



Print in upper case using black or dark blue ink and provide all information.

NEED HELP? 800 842-2252

Monday to Friday  
8 a.m. - 10 p.m. (ET)

Saturday  
9 a.m. - 6 p.m. (ET)

Or visit [tiaa-cref.org](http://tiaa-cref.org).

1. CHANGE OF NAME

Please provide two of the six numbers listed below for identification purposes.

TIAA Annuity Number

CREF Annuity Number

TIAA Policy Number

Brokerage Account Number

Mutual Funds Account Number

Social Security Number

Institution Name

Note: This form and certified documentation will only be accepted by mail. It cannot be accepted via fax.

2. FORMER NAME

Title

First Name

Middle Name

Last Name

Former Signature

Please sign in black or dark blue ink.

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

Middle Name

Last Name

New Signature

Address

City

State

Zip Code

Please sign in black or dark blue ink.





**3. NEW NAME (CONTINUED)**

**\*Note:** A certified copy of any Court Order or other document authorizing the change must be furnished.

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)

/  / 20

Court Name

Court Address

City

State

Zip Code

**4. RETURN COMPLETED FORM(S) TO:**

**STANDARD MAIL:**

TIAA-CREF  
P.O. Box 1259  
Charlotte, NC 28201-1259

**OVERNIGHT:**

TIAA-CREF  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

**FOR TIAA-CREF USE ONLY**

Accepted — Teachers Insurance and Annuity Association - College Retirement Equities Fund

