



NOTICE OF CHANGE OF NAME

In addition to this completed form, you must also **provide one of the following items:** Birth Certificate; Marriage Certificate; Baptism Certificate; Driver's License (current); Passport (valid or expired); Military Identification; or Will.

- **If you're completing this form online using DocuSign:** Upload your supporting document when you sign your request.
- **If you're mailing this form:** Include the original supporting document when you mail your form. We will return your document after processing your request.

If you choose to use a Death Certificate, expired Driver's License, or Qualified Domestic Relations Order, we will only return it if you include a letter requesting the document's return along with your form.

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, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

2. FORMER NAME

Title

First Name

Middle Name

Last Name

Former Signature

Social Security Number





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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, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted.

*You must provide supporting documents authorizing your change of name with this request.

- Online uploads must be legible and clearly show any legally identifying markers, such as certification stamps.
- If you send by mail, supporting documents should be included in the same package with your form and must be originals or certified copies (certified by the department that issued it with a raised certification stamp or an authentic notarized copy).

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 cannot be accepted via fax.

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)

