

## **NOTICE OF CHANGE OF NAME**

Page 1 of 2

You must send this form and supporting documentation to us by mail. We cannot accept faxed or uploaded copies. If you include any of the following original supporting documents with your request, we will return them to you: Birth Certificate, Marriage Certificate, Baptism Certificate, Driver's License (if current), Passport (valid or expired), Military Identification or Will. However, if you include a Death Certificate, Expired Driver's License or Qualified Domestic Relations Order, with your request and you want us to send it back to you, you must include a letter with this form requesting that we return the document.

Print in upper case using black or dark blue ink and provide all information.  NEED HELP? 800 842-2252  Monday to Friday 3 a.m 10 p.m. (ET) Or visit tiaa-cref.org.  Please sign in black or dark blue ink. Digital signatures are not accepted.  1. CHANGE OF NAME Please provide one or more numbers below.  TAA Annuity Number CREF Annuity Number TIAA Policy Number  Mutual Funds Account Number  Institution Name  2. FORMER NAME Title First Name  Middle Name  Former Signature  Social Security Number  Social Security Number						
Please sign in black or dark blue ink. Digital signatures  Please provide one or more numbers below.  TIAA Annuity Number		1. CHANGE OF NAME				
NEED HELP? 800 842-2252  Monday to Friday 8 a.m 10 p.m. (ET) Saturday 9 a.m 6 p.m. (ET) Or visit tiaa-cref.org.  Please sign in black or dark blue ink. Digital signatures  Please sign in black or dark blue ink. Digital signatures  TIAA Annuity Number CREF Annuity Number TIAA Policy Number Mutual Funds Account Number Mutual Funds Account Number Middle Name  Former Signature  Social Society Number  CREF Annuity Number TIAA Policy Number  Middle Name  Former Signature		Please provide one or more numbers below.				
Monday to Friday 8 a.m. – 10 p.m. (ET) Saturday 9 a.m. – 6 p.m. (ET) Or visit tiaa-cref.org.   2. FORMER NAME Title First Name  Last Name  Please sign in black or dark blue ink. Digital signatures  Social Sequitiv Number  Mutual Funds Account Number  Mutual Funds Account Number  Middle Name  Former Signature						
8 a.m 10 p.m. (ET) Saturday 9 a.m 6 p.m. (ET) Or visit tiaa-cref.org.  Brokerage Account Number  Mutual Funds Account Number  Mutual Funds Account Number  Middle Name   2. FORMER NAME  Title First Name  Middle Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Society Number		IIAA Annuity Number CREF Annuity Number IIAA Policy Number				
Saturday 9 a.m 6 p.m. (ET) Or visit tiaa-cref.org.  2. FORMER NAME Title First Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Socurity Number.						
9 a.m 6 p.m. (ET) Or visit tiaa-cref.org.  2. FORMER NAME Title First Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Security Number.		Brokerage Account Number Mutual Funds Account Number				
Or visit tiaa-cref.org.  Institution Name  2. FORMER NAME  Title First Name Middle Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Sequenty Number						
2. FORMER NAME  Title First Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Security Number						
Title First Name Middle Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Security Number	Or VISIL LIAA-CIELOIG.	Institution Name				
Title First Name Middle Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Security Number						
Title First Name Middle Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Security Number						
Title First Name Middle Name  Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Security Number						
Last Name  Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Security Number		2. FORMER NAME				
Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Socurity Number		Title First Name Middle Name				
Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Socurity Number						
Former Signature  Please sign in black or dark blue ink. Digital signatures  Social Socurity Number						
Please sign in black or dark blue ink. Digital signatures  Social Socurity Number		Last Name				
Please sign in black or dark blue ink. Digital signatures  Social Socurity Number						
Please sign in black or dark blue ink. Digital signatures  Social Socurity Number		Former Signature				
blue ink. Digital signatures	Dlagge gign in black or dark					
		Social Security Number				





## **NOTICE OF CHANGE OF NAME**

Page 2 of 2

	3. NEW NAME  My name has been changed to that given below and I authorize you to use the new name hereafter.					
	Title First Name	nat given below and I datherize you t		dle Name		
	Last Name					
Please sign in black or dark blue ink. Digital signatures are not accepted.	New Signature					
*Note: You must provide the supporting documents (original OR a certified copy (certified by the department that issued it with a raised certification stamp or notarized to be an authentic copy by a notary public)) authorizing the change.	Address					
	City		State	Zip Code		
	My name has been changed by: (Check appropriate box below)  Marriage* Divorce* Adoption* Court Order*  If other, please explain  Date of Name Change (mm/dd/yyyy)  Court Name  Court Address					
	City		State	Zip Code		
Note: This form and	4. RETURN COMPLETED FORM(S) TO:					
supporting documentation will only be accepted by mail. It cannot be accepted via fax or by upload.	STANDARD MAIL: TIAA-CREF P.O. Box 1259 Charlotte, NC 28201-1259	OVERNIGHT: TIAA-CREF 8500 Andrew Carnegie Blvd. Charlotte, NC 28262				
	FOR TIAA-CREF USE ONLY  Accepted — Teachers Insurance and Annuity Association of America – College Retirement Equities Fund (TIAA-CR					

