TIAA-CREF Privacy Revocation Form

Having previously opted out, I would now like to begin receiving information about new products, services, or enchancements offered by the various TIAA-CREF affiliated companies and give the TIAA-CREF companies permission to use my personal information for purposes of providing me this type of information in accordance with the TIAA-CREF Privacy Policy. I understand that this does not authorize the use or disclosure of my health information for this purpose and that my health information will be used and disclosed strictly in accordance with the Privacy Policy (i.e., as authorized by me or as required or permitted by law).

All of the information is required to process your request.

First Name (please print in ink) MI

Last Name

Please include your Social Security Number **or** your contract, account, or policy number.

Social Security Number

– –

or Contract/Account/Policy Number

Your signature

Co-owner signature (optional)

Date

Please mail to: TIAA-CREF Participant Privacy
PO Box 1259
Charlotte NC 28201

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