



REQUEST TO CHANGE ADVISOR ADDRESS FORM

1. Advisor Information

Please change our address as indicated below.

Authorized Entity: _____
(Name of authorized firm or individual)

Firm Name: _____
(If Authorized Entity is an Individual)

Former Address

New Address

Please check the products your client(s) owns

Products	Do you receive duplicate statements?	What level is impacted by the address change?	Please specify the impacted Dealer/Branch/Rep# and State Programs
<input type="checkbox"/> Retirement			
<input type="checkbox"/> After-Tax Annuities			
<input type="checkbox"/> Mutual Funds*		<input type="checkbox"/> Dealer <input type="checkbox"/> Branch <input type="checkbox"/> Rep	
<input type="checkbox"/> 529 Tuition Plans		<input type="checkbox"/> Dealer <input type="checkbox"/> Branch <input type="checkbox"/> Rep	

* Mutual Funds sold through TIAA-CREF

2. Your Authorization and Signature

Signature of Authorized Agent

Date

Printed Name of Authorized Agent

Please fax to 800 914-8922. Please contact TIAA-CREF's Advisor Services with any questions at 888 842-0318, option 1, 8am-5pm ET Monday through Friday.

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