



NOTICE OF CHANGE OF NAME

You must send this form and supporting documentation to us by mail. We cannot accept faxed or uploaded copies. If you include any of the following original supporting documents with your request, we will return them to you: Birth Certificate, Marriage Certificate, Baptism Certificate, Driver's License (if current), Passport (valid or expired), Military Identification or Will. However, if you include a Death Certificate, Expired Driver's License or Qualified Domestic Relations Order, with your request and you want us to send it back to you, you must include a letter with this form requesting that we return the document.

Please print using black or dark blue ink.

1. CHANGE OF NAME

Please provide one or more numbers below.

TIAA Annuity Number

CREF Annuity Number

TIAA Policy Number

Brokerage Account Number

Mutual Funds Account Number

Institution Name

Please sign in black or dark blue ink. Digital signatures are not accepted.

2. FORMER NAME

Title

First Name

Middle Name

Last Name

Former Signature

Social Security Number





3. 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name

New Signature

Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Please sign in black or dark blue ink. Digital signatures are not accepted.

*Note: You must provide the supporting documents (original OR a certified copy (certified by the department that issued it with a raised certification stamp or notarized to be an authentic copy by a notary public)) authorizing the change.

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)

/ / 20

Court Name

Court Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note: This form and supporting documentation will only be accepted by mail. It cannot be accepted via fax or by upload.

4. RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:
TIAA
P.O. Box 1259
Charlotte, NC 28201-1259

OVERNIGHT:
TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

FOR TIAA USE ONLY

Accepted — Teachers Insurance and Annuity Association of America - College Retirement Equities Fund (TIAA-CREF)

