



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

P.O. BOX 1268  
CHARLOTTE, NC 28201-1268

# CHECK MAILING INSTRUCTIONS

Use this form to authorize TIAA-CREF to mail your check(s) to an address that is not your residence address and that is not a financial institution. If you do not provide us with all of the information we need to act on your instructions, we will send your payment(s) to your residence address.

## YOUR PERSONAL INFORMATION

Please provide all of the requested information.

First and Middle Name or Initial

Last Name

TIAA Number

CREF Number

Daytime Telephone Number (999-999-9999)

Employer's Name

## YOUR MAILING INSTRUCTIONS

Is this a new home address?  Yes  No

Street Address

City

State

Zip Code

## SIGNATURE GUARANTEE

We will need a commercial bank guarantee of your signature for a single-sum payment to an address that is not your residence address and that is not a financial institution. Your signature does not have to be guaranteed if you are receiving a series of payments under an income option, unless you have told us to change your residence address within 14 days of the payment effective date. If you have told us of a change in your residence address within 14 days of the payment effective date, we must hold your payment while your address change is being confirmed.

I certify that the above named person as described, whose identity is known or proven to me, personally appeared before me on:

Date (mm/dd/yyyy)

and signed this request at:

City

State

Your Signature - To be signed in the presence of a certifying officer



Date (mm/dd/yyyy)

Signature and Title of Certifying Officer



Date (mm/dd/yyyy)

Name of Financial Institution

