



# TIAA-CREF BROKERAGE SERVICES DESIGNATION OF BENEFICIARY/SPOUSAL CONSENT

**QUESTIONS?**  
800 927-3059

For account information, to check the status of your request or any questions:  
Monday - Friday  
8 a.m. - 7 p.m. (ET)

**NOTE:** Spousal consent may be required. See Section 3.

## 1. ACCOUNT INFORMATION

Traditional/Rollover IRA     Roth IRA     SEP IRA

Account Number (leave blank if new account)

-

First Name

M.I.

Last Name

Social Security Number

-   -

Date of Birth (mm/dd/yyyy)

/  /

Telephone Number

-  -

Marital Status

Single     Married

Gender

F     M

**NOTE:** For specific beneficiary provisions, please refer to the applicable sections of the Plan Document and the Disclosure Statement.

## 2. BENEFICIARY INFORMATION

**DESIGNATION OF BENEFICIARY**

I hereby make the following beneficiary designation(s) pursuant to the retirement account indicated above.

**CHANGE OF BENEFICIARY**

I hereby revoke all prior beneficiary designations and designate the following beneficiary(ies) for my account.

**The following shall be my beneficiary or beneficiaries of this IRA.** If I designate more than one primary or contingent beneficiary, but do not specify the percentages to which such beneficiary or beneficiaries is entitled, payment will be made to the surviving beneficiary or beneficiaries in equal shares.

### PRIMARY BENEFICIARIES

1. First Name

M.I.

Last Name

Social Security Number

-   -

Relationship

Date of Birth (mm/dd/yyyy)

/  /

Gender

F     M

Percentage

%

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(For use in community or marital property states including: AZ, CA, ID, LA, NV, NM, TX, WA, WI)

**3. SPOUSAL CONSENT**

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole, primary beneficiary, your spouse must sign this form below. In addition, the form must be signed in the presence of a Notary Public.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this Traditional IRA, Roth IRA, or SEP IRA, I have been advised to consult a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this Traditional IRA, Roth IRA, or SEP IRA, and consent to the beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the custodian or TIAA-CREF Individual & Institutional Services, LLC.

**Signature of Spouse** (Required in community or marital property states. Must sign in front of Notary Public)

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.

**4. ACCOUNT OWNER SIGNATURE**

Signature

Date (mm/dd/yyyy)

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