TIAA CREF
FINANCIAL SERVICES
FOR THE GREATER GOOD®

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

RECORD OF AGE

We need to verify your birth date, and your annuity partner's birth date if applicable, in order to determine eligibility for certain options as well as to calculate the amount of lifetime income payable to you. Listed below are documents that you can use to provide record(s) of age. **Please note that we will not return the records you provide.** If you prefer, a college official or notary public can review your records and complete and sign the statement on the reverse side.

If you have questions, please call us 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).

TIAA Number ☐☐☐☐☐☐☐☐☐

CREF Number ☐☐☐☐☐☐☐☐☐

Name of Employer ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PLEASE RETURN THIS FORM WITH THE PHOTOCOPY OF YOUR RECORD OF AGE DOCUMENT.

ACCEPTABLE RECORDS OF AGE

- **Birth Certificate**
  A photocopy can be obtained from the Bureau of Vital Statistics of the city or county in which you were born.
- **Baptismal Certificate**
  A photocopy of the certificate listing your birth date (or age) as well as baptismal date.
- **Driver's License or Non-Driver's Identification Card**
  A photocopy of this document from your state's Division/Department of Motor Vehicles.
- **Marriage Record**
  A photocopy of your record of marriage listing your birth date.
- **Military Discharge Paper and Other Military Records**
  A photocopy of your Military Discharge Paper listing your birth date. This should be the official discharge paper. Another acceptable military record is a photocopy of the military identification or service card.
- **Passport**
  A photocopy of the page listing your birth date.
- **School or College Record** (if at least 5 years old)
  Such records may have originated while you were attending school or teaching.

TA
F2789 (05/06)

Name of Individual

In order to establish the correct date of birth for ____________________
I hereby certify that I have examined the following records and that the birth date of the above-named individual is stated therein as shown below. *(Give full details under "Type of Record," i.e., Blank Insurance Co. Policy # 72897.)*

TYPE OF RECORD: (1) ____________________

Birth Date: Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __ How old is this record? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

If reproduction (photostat, certified copy, etc.) is used, when was it made? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

Remarks: ____________________

TYPE OF RECORD: (2) ____________________

Birth Date: Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __ How old is this record? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

If reproduction (photostat, certified copy, etc.) is used, when was it made? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

Remarks: ____________________

Signature of Authorized Employee or Notary Public ____________________

Title ____________________

Date of this Certification (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

Employer ____________________

Name of Individual

In order to establish the correct date of birth for ____________________
I hereby certify that I have examined the following records and that the birth date of the above-named individual is stated therein as shown below. *(Give full details under "Type of Record," i.e., Blank Insurance Co. Policy # 72897.)*

TYPE OF RECORD: (1) ____________________

Birth Date: Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __ How old is this record? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

If reproduction (photostat, certified copy, etc.) is used, when was it made? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

Remarks: ____________________

TYPE OF RECORD: (2) ____________________

Birth Date: Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __ How old is this record? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

If reproduction (photostat, certified copy, etc.) is used, when was it made? Date (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

Remarks: ____________________

Signature of Authorized Employee or Notary Public ____________________

Title ____________________

Date of this Certification (mm/dd/yyyy) __ __ / __ __ / __ __ __ __

Employer ____________________