



P.O. Box 1268
Charlotte NC 28201-1268

Helpful Information for Completing the Authorization for Lifetime Annuity Payments from TIAA-CREF Group/Supplemental Retirement Annuities

- Complete and return this form to receive lifetime annuity payments from your TIAA and CREF accumulations in Group/Supplemental Retirement Annuities. Also be sure to complete and return the enclosed income tax withholding forms with your *Authorization*.
- To view your current accumulation or to find out the status of your request, logon to our Web Center at www.tiaa-cref.org or call our Automated Telephone Service at **800 842-2252**. You'll need a password and your user ID. Both are available 24 hours a day, 7 days a week.
- If you have any questions, please call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

About Beneficiary Designations

A beneficiary is usually a person but can be a trust, your estate, or an institution. You can change your beneficiary anytime.

You should name two classes of beneficiaries: primary and contingent. If all primary beneficiaries die before you do, then the beneficiaries you name as contingent beneficiaries will receive benefits. When a class of beneficiaries includes more than one person, benefits due will be paid equally among them unless you specify otherwise, in writing. If you have no living beneficiaries, benefits are paid to your estate, or under a two-life annuity option, to the estate of the last survivor of you and your annuity partner.

You can provide for the children of a deceased beneficiary by including the phrase “with provision for payment to surviving children of a deceased beneficiary of this class.” For example, if you name your children as beneficiaries, you can include their children in your provision. This means that if any of your children predecease you, or die before receiving all of the benefits payable to them, we pay the child’s benefit, or the commuted value of the remaining payments due, to that child’s surviving children – your grandchildren.

When you name beneficiaries, we ask you to provide dates of birth and Social Security numbers, and to identify the relationship to you. This helps us pay any benefits to your beneficiaries more quickly.



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Authorization for Lifetime Annuity Payments from TIAA-CREF Group/Supplemental Retirement Annuities

1. Personal Information

Please provide the requested information.

Last Name

First Name

MI

Social Security Number

TIAA Number

CREF Number

Daytime Telephone Number

State of Residence

Citizenship (if not U.S.)

2. Termination, Payment Start Date, and Frequency

Call us if you want to begin income using an accumulation from a specific employer's retirement plan.

A. If you will have terminated employment from all institutions that contributed to these annuities before the date you request payments to begin, check "Yes" and provide a termination date. If you will not have terminated employment before the date you request payments to begin, check "No."

B. Tell us when you want to start your income and the frequency of your payments.

Unless you tell us to begin payments on a future date, we will use the date we receive your completed *Authorization for Lifetime Annuity Payments from TIAA-CREF Group/Supplemental Retirement Annuities*.

If we receive your completed *Authorization* on or prior to the 20th of the month you request payments to begin (or the previous business day if the 20th is not a business day), we will issue your contract as of the next business day. The initial payment will be made at the time your contract is issued. Subsequent payments will be made as of the first of the month, based on the frequency you choose.

If we receive your completed *Authorization* after the 20th of the month (or after the previous business day if the 20th was not a business day) in which you requested payments to begin, your initial payment will automatically be moved to the first of the following month, and your contract will be issued as of the first of that month. Subsequent payments will be made as of the first of the month, based on the frequency you choose.

A. Will you have terminated employment from all institutions that contributed to these annuities before starting your retirement income?

Yes. The termination date from my most recent employer will be/was (date): _____

No. **NOTE:** If you are starting income from the accumulation attributable to your current employer's retirement plan, please contact your employer's benefit office to discuss any consequences.

B. Start my retirement income on the first of (month) _____ (year) _____

Make my payments

Monthly Quarterly Semiannually Annually

3. Choosing an Annuity Income Option

Please select an annuity income option. Also indicate if you want a guaranteed period.

If we checked the following boxes below, please refer to the enclosed *Record of Age* form. We need to establish the age for: you your second annuitant.

If you choose a guaranteed period, name a beneficiary in Section 6.

One-Life Annuity Income Options

Single life annuity

Guaranteed period of (*check one*) 10 years 5 years 20 years none*

*All payments will end at your death.

Two-Life Annuity Income Options

Full Benefit to survivor (you or your annuity partner)

Guaranteed period of (*check one*) 10 years 15 years 20 years no guaranteed period*

Two-thirds benefit to survivor (you or your annuity partner)

Guaranteed period of (*check one*) 10 years 15 years 20 years no guaranteed period*

Half benefit to your annuity partner

Guaranteed period of (*check one*) 10 years 15 years 20 years no guaranteed period*

*All payments will end at the death of the last surviving annuity partner.

Also provide the following information about your annuity partner:

Name _____ Relationship to You _____
(the person to receive lifetime income if he or she survives you)

Date of Birth Social Security Number Citizenship (if other than U.S.)

4. Choosing Your TIAA Traditional Annuity Income

- A. Check the appropriate box to begin income from your TIAA Traditional accumulation. If you are beginning income from part of your accumulation, also write out in words either a dollar amount or a percentage. The minimum is \$10,000 (written as “ten thousand dollars”) or the entire accumulation if it is less than that.
- B. You must choose a payment method for your TIAA Traditional accumulation. The minimum amount you may choose for a payment method is \$10,000, or your entire account accumulation if it is less than \$10,000. If you choose the Graded Payment Method for less than your total TIAA Traditional accumulation, please write out in words either a percentage or dollar amount.

NOTE: If you elect TIAA’s Graded Method, keep in mind that this method is only available for vintages with payouts based on an interest rate of 4% or more. If, on your income starting date, the interest rate for a particular vintage is less than 4%, your initial payment and all future payments for the portion of your accumulation in that vintage will be made under TIAA’s Standard Payment Method. For information on TIAA’s current payout rates, please visit our Web Center at www.tiaa-cref.org, log in by clicking on Secure Access, then go to “Interest rates,” or call our Telephone Counseling Center at 800 842-2776.

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A. Base my TIAA Traditional lifetime annuity income on

100% of my TIAA Traditional accumulation

OR

this amount *(provide the amount written in words)*: _____

B. TIAA Traditional *(check only one box)*

I choose the Graded Method for *(provide a percentage or dollar amount)* _____ of my TIAA Traditional accumulation, with the balance to be paid under the Standard Method.

OR

I choose the Graded Method for all of my TIAA Traditional accumulation.

OR

I choose the Standard Method for all of my TIAA Traditional accumulation.

5. Choosing Your TIAA-CREF Variable Annuity Income

Check the appropriate box to begin income from your TIAA-CREF variable accounts. You must select whether you want your payments to change annually or monthly. If you are beginning income from part of your accumulation, also write out in words *either* a dollar amount *or* a percentage. The minimum is \$10,000 (written as “ten thousand dollars”) or the entire accumulation if it is less than that.

Base my lifetime annuity income on 100% of my CREF and TIAA Real Estate accumulations

AND

I elect to have income that changes annually **OR** monthly

OR

Base my lifetime annuity income on the amount(s) indicated below.

AND

I elect to have income that changes annually **OR** monthly.

NOTE: If you do not want the same election for all accounts, please complete “Income to Change Annually or Monthly” for each account.

Account Name	Amount (written in words)	Income to Change Annually or Monthly
TIAA Real Estate	_____	_____
CREF Stock	_____	_____
CREF Money Market	_____	_____
CREF Social Choice	_____	_____
CREF Bond Market	_____	_____
CREF Global Equities	_____	_____
CREF Growth	_____	_____
CREF Equity Index	_____	_____
CREF Inflation-Linked Bond	_____	_____

6. Choosing Your Beneficiary

Complete this section if you chose a guaranteed period in Section 3. If you die before the end of a guaranteed period, payments will be made to the beneficiaries you name. Contingent beneficiaries would receive payments only if all primary beneficiaries die before you. Unless you provide a percentage for each beneficiary, all beneficiaries in a class will share equally.

Name of Primary Beneficiary	Social Security Number	Relationship	Date of Birth
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Name of Contingent Beneficiary	Social Security Number	Relationship	Date of Birth
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7. Direct Deposit Authorization

Complete this section if you want your payments directly deposited to your bank account. Be sure to attach a voided check (or for a savings account, a deposit slip preprinted with your personal information.)

If you do not provide a voided check or a preprinted deposit slip, you will need to have your signature guaranteed in Part B below. You will need to sign this request in front of an authorized employee of a national or state bank, a federal savings and loan association, stock exchange member firm, or a savings bank in New York or Massachusetts. **A notary public is not acceptable.** A stamp or seal indicating "Signature Guaranteed" must accompany a signature guarantee.

If you do not provide us with the required information we need to act on your instructions, we will send your payments to your residence address.

.....
A.

Name of Bank

Street Address

City

State

Zip Code

Telephone Number

Checking Account Number: _____ Savings Account Number _____

9-Digit Bank Transit Number:

B. I certify that the above-named person as described, whose identity is known or proven to me, personally appeared before me on *(date)* _____ at

(provide the city and state) _____ and signed this request.

Signature of Bank Officer

Date

8. Your Agreement and Signature

By signing, you agree that:

- You can't change your annuity income option, guaranteed payment period (if any), or your annuity partner after annuity income payments begin;
- In Section 2, if you answered "Yes" and provided a termination date, you certify that you have or will have terminated by the date; or if you answered "No" or did not enter a termination date for employment at any institution remitting premiums to its retirement plan on your behalf, you certify that you understand the repercussions of beginning retirement income while employed;
- The retirement income starting date cannot be prior to the receipt of all necessary papers;
- If, in Section 7, you requested that your payments be directly deposited, you authorize that the bank charge your account and refund any overpayments to TIAA-CREF. You release your bank from any liability to TIAA-CREF for overpayments above the amount of funds available in your account at the time TIAA-CREF requests a refund.
- You acknowledge that you have received a retirement income illustration and information about the income options available to you, and you have reviewed the illustration's comparison of TIAA income under the Graded Method and the Standard Method; and
- You understand that TIAA's Graded Method is only available for vintages with payouts based on an interest rate of 4% or more.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number; and you are not subject to backup withholding due to a failure to report interest or dividend income; and you are a U.S. person (this includes all U.S. citizens and resident aliens).*

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signature

Date of Signature

*If you are subject to backup withholding, cross out the statement above that refers to not being subject to backup withholding. If you are not a U.S. person, cross out the statement that refers to being a U.S. person.

9. Unmarried Determination

If you are **not married**, complete this section. If you are currently employed, your unmarried status must be established by your employer's plan representative.

.....
Yes, I am not married. If I am employed, my employer's plan representative must establish my unmarried status to his/her satisfaction and sign below.

Participant's Signature

Date

Name of Institution

Signature of Plan Representative

Title

Date

10. Spouse's Right

To the Participant –

If you are married, and since August 23, 1984, you have participated in the retirement plans of private institutions that are subject to applicable federal regulations, your spouse has certain rights regarding these accumulations. Your spouse's written consent is required if you choose a life annuity in which your spouse is not your annuity partner.

Either the plan representative or a notary public must witness your spouse's signature. Your spouse's signature must be dated the same or a later date than when you signed and dated this *Authorization*, and the date must be no more than 90 days before payments begin.

Please be sure to have your spouse read the information below.

To the Participant's Spouse –

Applicable federal regulations give you, as the individual married to the participant, certain rights to accumulations subject to these federal regulations. These federal regulations provide you with the right to receive at least 50% of your spouse's accumulation as a survivor benefit if your spouse dies before you. You can waive your rights to a survivor benefit if your spouse authorizes a life annuity in which you are not named as the annuity partner.

If you agree to the payment choice(s) described in this *Authorization*, please read the statement below and sign it. The plan representative or a Notary Public must witness your signature. If you have questions, please call our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. ET, and Saturday from 9 a.m. to 6 p.m. ET.

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I consent to my spouse's request for the payment choice(s) described in this *Authorization*, and I release TIAA and CREF for all liability for actions based on this *Authorization*. I agree I am giving up my right to be named as an annuity partner for a qualified joint and survivor annuity.

Spouse's Signature

Date

The Plan Representative signs here.

Name of Institution

Signature of Plan Representative

Title

Date

OR

The Notary Public completes this section.

State of _____)

County of _____) :ss

On (date) _____ before me personally appeared (name) _____

to me known and known to me to be the individual who signed the above spousal consent and acknowledged that he/she signed the consent.

Signature of Notary Public

Date

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

Insurance fraud is a crime and in some states it is a felony. Penalties may include imprisonment, fines, denial of insurance, and civil damages.

New York residents, please note:

Civil penalties shall not exceed \$5,000 and the stated value of the claim for each such violation.

Colorado residents, please note:

Any insurance company or any agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or to a claimant with regard to a settlement or award payable from the 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 Hampshire residents, please note:

Prosecution and punishment for insurance fraud is provided by RSA 638.20.

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.