Determination" section above, this section does **not** need to be completed.

Otherwise, your spouse must read the information below, and your spouse must provide written consent **within 90 days** after the date you signed this designation. Your spouse must sign this waiver after you sign this designation, and your spouse's signature must be witnessed by your plan administrator or a notary public.

To the Participant's Spouse: Under federal law or the terms of your spouse's retirement and/or tax-deferred annuity plan, you have the right to receive a qualified preretirement survivor death benefit of at least 50% (or more as provided by plan provisions) if your spouse dies before you. In order for your spouse to name someone other than you as the primary beneficiary for more than 50% (or the amount required by the plan), you must provide your written consent to your spouse's waiver of your right to this qualified preretirement survivor death benefit.

If you consent to the waiver of your rights and your spouse (the annuity owner) dies before annuity income payments begin, you will not be entitled to a qualified preretirement survivor death benefit. Instead, benefits will be paid to the designated beneficiaries listed on this form in accordance with the provisions of the annuities listed on Page 1 of 5 on this form.

To provide your consent, your signature must be:

- witnessed by either the plan representative or a notary public, **and**
- the date of your signature must be the same as or later than the date of your spouse's signature, **and**
- we must receive this completed request within 90 days of the date you and your spouse have signed this designation.

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).

I understand and agree that I am giving up my right to receive qualified preretirement survivor death benefits from the TIAA-CREF annuity(ies) described on Page 1 of this form. I release TIAA and CREF from all liability for making payment based on this authorization.

Spouse's Signature



Date (mm/dd/yyyy)

/ / 200

continued on next page






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SPOUSE'S WAIVER FOR MARRIED INDIVIDUALS CONTINUED

The Plan Representative completes this portion.


 Name of Plan Representative (please print)
 Title
 Signature of Plan Representative
 Date (mm/dd/yyyy) / / 200

OR


The Notary Public completes this portion.

 State of County of On / / 200
 Name of Spouse

before me personally appeared 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.

 Signature of Notary Public
 Date (mm/dd/yyyy) / / 200

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

 **For Notary Publics in MA —**

Indicate the type of identification:

Valid federal or state photo ID

Testimony of a credible witness

Personal knowledge of the subscriber

 Verified by



