



Fraud Affidavit Form

Dear Valued Customer:

Thank you for letting us know about the TIAA Direct account activity that you do not recognize. Please take a few moments to complete this affidavit and return it to us at the address below. Doing so will allow us to thoroughly investigate and resolve your claim in a timely fashion. If you do not confirm your claim in writing within ten (10) business days of our first conversation regarding this matter, it may impact our reimbursement decision regarding your claim.

Please return the completed form to:

TIAA Direct
ATTN: Fraud Operations
P.O. Box 1308
Charlotte, NC 28201-1308

We may contact you to discuss details of your claim if we believe that there is additional information that may assist us in concluding this matter.

We value your business and look forward to getting this matter resolved and continuing to serve your needs. If you have any questions, please contact our customer service team at 1-855-842-2372 Monday through Friday 8am to 8pm ET, Saturday 9am – 6pm ET, and Sunday 9am – 6pm ET.

Sincerely,

Fraud Operations, TIAA Direct

Who do you suspect of making the transactions? Include all relevant information, including names, address and physical description.

I, the Claimant Affirm:

That I have fully disclosed my knowledge of the facts and circumstances surrounding this claim of fraudulent activity,

- **that the information provided on this form is true is correct to the best of my knowledge,**
- **That I did not benefit from the proceeds of unauthorized transactions and understanding that the filing of a false claim against TIAA-CREF Trust Company, FSB, a federally insured financial institution, is in violation of state and federal criminal law and could result in criminal prosecution, and that**
- **I give my consent to TIAA-CREF Trust Company, FSB to release any information regarding these transactions to any local, state and/or federal law enforcement agency so that the information can, if necessary, be used in the investigation and/or prosecution of any person(s) who may be responsible for fraudulent activity.**

Accountholder/Claimant Signature

Date

Please Print Name of Accountholder/Claimant

FOR CLAIMS GREATER THAN \$1,000.00, please sign this form in the presence of a notary and have the notary seal the following attestation:

The foregoing instrument was acknowledged before me this _____ day of

_____, _____, by

(Provide Seal Above)

Personally known (Initial) _____

Or Produced Identification (Initial) _____

Type of Identification Produced: _____

Identification Number, State of Issuance, and Expiration Date: _____