



In addition to this completed form, you must also provide an original or certified version of 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 digital signature:** Upload your supporting documents when you sign your request.
- **If you're mailing this form:** Include the original or certified supporting document when you mail your form. We will return your original document after processing your request.

NOTE: If you send us a Qualified Domestic Relations Order, we will only return it if you include a letter requesting it to be returned.

Please print using black ink.

NOTE: An Account Number is required to process your request.

NEED HELP? Call TIAA at 800-842-2252 weekdays, 8 a.m-10 p.m. (ET).

1. ACCOUNT INFORMATION

Please provide the information below.

Only one TIAA Annuity Account Number is needed to update all your TIAA Annuity Accounts.

TIAA Annuity Number

□□□□□□□□

Only one Mutual Fund Account Number is needed to update all your Mutual Fund Accounts.

Mutual Fund Account Number

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Only one TIAA Life Insurance Policy Number is needed to update all your TIAA Life Insurance Policies.

TIAA Life Insurance Policy Number

□□□□□□□□

Provide all of your Brokerage Account Numbers.

Brokerage Account Number

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Brokerage Account Number

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Brokerage Account Number

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Brokerage Account Number

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Brokerage Account Number

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The name change request will apply to accounts in which you are an account holder role. It will not apply to any account in which you may be a beneficiary, trusted contact, interested party, or power of attorney.





NOTE: A full Social Security Number is needed to process this request.

Please sign online using TIAA's digital signature experience. Sign your full legal name with suffix. If you are returning this form by mail, please sign using black ink.

2. CHANGE OF NAME

A. Former Name

Title First Name Middle Name

Last Name Suffix

Former Signature

Social Security Number

B. 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 Suffix

Mailing Address

City State Zip Code





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

- If you digitally sign and submit, you will need to upload the required certified supporting documents.
- 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).

3. CHANGE OF NAME DOCUMENTATION

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

Marriage*
 Divorce*
 Adoption*
 Court Order*
 Other*

If other, please explain

Court Name

Court Address

City State Zip Code

NOTE: This form and supporting documentation cannot be accepted via fax.

OPTIONS TO RETURN COMPLETED FORM(S):

OPTION 1: Digitally sign and submit your form.

- If you received a digital form, complete the online signature digital process and be sure to upload the required certified documents.
- If you did not receive a digital form but would like to complete this process online, simply log into your account at TIAA.org and enter Name Change in the search field to complete the online signature digital process. Be sure to upload the required certified documents.

OPTION 2: If you are mailing this form with the supporting documents, use the information provided below.

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

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

