

## 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

## Instructions

Please complete this form as accurately and as thoroughly as possible. Failure to answer all questions clearly may result in a delay in resolving your claim or a delay in crediting your account. If you have questions, please contact us at (855) 842-2372. We are available Monday through Friday 8am to 8pm ET, Saturday 9am – 6pm ET, and Sunday 9am – 6pm ET. Thank you for your cooperation in this matter.

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countholder	Address								
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Who do you suspect of making the transactions? Include all randress and physical description.	relevant information, including names,
I, the Claimant Affirm:	
That I have fully disclosed my knowledge of the facts and circ fraudulent activity,	cumstances surrounding this claim of
- that the information provided on this form is true is c	orrect to the best of my knowledge,
<ul> <li>That I did not benefit from the proceeds of unauthorize that the filing of a false claim against TIAA-CREF Tru- financial institution, is in violation of state and federal criminal prosecution, and that</li> </ul>	st Company, FSB, a federally insured
<ul> <li>I give my consent to TIAA-CREF Trust Company, FSE these transactions to any local, state and/or federal la information can, if necessary, be used in the investig person(s) who may be responsible for fraudulent action</li> </ul>	aw enforcement agency so that the ation and/or prosecution of any
Accountholder/Claimant Signature	Date
Please Print Name of Accountholder/Claimant	_
FOR CLAIMS GREATER THAN \$1,000.00, please sign the and have the notary seal the following attestation:	is form in the presence of a notary
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:	