



FINANCIAL SERVICES
FOR THE GREATER GOOD®

NOTICE OF CHANGE OF NAME

Please print in capital letters and only use black or dark blue ink.

CHANGE OF NAME

TIAA Annuity Number

CREF Annuity Number

TIAA Policy Number

Return this form to:
TIAA-CREF
P.O. Box 1264
Charlotte, NC 28201

Social Security Number

NOTE: This form and certified documentation will only be accepted by mail. It cannot be accepted via fax.

Former Name

Title

First Name

Middle Name

Last Name

Please sign in black or dark blue ink.

Former Signature

New Name

My Name has been changed to that given below and I authorize you to use the new name hereafter:

Title

First Name

Middle Name

Last Name

Please sign in black or dark blue ink.

New Signature

Address

City

State

Zip Code

CONTINUED ON NEXT PAGE





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NOTICE OF CHANGE OF NAME

*Note: A certified copy of any Court Order or other document authorizing the change must be furnished.

My Name has been changed by: (Check appropriate box below)

Marriage* Divorce* Adoption* Court Order* Other*

If other, please explain

Date of Name Change (mm/dd/yyyy)

NOTE: This form and certified documentation will only be accepted by mail. It cannot be accepted via fax.

Court Name

Court Address

City

State

Zip Code

For TIAA-CREF USE ONLY

Accepted – Teachers Insurance and Annuity Association College Retirement Equities Fund