



FINANCIAL SERVICES
FOR THE GREATER GOOD®

CHOOSING ANNUITY INCOME FOR A FIXED-PERIOD

For account information, or to check the status of your request or any questions:

Call **800 842-2776**

Monday – Friday
8 a.m. – 10 p.m. (ET)

Saturday
9 a.m. – 6 p.m. (ET)

Or visit us online at tiaa-cref.org 24 hours a day. Have your user ID and password ready.

When do I use this form?

Complete this form to receive annuity income for a fixed-period from your Retirement Annuities and Group Retirement Annuities.

Annuity income for a fixed-period is not available from Retirement Choice Annuities and TIAA Stable Return Annuities.

YOUR CHECKLIST

- Remember to sign and date this form. (Section 12)
- The employer who contributed to the plan you specified in Section 1 must provide the date you terminated employment. (Section 13)
- If you're single, complete Section 14A. If you're married, your spouse must complete Section 14B.
- Within 90 days before you want to begin receiving Fixed-Period annuity income, please mail all pages of your completed form to: **TIAA-CREF, P.O. Box 1268, Charlotte, NC 28201-1268. (Sorry, we can't accept faxed forms.)**

KEY INFORMATION TO CONSIDER

- We've enclosed income tax withholding forms that you should return to us with your other forms.
- If you have not established your date of birth in our records, we included a Record of Age form for you to complete.

FREQUENTLY ASKED QUESTIONS

Each section of the form includes instructions. Below we've provided answers to some frequently asked questions, which you may want to review before completing this form.

Q Don't I already have beneficiaries?

A You have beneficiaries for annuities in the accumulation phase, but your Fixed-Period annuity income is paid from a new set of annuities. Payments will be made to the beneficiaries you name if you die before the end of the period.

Q How often can my income change?

A When you choose to receive Fixed-Period annuity income from TIAA and CREF variable annuity account accumulations, this income will increase or decrease based on the investment experience of the accounts. You can choose to have your income revalued monthly or annually.

Q What is the annual valuation method?

A If you receive variable income that changes annually, your income is revalued once a year on March 31 (with payments changing on May 1). This option may be suitable if:

- you prefer to have a consistent income stream for a one-year period; and/or
- you don't mind waiting until the end of the year to receive an increase in income if performance is above the 4% Assumed Interest Rate (AIR).

FREQUENTLY ASKED QUESTIONS (CONTINUED)

Q What is the monthly valuation method?

A If you receive variable income that changes monthly, your income is revalued on the 20th of each month (or the previous business day if the 20th is not a business day). This option may be suitable if:

- you prefer to see changes in income (up or down) immediately, rather than waiting until the following May 1; and/or
- you don't mind fluctuations in your income level each month.

Q Can I change from one valuation method to another?

A Yes, you can switch your variable income from annual to monthly valuations, and vice versa, once a year effective on March 31.

Q What is the Retirement Transition Benefit?

A Your employer's plan may offer the Retirement Transition Benefit. It provides a single payment to you when you begin Fixed-Period annuity benefits. You can choose to receive up to 10% of the amount you are using for Fixed-Period annuity income. Unless that payment is directly rolled over, it will be subject to 20% mandatory federal income tax withholding.

Q Can I rollover my Fixed-Period payments?

A If you choose to receive payments for **less than 10 years**, you may directly roll over your payments, if allowed by plan rules. They also will be subject to mandatory 20% federal income tax withholding unless you make direct rollovers. (Complete and return the enclosed income tax withholding forms only if you want additional withholding.)

If the number of years you choose is **10 or more years**, you may not directly roll over your payments. Be sure to complete and return the enclosed income tax withholding forms with this form.

Q What choices do I have for rolling over my Retirement Transition Benefit and Fixed-Period payments of less than 10 years?

A You can always do direct rollovers to IRAs. TIAA-CREF offers both Traditional IRAs and Roth IRAs. A rollover to a Traditional IRA is not taxable. A conversion to a Roth IRA is fully taxable, since Roth IRAs can only accept after-tax dollars.

In the section Direct Rollover, you can roll over funds to your existing TIAA-CREF Traditional IRA by providing your IRA contract numbers. If you want to make a direct rollover to an existing Roth IRA, please call us at **800 842-2776** for the forms you will need. Or, if you want to open a new TIAA-CREF IRA, you may request a new IRA enrollment form either by visiting us online at tiaa-cref.org or calling our Enrollment Hotline at **800 842-2888**. Be sure to return your completed IRA enrollment form along with your lifetime retirement income form.

You also may be eligible to roll over your payments to another employer's plans. Please call us at **800 842-2776** for more information if you are interested in this choice.



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Print in upper case using black or dark blue ink and provide all information requested.

If you claim residence and citizenship outside the U.S. please complete tax form W-8BEN, which you'll find at tiaa-cref.org/forms, under General Tax Forms.

*The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them please contact us at 800 842-2776.

1. PROVIDE PERSONAL AND ACCOUNT INFORMATION

First Name Middle Initial

Last Name

Social Security Number/Taxpayer Identification Number - - Date of Birth (mm/dd/yyyy) / /

Daytime Telephone Number - - Extension

State of Residence (if outside the U.S., write in Country of Residence) Citizenship (if not U.S.)

TIAA Number CREF Number

Plan Name (Contributing Employer's Plan)

Plan Number* Sub Plan Number*

Write the number of years you would like to receive payments. Your age and the type of annuity determine the period of years you may choose.

2. CHOOSING THE PAYMENT PERIOD

The period of time you choose may not exceed your life expectancy as determined by the Internal Revenue Service. If you choose a period of less than 10 years, you may directly roll over your payments by also completing the Direct Rollover section.

- **Retirement Annuities** - TIAA-CREF variable annuity accumulations from Retirement Annuities are available for period from 2 to 30 years. TIAA Traditional is not available for fixed-periods of time. Please call us to discuss your payment options.
- **Group Retirement Annuities** - TIAA-CREF variable annuity accumulations from Group Retirement Annuities are available for periods from 2 to 30 years. TIAA Traditional is available for periods from 5 to 30 years, subject to your institution's plan rules.

I'd like to receive annuity payments for (write the number of years) years.





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Tell us the month and year you want to begin receiving annuity income. Also, tell us how frequently you want payments made.

3. CHOOSING THE PAYMENT START DATE AND FREQUENCY

The initial payment will be made at the time your contract is issued. Subsequent payments will be made as of the 1st of the month based on the payment frequency you choose.

If we receive your completed form between the 1st and the 20th of the month, and you requested to start receiving income immediately, we will issue your contract as of the next business day. (If the 1st of the month is not a business day, we will use the **next** business day; if the 20th is not a business day, we will use the **previous** business day.)

If we receive your form after the 20th of the month in which you requested income to begin, your annuity start date will automatically be moved to the 1st of the month following receipt of your completed form.

Start my annuity income on Date (mm/yyyy)
 /

Make my payments Monthly Quarterly Semiannually Annually

If you die during the payment period you choose, payments will be made to the beneficiaries you name. Unless you provide a percentage for each beneficiary, all beneficiaries in a class will share equally.

If you need more space, please provide instructions on a separate page and be sure to include your name and Social Security number.

4. CHOOSE YOUR BENEFICIARIES

PRIMARY BENEFICIARIES

1. Name Percentage (optional)
 %
 Social Security Number Relationship
 - -
 Date of Birth (mm/dd/yyyy) Gender
 / / F M

2. Name Percentage (optional)
 %
 Social Security Number Relationship
 - -
 Date of Birth (mm/dd/yyyy) Gender
 / / F M

CONTINUED ON NEXT PAGE



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Contingent beneficiaries would receive withdrawals only if all primary beneficiaries die before you. If you do not provide a beneficiary, your account balance will go to your Estate which will limit the options for your beneficiaries.

4. CHOOSE YOUR BENEFICIARIES (CONTINUED)

CONTINGENT BENEFICIARIES

1. Name Percentage (optional) %

Social Security Number - - Relationship

Date of Birth (mm/dd/yyyy) / / Gender F M

2. Name Percentage (optional) %

Social Security Number - - Relationship

Date of Birth (mm/dd/yyyy) / / Gender F M

Check the appropriate box to begin income from your TIAA Traditional accumulation, if available.

5. CHOOSING THE AMOUNT FROM YOUR ACCUMULATION

The amounts you indicate will be taken from each of the contracts listed at the beginning of this form. You must use at least \$10,000 (or the full amount, if it's less than \$10,000) from each account. The amount must be in whole numbers.

- 5A. TIAA Traditional Annuity
- 5B. TIAA and CREF variable annuity accounts

5A. TIAA TRADITIONAL ANNUITY

Amount of TIAA Traditional Accumulation (Choose only one)

Use 100% of my TIAA Traditional accumulation from each TIAA contract listed at the beginning of this form.

OR

Use the following percentage or dollar amount of my TIAA Traditional accumulation from each TIAA contract listed at the beginning of this form:

% **OR** \$

CONTINUED ON NEXT PAGE



CHOOSING ANNUITY INCOME FOR A FIXED-PERIOD

Check the appropriate box to begin income from your TIAA and CREF variable annuity accounts.

5B. TIAA AND CREF VARIABLE ANNUITY ACCOUNTS

Be sure to have read the current prospectus before returning your form. **The accounts available for Fixed-Period income are listed below.**

Amount

Use 100% of my TIAA and CREF variable account accumulation from **each** contract listed at the beginning of this form. **(The accounts available for Fixed-Period income are listed below.)**

OR

Use % of my TIAA and CREF variable account accumulation from **each** contract listed at the beginning of this form. **(The accounts available for Fixed-Period income are listed below.)**

OR

Use the percentage or dollar amount specified below of my TIAA and CREF variable account accumulation from each of the contracts listed at the beginning of this form.

Account Name	Dollar Amount	OR	Percent of Account Balance
TIAA Real Estate	\$ <input type="text"/>		<input type="text"/> %
TIAA Access Lifecycle Ret. Income	\$ <input type="text"/>		<input type="text"/> %
CREF Stock	\$ <input type="text"/>		<input type="text"/> %
CREF Money Market	\$ <input type="text"/>		<input type="text"/> %
CREF Social Choice	\$ <input type="text"/>		<input type="text"/> %
CREF Bond Market	\$ <input type="text"/>		<input type="text"/> %
CREF Global Equities	\$ <input type="text"/>		<input type="text"/> %
CREF Growth	\$ <input type="text"/>		<input type="text"/> %
CREF Equity Index	\$ <input type="text"/>		<input type="text"/> %
CREF Inflation-Linked Bond	\$ <input type="text"/>		<input type="text"/> %

Valuation Method

Based on investment performance, I want my TIAA and CREF variable income to change

Monthly **OR** Annually

Select whether you want your variable income to change monthly or annually.



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We will make the withdrawal from all eligible accounts, unless you provide written instructions to use only selected accounts or a specific plan. If you use a separate sheet of paper to provide your instructions, include your TIAA-CREF numbers on it.

6. SELECTING THE RETIREMENT TRANSITION BENEFIT

- If you want to receive a Retirement Transition Benefit payment, subject to plan rules, please write either a whole number percentage or a dollar amount, **not to exceed 10%** of your accumulation being settled.
- If you want to roll over your Retirement Transition Benefit, complete the Direct Rollover section. Otherwise your Retirement Transition Benefit will be subject to mandatory 20% federal income tax withholding.

Yes, I would like a Retirement Transition Benefit of

% **OR** \$

*If you're rolling over to a TIAA-CREF account, please provide your account number at the right. We'll invest your funds using the allocation instructions on file.

If you have after-tax contributions and the plan receiving your direct rollover can't accept them, we'll send you a check for that amount to your mailing address on file.

**The Plan and Sub Plan Numbers should have been provided when you requested the form. If you don't have them please contact us at 800 842-2776.

If you need to open a new TIAA-CREF IRA please call us at 800 842-2776.

If you're converting to a TIAA-CREF Roth IRA check one of the boxes for federal tax withholding.

7. DIRECT ROLLOVER TO A TIAA-CREF ACCOUNT

Check either or both of the boxes to indicate the source(s) of your direct rollover.

Yes, I want to directly roll over my fixed-period payments

Yes, I want to directly rollover my Retirement Transition Benefit payment

Make my direct rollover(s) to:

My existing TIAA-CREF account*

TIAA Number

CREF Number

Plan Name (Contributing Employer's Plan)

Plan Number**

Sub Plan Number**

OR

My *new* TIAA-CREF IRA (My IRA enrollment form is attached)

WHAT TYPE OF ACCOUNT ARE YOU ROLLING OVER TO? (Choose only one)

Roth IRA

Traditional IRA

Other

If you checked Roth IRA, do you want federal taxes withheld from the pre-tax amount you're converting to a TIAA-CREF Roth IRA?

No, do not withhold federal taxes.

Yes, withhold % **OR** \$



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If you're rolling over to a Roth IRA, you may owe federal taxes on your pre-tax amount.

The investment company receiving your rollover must complete the Investment Company Information. If the rollover is not going to an IRA account, then the investment company must also complete the Acceptance By Investment Company.

If you have after-tax contributions and the plan receiving your direct rollover can't accept them, we'll send you a check for that amount to your mailing address on file.

If the rollover is not going to an IRA account, then a representative of the investment company receiving the direct rollover must complete and sign this section.

8. DIRECT ROLLOVER TO ANOTHER INVESTMENT COMPANY

Check either or both of the boxes to indicate the source(s) of your direct rollover.

Yes, I want to directly roll over my fixed-period payments

Yes, I want to directly rollover my Retirement Transition Benefit payment

What type of account are you rolling over to? (Choose only one)

Roth IRA

Traditional IRA

Other

If you checked Roth IRA, do you want federal taxes withheld from the pre-tax amount?

No, do not withhold federal taxes.

Yes, withhold % OR \$

INVESTMENT COMPANY INFORMATION

Investment Company Name

Contact Telephone Number

 - -

Street Address or P.O. Box

City

State

Zip Code

Account Number

ACCEPTANCE BY INVESTMENT COMPANY

We certify that the Internal Revenue Code of the plan receiving the direct rollover is (select only one)

401(a)

403(a)

457(b)
Public

401(k)

403(b)

Other (provide IRC Code)

We agree to accept the direct rollover (select only one)

and will account for both pre-tax and after-tax amounts.

of only the pre-tax amounts.

Investment Company Representative Signature

Date (mm/dd/yyyy)

 / /

Title

Telephone Number

 - -



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9. DIRECT DEPOSIT

Note: This section does not apply to any payments you are rolling over.

Check either or both of the boxes to indicate the source(s) for your Direct Deposit.

Yes, I authorize TIAA-CREF to directly deposit my fixed-period payments

Yes, I authorize TIAA-CREF to directly deposit my Retirement Transition Benefit payment

Bank's Name

Street Address or P.O. Box for Funds Transfer

City

State

Zip Code

Contact Telephone Number

Extension

Account Number

Bank Transit Routing Number

Your bank routing number is 9 digits and is usually on the bottom left of your checks, before your account number. It may take your bank 24 to 72 hours to make your funds available.

ACCOUNT TYPE (Choose only one)

Checking (ATTACH A VOIDED CHECK. Otherwise, the Signature of Bank Representative must be completed.)

OR

Savings (The Signature of Bank Representative must be completed.)

SIGNATURE OF BANK OR FEDERAL SAVINGS AND LOAN REPRESENTATIVE

I certify the bank routing number is correct and the person described above, whose identity is known or has been proven to me, personally appeared before me and signed this request on:

Date (mm/dd/yyyy)

City

State

For your direct deposit request, if you do not attach a voided check a bank or Federal Savings & Loan representative must complete this section. A notary public's signature is not acceptable.

Bank or Federal Savings & Loan Representative Signature Date (mm/dd/yyyy)



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Prior to the date you request to start receiving Fixed-Period annuity income, will you have terminated employment from all institutions that contributed to the annuities that you are using for this transaction?

10. YOUR EMPLOYMENT STATUS

If you answer **Yes** and provide a termination date, you are certifying that you have or will have terminated employment by that date.

If you answer **No** or do not enter a termination date for employment at any institution remitting premiums to its retirement plan on your behalf, you are certifying that you understand the consequences of authorizing this transaction while still employed.

Date (mm/dd/yyyy)

Yes, I have or will have terminated employment on / /

No, I will not have terminated employment.

Please contact your employer's benefits office to discuss any consequences if you are authorizing payments from the accumulation attributable to your current employer's plan.

To view your loan balance (loan plus accrued interest), visit our website at tiaa-cref.org, or call 800 842-2776.

· If you check **Yes**, we'll repay your loan(s) and use the remaining balance as you instruct.

· If you check **No**, or leave this section blank, we won't repay any loan. However, your request will not include any collateral amount required. Your request will not be a full (100%) settlement.

11. WILL YOU REPAY YOUR LOAN(S)?

If you're requesting a full (100%) settlement of your entire account balance, you need to provide instructions regarding any outstanding TIAA-CREF loan(s).

Yes, I want to repay my entire outstanding loan balance(s) from this withdrawal.

No, I do not want to repay my entire outstanding loan balance(s) from this withdrawal. I understand that the collateral amount supporting my outstanding loan(s) will remain for future use.



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Please read and sign where indicated.

12. AUTHORIZE YOUR REQUEST

By signing in the "Your Signature" box below, you agree that for your Annuity Income for a Fixed-Period:

- You can't change your annuity income option, or period of years after annuity income payments begin;
- Your retirement income starting date cannot be prior to the receipt of all necessary papers;
- You understand that you may be issued separate TIAA and/or CREF annuities and payments for accumulations attributable to retirement plans covered by different sections of the Internal Revenue Code, and that the beneficiaries you name and any spousal waiver that is completed will apply to all contracts issued to you;
- You acknowledge that you have received a retirement income illustration and information about the income options available to you;
- Subject to the terms of your employer's retirement plan provisions, you may receive the commuted value of the remaining payments at any time; and
- If you choose the Retirement Transition Benefit, 20% of the taxable portion of your payment will be withheld for federal income taxes unless it is directly rolled over.

If you choose to have any payment sent directly to an IRA or another plan:

- Your signature also authorizes this transaction; if you make a direct rollover into another employer's plan you understand your right to receive a distribution of these funds will be determined by the plan that is accepting the rollover and the funds in which your direct rollover are invested; you further understand that if you make a direct rollover to another employer's plan that is subject to the Employee Retirement Income Security Act of 1974 (ERISA), spousal rights will apply to these funds and you may need a signed waiver from your spouse in order to receive a subsequent distribution of these funds; and if you are directing your withdrawal to a Roth IRA, you understand the tax consequences of your election.

If you completed the Direct Deposit Authorization section:

- You also authorized your bank to charge your account for this service and to refund any overpayments to TIAA and/or CREF, and your bank is released from any liability to TIAA and/or CREF for overpayments above the amount of funds available in your account at the time TIAA and/or CREF requests a refund.

Under penalties of perjury, you certify that:

1. The number shown on this form is my correct social security number/taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person.

Your Signature

Date (mm/dd/yyyy)

 / /



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The employer that contributed to your plan must complete this section.

13. HAVE YOUR EMPLOYER'S PLAN REPRESENTATIVE COMPLETE THIS SECTION

EMPLOYMENT TERMINATION DATE

Date (mm/dd/yyyy)

 / /

EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

By signing, you are approving this request.

Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Employer Plan Representative Name (please print)

Title

If you're single, please sign Section 14A.

If you're still working for the employer that contributed to this plan, they need to certify that you're not married. If you're no longer working for this employer, just sign and date this section.

14. ADDITIONAL REQUIREMENTS BASED ON MARITAL STATUS

14A. IF YOU'RE SINGLE, COMPLETE THIS SECTION

I certify that I am not married.

Your Signature

Date (mm/dd/yyyy)

 / /

EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

By signing, you certify that the participant is not married.

Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Employer Plan Representative Name (please print)

Title

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Your spouse has the right to receive a survivor benefit of at least 50% of your account balance. Your spouse can give up or waive this right by consenting to this withdrawal.

The date you sign must be the same or later than the date your spouse signed this form.

Contact your benefits office if you prefer to complete this section instead of the Notary Public Certification above.

14B. IF YOU'RE MARRIED, YOUR SPOUSE COMPLETES THIS SECTION

After you've signed and dated Section 12, your spouse must sign and date this waiver in front of a notary public, or the contributing employer's plan representative.

SPOUSE'S WAIVER OF SURVIVOR BENEFITS

You have the right to receive a survivor benefit of at least 50% (or more as provided by plan provisions) of your spouse's account balance if your spouse dies before you. Your spouse is requesting a withdrawal/rollover and since this money will not be used to provide you with a survivor benefit, we require your consent. If you agree to the withdrawal/rollover, please read and sign the statement below, and have your signature witnessed.

By signing I agree that the amount withdrawn/rolled over will not be available as a survivor benefit.

Spouse's Signature

(Must sign in front of Notary Public OR Employer Plan Representative)

Date (mm/dd/yyyy)

 / /

NOTARY PUBLIC CERTIFICATION

State

County

Date (mm/dd/yyyy)

 / /

First Name of Spouse

Last Name of Spouse

On the above date the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public Signature

Date (mm/dd/yyyy)

 / /

FOR NOTARY PUBLICS IN MA

Indicate the type of identification:

- Valid federal or state ID
- Testimony of a credible witness
- Personal knowledge of the subscriber

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

OR

EMPLOYER PLAN REPRESENTATIVE CERTIFICATION

Employer Plan Representative Signature

Date (mm/dd/yyyy)

 / /

Employer Plan Representative Name (please print)

Title



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FRAUD WARNING

For your protection, some states and the District of Columbia require a warning against fraud to appear on this form. These states, including but not limited to Alaska, Arkansas, California, Delaware, Indiana, Kentucky, Louisiana, Maine, Minnesota, New Hampshire, New Mexico, Ohio, Oklahoma, Pennsylvania, Tennessee and Virginia require a warning substantially similar to the following.

People who file applications for insurance or statements of claim commit a fraudulent insurance act if they knowingly do so with intent to injure, defraud or deceive any insurance company or another person; and/or knowingly include in their application or statement of claim any materially false or misleading information; and/or knowingly conceal information, for the purpose of misleading, concerning any fact material to the application or claim.

A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages.

New York residents, please note: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

Colorado residents, please note: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Florida residents, please note: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information, is guilty of a felony of the third degree.

New Jersey residents, please note: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.