

**AUTHORIZATION TO CHANGE ADDRESS****Please complete and print all information.**

<b>Date of Birth</b> / /		<b>Social Security Number</b> - -		<b>Canadian Social Insurance Number</b>	
<b>First Name</b>		<b>Middle Initial</b>		<b>Last Name</b>	
<b>OLD ADDRESS</b>	<b>Number and Street</b>			<b>Apt #</b>	<b>Contract/Policy Number or *Disability File Number</b>
	<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>NEW ADDRESS</b>	<b>Number and Street</b>			<b>Apt #</b>	
	<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<b>Effective Date of Change</b> / /		<b>Area Code Telephone Number</b> ( ) -			
<b>Participant's Signature</b>				<b>Date</b>	

Please list all your Contract/Policy Numbers or Disability File Numbers which relate to this address change.  
 Are you now receiving group disability benefits or do you have an application for disability pending?  Yes  No

Mailing Address

TIAA-CREF  
 730 THIRD AVENUE  
 NEW YORK NY 10164-0129