

NOTICE OF CHANGE OF NAME

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You must send this form and supporting documentation to us by mail. We cannot accept faxed or uploaded copies. If you include any of the following original supporting documents with your request, we will return them to you: Birth Certificate, Marriage Certificate, Baptism Certificate, Driver's License (if current), Passport (valid or expired), Military Identification or Will. However, if you include a Death Certificate, Expired Driver's License or Qualified Domestic Relations Order, with your request and you want us to send it back to you, you must include a letter with this form requesting that we return the document.

Print in upper case using black or dark blue ink and provide all information. NEED HELP' 800 842-2252 Monday to Friday 9 a.m 6 p.m. (ET) Saturday 9 a.m 6 p.m. (ET) Or visit tiaa-cref.org. Please sign in black or dark blue ink. Digital signatures are not accepted. 1. CHANGE OF NAME Please sign in black or dark blue ink. Digital signatures are not accepted.					
Please sign in black or dark blue ink. Digital signatures Please provide one or more numbers below. TIAA Annuity Number CREF Annuity Number TIAA Policy Number TIAA Policy Number Mutual Funds Account Number Mutual Funds Account Number Middle Name Please sign in black or dark blue ink. Digital signatures Please provide one or more numbers below. TIAA Policy Number TIAA Policy Number Mutual Funds Account Number Mutual Funds Account Number Middle Name Please sign in black or dark blue ink. Digital signatures		1. CHANGE OF NAME			
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Monday to Friday 8 a.m. – 10 p.m. (ET) Saturday 9 a.m. – 6 p.m. (ET) Or visit tiaa-cref.org. Brokerage Account Number Institution Name 2. FORMER NAME Title First Name Last Name Last Name Please sign in black or dark blue ink. Digital signatures Social Sequitiv Number	NEED HELP? 800 842-2252				
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Last Name Former Signature Please sign in black or dark blue ink. Digital signatures Social Security Number		2. FORMER NAME			
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Please sign in black or dark blue ink. Digital signatures Social Socurity Number		Former Signature			
blue ink. Digital signatures	Dlagge gign in black or dark				
		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 Last Name		Middle Name	
Please sign in black or dark blue ink. Digital signatures are not accepted.	New Signature			
	Address			
	City	State	Zip Code	
Note: You must provide the supporting documents (original OR a certified copy (certified by the department that issued it with a raised certification stamp or notarized to be an authentic copy by a notary public)) authorizing the change.	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) Court Name Court Address			
	City	State	Zip Code	
N. T. C	4 DETUDIN COMPLETED FOR 1991	TO.		
Note: This form and supporting documentation will only be accepted by mail. It cannot be accepted via fax or by upload.		IIGHT:		
	FOR TIAA-CREF USE ONLY Accepted — Teachers Insurance and Annuity Association of America – College Retirement Equities Fund (TIAA-CREF)			

