



DESIGNATION OF BENEFICIARY

For:

Group Supplemental Retirement Annuities Supplemental Retirement Annuities Group Retirement Annuities Retirement Annuities After-Tax Retirement Annuities Savings & Investment Plan (for Survivors Only) Rollover Individual Retirement Annuities Classic Individual Retirement Annuities Roth Individual Retirement Annuities Transfer Payout Annuities Keogh Contracts

Your beneficiary(ies) will receive the value of the accumulation under your annuity(ies) as a death benefit if you die before you begin to receive retirement income. A beneficiary can be an individual, an institution, a trustee, or your estate. You should always name a beneficiary. You can guard against complications and help ensure faster payment of benefits by keeping your designation as simple as possible.

The primary beneficiary (Class I) receives the benefits to be paid when you die. If no primary beneficiary (Class I) is living, the benefits go to the contingent beneficiary (Class II). If a class includes more than one person, the benefits are divided equally among the living beneficiaries of the class unless you specify otherwise. If none of the beneficiaries is living, the benefits go to your estate. This order of payment and division of benefits is provided for in the Additional Provisions section. Instructions for completing the *Designation of Beneficiary* are given in the margins.

If all or part of your accumulation for which this designation applies is attributable to contributions made under a retirement plan or tax-deferred annuity plan covered by the Employee Retirement Income Security Act (ERISA) of 1974, or your institution has adopted an equivalent special spousal policy, and if you are married at your death, then your designation of beneficiary may be subject to your spouse's rights to receive a preretirement survivor death benefit, as explained below. Although you may currently be exempt from ERISA requirements, please be aware that if you move to another institution through which premiums are remitted or you change your marital status, your future benefits may be subject to ERISA.

TIAA-CREF annuity benefits are considered annuity benefits under retirement or tax-deferred annuity plans covered by ERISA. Therefore, they may be subject to this rule.

Your Spouse's Right to Annuity Death Benefits

Federal pension law (ERISA) provides that:

If you are married at the time of your death, your spouse is entitled to receive, as primary beneficiary, 50% of your qualified preretirement survivor annuity death benefits under a retirement or tax-deferred annuity plan covered by ERISA (or the required amount under your institution's spousal policy). If you name someone other than your spouse as primary beneficiary for more than 50% (or more than the required amount) of the benefits **and** he or she has not consented to this primary beneficiary designation by completing a Spousal Waiver, then 50% (or more if the required amount is more than 50%) of those qualified preretirement survivor annuity death benefits will be payable to your spouse **regardless of your beneficiary designation in effect at the time of your death**. The remainder will be payable to any other named beneficiaries.

Certain institutions, including some non-ERISA institutions, require that more than 50% of any qualified preretirement survivor annuity death benefit be paid to your spouse upon your death. If your designation does not satisfy your institution's policy, we will notify you when we confirm your designation change.

Exemptions From Spousal Rights to Survivor Benefits

You are not subject to ERISA spousal benefits rules described above and may designate whomever you wish as beneficiary, if: you are not married (this exemption also applies to non-ERISA contracts); **or**,

you are covered by a retirement or tax-deferred annuity plan provided by a publicly supported institution (state colleges or universities are generally not included, though some state and other governmental plans have similar provisions) or certain churches; **or**,

your accumulations for which this designation applies are attributable to self-remitted, after-tax contributions, or to contributions made under a retirement plan or tax-deferred annuity plan prior to the August 23, 1984 effective date of the Retirement Equity Act, which amended ERISA to provide these spousal rights.

How to Waive a Preretirement Survivor Death Benefit

If you are married and want more than 50% of your benefits (or the required amount, if greater) to go to someone other than your spouse, you must be able to claim an exemption as explained above or have your spouse authorize the designation by completing the Spousal Waiver form. This form must be signed by your spouse, and either notarized or verified by your plan representative. Under federal law, if you are under 35, you cannot complete a Spousal Waiver unless your plan provides otherwise. Even if your plan does allow you to complete a Spousal Waiver, you must complete *another* Spousal Waiver once you reach age 35. We will notify you at that time.

Online Beneficiary Changes

Some beneficiary changes can be entered online. To view or change your beneficiary designation online, please visit our Web Center at **www.tiaa-cref.org** and log in to "Secure Access."



Additional Provisions

Note: For institution-owned contracts and certificates, "You" and "Your" refer to the employee.

1. EFFECTIVENESS. This *Designation of Beneficiary* is effective for each annuity contract and certificate listed by number or by definition of all contracts as stated in the Annuity Numbers section. If the beneficiary designations are satisfactory by TIAA-CREF's standards and the designations are accepted by TIAA-CREF, the designations will be effective from the date the form was signed by the participant, but subject to any payment made or other action taken by TIAA-CREF before such acceptance.

2. ORDER OF PAYMENT AND DIVISION OF BENEFITS:

- (a) Unless otherwise provided: Payment at your death is to be made to a beneficiary if he or she is then living and if there is no beneficiary in a prior class living. If a class of beneficiaries contains more than one person, the benefits due the beneficiaries in such class at your death are to be apportioned in equal proportions to the then-living beneficiaries in the class.
- (b) If otherwise provided: Payment at your death is to be made to a beneficiary if he or she is then living and if there is no beneficiary in a prior class living. If a class of beneficiaries contains more than one person, the benefits due the beneficiaries in such class at your death are to be apportioned in accordance with the proportions stated. If a beneficiary predeceases you, the proportion of the benefits that would have otherwise been apportioned to such deceased beneficiary shall instead be apportioned to the other beneficiaries who survive you. Unless otherwise provided, the portion of such deceased beneficiary's proportion of the benefits that shall be payable to each such surviving beneficiary shall be determined by dividing the deceased beneficiary's fraction of the total benefits by the sum of the fractions of the total benefits that all beneficiaries in the class who survive you are designated to receive.

(c) Payment to children of a deceased <u>child</u>/Payment to children of a deceased <u>beneficiary</u>

By choosing one of these provisions, you may elect for TIAA-CREF to pay benefits to the children of a deceased child of yours (your grandchildren) or the children of any deceased beneficiary. You may add *one* of these provisions to your primary beneficiary designations, your contingent beneficiary designations, or both. If you do not select one of these provisions, the deceased beneficiary's benefits are reallocated among the surviving beneficiaries of a class, i.e., the surviving primary or contingent beneficiaries. The following examples illustrate how these provisions work.

Provision: "Payment to the children of a deceased <u>child</u> of mine" provision applied to your contingent beneficiaries.

Example: You name your spouse as primary beneficiary, and name your son and daughter as equal contingent beneficiaries. Your son and daughter each have two children. Your spouse and son both predecease you. Since your primary beneficiary is not alive, the benefits would be payable to your contingent beneficiaries. Upon your death, your daughter would receive 50% of the benefits and the 50% that would have been paid to your son would instead be split equally between his two children.

Provision: "Payment to the children of a deceased beneficiary" provision applied to your primary beneficiary.

Example: A friend, your sole primary beneficiary, predeceases you. He has three children. You name your brother and sister as contingent beneficiaries. Upon your death, the benefits that would have been paid to your friend would instead be split among his three children. Benefits pass to your brother and sister as contingent beneficiaries, only if your friend and all his children predecease you.

Provision: "Payment to the children of a deceased <u>child</u> of mine" provision applied to your primary beneficiaries.

Example: You name your son, daughter and wife as primary beneficiaries. Your wife has two children from a former marriage. Your wife predeceases you. Upon your death, your wife's 1/3 share would be split equally between the surviving beneficiaries – your two children. In addition, they each would be entitled to another 1/3 of the benefits. If either your son or daughter predeceases you, their children – your grandchildren – would be eligible for benefits.

If you had selected the "Payment to the children of a deceased <u>beneficiary</u>" provision, then your wife's 1/3 share would have been split between **her** surviving children.

- (d) If all beneficiaries predecease you, all interest in the benefits will be payable to your estate, i.e., your duly appointed executor(s) or administrator(s).
- (e) Payment at your death will be subject to your spouse's rights, if any, to receive a preretirement survivor death benefit.
- 3. LUMP-SUM PAYMENT OF BENEFITS TIAA and CREF reserve the right to pay in a lump sum the benefits (a) if at the time of payment, a beneficiary is a corporation, association, partnership, executor, or administrator; (b) unless otherwise provided, if any periodic payment to be made to any beneficiary is less than the equivalent of \$25 per month, or \$10 per month if such amount is specified in the contract; or (c) if any beneficiary's share to be applied under a method of settlement is less than \$5,000, or \$1,000 if such amount is specified in the annuity contract.

4. IF A TESTAMENTARY OR AN INTER VIVOS TRUST IS DESIGNATED AS BENEFICIARY:

- (a) TIAA-CREF shall not be obliged to inquire into the terms of any will or of any trust affecting the annuity contract or its death benefits and shall not be charged with knowledge of terms thereof.
- (b) If benefits become payable to a testamentary trustee and (i) the will is not presented for probate within 90 days following the date of your death; or (ii) the will has been presented for probate within the aforesaid 90 days and no qualified trustee makes claim for the benefits within nine months after your death; or (iii) if evidence is furnished and is satisfactory to TIAA-CREF within such nine-month period that no trustee can qualify to receive the benefits, payment shall be made to the successor beneficiary(ies) if any such beneficiary(ies) is (are) designated and survive(s) you; otherwise to your estate.
- (c) If benefits become payable to an inter vivos trustee and (i) the trust agreement is not in effect; or (ii) no trustee can qualify to receive the benefits; or (iii) the qualified trustee is not willing to accept the benefits, payments shall be made to the successor beneficiary(ies), if any such beneficiary(ies) is (are) designated and survive(s) you; otherwise to your estate.
- (d) Payment to, and receipt by, said trustee, said successor beneficiary(ies) or said estate, as provided for in (b) or (c) above, shall fully discharge TIAA-CREF for all liability to the extent of such payment. TIAA-CREF shall have no obligations as to the application of funds so paid and shall, in all dealings with said trustee or with said executors or administrators, including but not limited to any consent, release or waiver of interest, be fully protected against the claims or demands of any other person(s).

Please mail this form to: TIAA-CREF, PO Box 1268, Charlotte, NC 28201-1268. Some beneficiary designations can be entered online. To view or change your beneficiary designation online, please visit our Web Center at <u>www.tiaa-cref.org</u> and log in to "Secure Access." If you have questions, call us at **877 518-9161**, Monday to Friday from 8 a.m. to 10 p.m. ET and Saturday from 9 a.m. to 6 p.m. ET.

• PLEASE PRINT OR TYPE using blue or black ink.

- Instructions in the left margin will help you complete this form.
- Please use the following examples as a reference when completing the beneficiary section.
- Do not name the same person as primary and contingent beneficiary.
- You can name your children individually or use the designation "my children." We recommend that you use the "my children" designation only when you plan to have more children.
- Enter the name, date of birth, relationship to you, Social Security or Taxpayer Identification Number and allocation of each primary and contingent beneficiary named. Use the given name of each beneficiary designated (e.g., "Martha B. Doe" not "Mrs. John Doe").

Usual family situation - spouse as primary beneficiary; children as equal contingent beneficiaries (names of guardians

should not be stated): 3. YOUR PRIMARY Martha B. Doe 01-01-1934 **BENEFICIARIES** Name Date of Birth (mm-dd-yyyy) (CLASS I) Wife 999-99-9999 100% Relationship Social Security or Taxpayer ID Number Allocation 4. YOUR Avery Doe 02-14-1965 CONTINGENT Name Date of Birth (mm-dd-yyyy) PRIMARY Son 000-00-0000 50% **BENEFICIARIES** Relationship Social Secu Allocation tv or Tax (CLASS II) Doreen Doe 03-01-1969 Name Date of Birth (mm-dd-yyyy) Daughter 11-111 50% Relationship Security or Taxpayer ID Number Allocation More than one beneficiary in a d 3. YOUR PRIMARY Jane Smith-Bro 05-10-1945 BENEFICIARIES Date of Birth (mm-dd-yyyy) Name (CLASS I) 999-99-9999 80% Sister Social Security or Taxpayer ID Number Relationship Allocation John P. Smith 03-03-1950 Date of Birth (mm-dd-yyyy) Name 999-99-9999 Brother 20% Relationship Social Security or Taxpayer ID Number Allocation Estate as beneficiary: 3. YOUR PRIMARY My Estate BENEFICIARIES Name Date of Birth (CLASS I) % Relationship Social Security or Taxpayer ID Number Allocation Trustee named in inter vivos (living) First BankTrust Columbus, Ohio, or its trust agreement Successors as Trustee(s) under trust agreement dated April 1, 1998. Trustee named in your will The trustee(s) qualified under my Last Will and (testamentary trust) Testament and/or any Codicil thereto. Institution as beneficiary (state the full legal name and address, and whether it is a corporation). The institution, or department within the institution, must have a Taxpayer ID. The ABC Company (a New York Corporation) Taxpayer ID: 99-0000000 1234 Main Street Silver Springs, NY 10018

F1387 06-03 Please mail this form to: TIAA-CREF, PO Box 1268, Charlotte, NC 28201-1268. Some beneficiary designations can be entered online. To view or change your beneficiary designation online, please visit our Web Center at www.tiaa-cref.org and log in to "Secure Access." If you have questions, call us at 877 518-9161, Monday to Friday from 8 a.m. to 10 p.m. ET and Saturday from 9 a.m. to 6 p.m. ET.

DESIGNATION OF BENEFICIARY

First Name MI Last Name (one churster per hox)	1.	PERSONAL INFO	RMA	ATIC	DN	T_{i}	his se	ctior	ı on	ly app	olies	s to y	ou,	not	your	ben	efic	eiary	<i>.</i>								
Social Security Number Dute of Birth (nm-dd-yyyy) Dute of Birth (nm-dd-yyy) Nume Nume Dute of Birth (nm-dd-yyy) Nume								Τ								Τ				Γ							٦
Social Security Number Dute of Birth (nm-dd-yyyy) Dute of Birth (nm-dd-yyy) Nume Nume Dute of Birth (nm-dd-yyy) Nume		First Name								MI	MI Last Name (one character per box)																
ANULTY Daytime Telephone Number Extension				1 [Γ					T	7	Γ			- /		٦					
Daytim: Telephone Number Extension 2. ANNUTY Extension WUREES Check only one doe: Check only one doe: This designation applies to ALL the TIAA-CREF annuities I have that are referenced by contract type on the cover page of this form. (If your select this box, do not list any numbers below.) OR B2.0 This designation applies ONLY to my TIAA-CREF annuity contract and/or certificate numbers indicated below. (Please use the space available to list the applicable TIAA and CREF numbers that correspond to the contract types listed on the cover page of this form.) TIAA Contract Numbers CREF Certificate Numbers warm the beneficiary designation applies of the contract types listed on the cover page of this form.) CREF Certificate Numbers Work PRIMARY Benef Circuit Application and form applies of the contract types listed on the cover page of the discussion of the contract types listed on the cover page of the discussion of the contract types listed on the cover page of this form.) Repeat Annahity Image: Contract Numbers TAA Contract Numbers CREF Certificate Numbers Repeat Annahity Image: Contract Numbers Benef Ficture Number Maxee Repeat Annahity Social Security or Tapayer ID Number Allocations in the contract type state and or coll Back (nam-decyyyy) NOUR PRIMARY Benef Circitare Numbers]-[
2. ANNUTY NUMBERS 2.A. This designation applies to ALL the TIAA-CREF annuities I have that are referenced by contract type on the cover page of this form. (If you select this box, do not list any numbers below.) OR 2. A. This designation applies to ALL the TIAA-CREF annuity contract and/or certificate numbers beneficiar: designer applicable TIAA contract Numbers 3. Dot of the contract types listed on the cover page of this form.) TIAA Contract Numbers CREF Certificate Numbers Construction Construction NOR 3. YOUR PRIMARY BENEFICARIES (CLASS 1) CREF Certificate Numbers Construction Relationship Social Security of Tapager ID Number Allocation % Cass mate gene to iter of this coass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of the contract of Tapager ID Number Cass mate gene to iter of the contract of the contract of Tapager ID Number Cass mate gene to iter of the contract of the		Social Security Number									Date of Birth (mm-dd-yyyy)																
2. ANNUTY NUMBERS 2.A. This designation applies to ALL the TIAA-CREF annuities I have that are referenced by contract type on the cover page of this form. (If you select this box, do not list any numbers below.) OR 2. A. This designation applies to ALL the TIAA-CREF annuity contract and/or certificate numbers beneficiar: designer applicable TIAA contract Numbers 3. Dot of the contract types listed on the cover page of this form.) TIAA Contract Numbers CREF Certificate Numbers Construction Construction NOR 3. YOUR PRIMARY BENEFICARIES (CLASS 1) CREF Certificate Numbers Construction Relationship Social Security of Tapager ID Number Allocation % Cass mate gene to iter of this coass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of Tapager ID Number Cass mate gene to iter of the contract of the contract of Tapager ID Number Cass mate gene to iter of the contract of the contract of Tapager ID Number Cass mate gene to iter of the contract of the					_									_					_								
ANNUITY NUMBERS ZA. This designation applies to ALL the TIAA-CREF annuities I have that are referenced by contract type on the cover page of this form. (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) OR (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers below.) (If you select this box, do not list any numbers (If you select this box, do not list an		Daytime Telephone Numb	ber		1			\pm		E	veni	ing T	elep	∟ hone	Num	ber			L		I	<u> </u>	_				
NUMBERS Intermediation of the conserver page of this form. (If you select this box, do not list any numbers below.) OR OR Check the first hos one provide the some provide and your applicable TIAA-CREF Intis designation applies ONLY to my TIAA-CREF annuity contract and/or certificate numbers that correspond to the contract types listed on the cover page of this form.) OR 2B. This designation applies ONLY to my TIAA-CREF annuity contract and/or certificate numbers that correspond to the contract types listed on the cover page of this form.) TIAA contract Numbers wave the headform designation applies wave the headform designation applies to specific corretax. This section and form designation applies to specific corretax. This section and form designation applies to specific corretax. TIAA Contract Numbers CREF Certificate Numbers 3. YOUR PRIMARY BENEFICIARIES (CLASS I) Tot lue who should receive any proteins due after you die. Unless yous pecify oil- cy war beneficiares, specify oil- cy war beneficiares,			Е	xtens	ion																						
NUMBERS type on the cover page of this form. (If you select this box, do not list any numbers below.) OR OR OR OR OR If you want the beneficiary designation applicable TIAA-CREF This designation applies ONLY to my TIAA-CREF annuity contract and/or certificate numbers indicated below. (Please use the space available to list the applicable TIAA and CREF numbers that correspond to the contract types listed on the cover page of this form.) TAA Contract Numbers CREF Certificate Numbers want the beneficiary designation applies or specific contracts. This section and form receive approximation due forms. TAA Contract Numbers VOUR PRIMARY BENEFICIARIES (CLASS I) Tell us who should receive any proments due diper void de. Unitess yous specify off- erveixe equal percent, due difficue of the class must equal Dork. Trade difficue of the class must equal percent, and provide the relationship Name Relationship Social Security or Tappyer ID Number Allocation % Name Social Security or Tappyer ID Number Mane Relationship Social Security or Tappyer ID Number Mane Mane Social Security or Tappyer ID Number Mane Mane Social Security or Tappyer ID Number Mane Mane Social Security or Tappyer ID Number Mane Mame Social Security or Tappyer ID Number <td< th=""><th>2.</th><th colspan="14">Li i into designation applies to find the firm of the annuties i have that are referenced by contract</th></td<>	2.	Li i into designation applies to find the firm of the annuties i have that are referenced by contract																									
Check the first box For If you wont the same for indicated below. (Please use the space available to list the applicable TIAA and CREF numbers that correspond to the contract types listed on the cover page of this form.) 28. TIAA Contract Numbers CREF Certificate numbers wout the beneficiary designation applied to the contract types listed on the cover page of this form.) TIAA Contract Numbers TIAA Contract Numbers CREF Certificate Numbers wout the beneficiary designation applied to the contract types listed on the cover page of this form.) TIAA Contract Numbers TIAA Contract Numbers CREF Certificate Numbers wout the beneficiary designation applied to the contract types listed on the cover page of this form.) TIAA contract Numbers Power Annutity TIAA Contract Numbers CREF Certificate Numbers Prover Annutities and tipe forms TIAA contract Numbers CREF Certificate Numbers Prover Annutities and tipe forms TIAA contract Numbers CREF Certificate Numbers Prover Annutities and tipe forms TIAA contract Numbers CREF Certificate Numbers Prover Annutities and tipe forms TIAA contract Numbers CREF Certificate Numbers CLASS D Tell to who sheal formation to formate the prover the prover the state of this contract the prover the state of the contract to the contract to the contract		NUMBERS	RS type on the cover page of this form. (<i>If you select this box, do not list any numbers below.</i>)																								
beneficiary designs- tion(s) for all your applicable TAA-CREF indicated below. (Pfeese use the space varilable to list the applicable TAA and CREF numbers that correspond to the contract types listed on the cover page of this form.) runn vest the beneficiary designation applied to specific contrasts. This section and form exclude payout anu- lite (scept Transfer Payout Annuities) and fige insurance products. TAA Contract Numbers CREF Certificate Numbers CREF Certificate Numbers Image: Contrasts. Image: Contrasts. Personal Annuity. Presonal Annuity. Please call us for these forms. Image: Contrasts. Relationship Image: Contrasts. Relationship Social Security or Taxpayer ID Number Attach a signed and diced page to the provide trust information or length or gottarios of this Class nust equal (JOK) Attach a signed and diced page to first. Name Social Security or Taxpayer ID Number Name Social Security or Taxpayer ID Number Name Mane Date of Birth (num-dd-yyyy) Mane Social Security or Taxpayer ID Number Name Mane Date of Birth (num-dd-yyyy) Mane Mane Date of Birth (num-dd-yyyy) Mane Coll allocations or beneficiaries. Total allocation or length or gottaria. Name Matech to provide their errithrithis the applicable. Name		e e	one box. st box OR																								
tions) for all your applicable TAA-CREF contracts. Check the second how fy our wout the beneficiary designation and form exclude psyout emut- tits (eccept Transfer Payoud Annutics) and the tensers produced to the contract types listed on the cover page of this form) TIAA Contract Numbers designation and form exclude psyout emut- tits (eccept Transfer Payoud Annutics) and the tensers Personal Annutics Please cell us for these forms. 3. YOUR PRIMARY BENEFICIARIES (CLASS 5) Teld to tho should revise, equal pretent- ages will be allocated to your beneficiaries. Total allocations to the evaluation beneficiaries. Total allocations is the tensers forms. 3. NOUR PRIMARY BENEFICIARIES (CLASS 5) Teld to tho should revise, equal pretent- ages will be allocated to your beneficiaries. Total allocations is the tensers forms. 3. Noure 3. Noure 4. Name 4.						-						-					-										
contracts. Check the TIAA Contract Numbers CREF Certificate Numbers want the beneficiary CREF Certificate Numbers CREF Certificate Numbers want the beneficiary CREF Certificate Numbers CREF Certificate Numbers rescue to specific contracts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contracts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contracts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contexts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contexts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contexts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contexts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contexts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contexts. CREF Certificate Numbers CREF Certificate Numbers rescue to specific contexts. Name Date of Birth (num-di-yyyy) rescue to specific contexts. Relationship Social Security or Taxpayer ID Number rescue to specific contexts. Name		tion(s) for all your																			AA a	ind (CRE	F' nur	nbe	ers th	at
won the beneficiary deignation applied by specific contracts. This section and form exclude populations. Image: Contracts. This section and form exclude populations. Person Annuity. Person Annuity. Please call us for these forms. Image: Contracts. This section and form exclude populations. Image: Contracts. This section and form exclude populations. 3. YOUR PRIMARY BENEFICIARIES (CLASS D) Tell us who should evenice and provide these forms. Name Image: Contracts. This section and form evenice and provide these forms. 3. YOUR PRIMARY BENEFICIARIES (CLASS D) Tell us who should evenice and provide the after you die. Unless you specify officiaries. You beneficiaries. Total allocations to the beneficiaries of this class must equal 100%. Name Image: Social Security or Taxpayer ID Number Manee Allocation % Attach a signed and particle their relationship to you, their Taxpayer ID Number and provide their relationship to you. Name Name Mane Social Security or Taxpayer ID Number Allocation % Kelationship Social Security or Taxpayer ID Number Allocation % Kelationsh		contracts. Check the			•					ypes i	1510	u on	inc	con			-	Ũ									
designation applied to specific contracts. This section and form exclude payout annu- tiles (sece Dransfer Personal Annuilties) and life instructore products. Personal Annuilties) and life instructore products. Personal Annuilties (acce production Personal Annuilties) Personal Annuilties (acce production Patter of Birth (mm-dd-yyyy) (accel acce production Store Personal Annuilties) Personal Annuilties (acce production Store Personal Annuilties (acce production Store Personal Annuilties) Personal Annuilties (acce production Store Personal Annuilties (acce production Store Personal Annuilties (acce production Store Personal Annuilties) Personal Annuilties (acce production Store Personal Annuilties) Personal Annuilties (acce production Store Pers		second box if you TIAA Contract Num									1					REF	F Ce	erti	ficat	e N	Jum	bers	5		I		
This section and form exclude payout annuities (except Transfer Payout annuities) and life instructors products, e.g., the Teachers Personal Annuity. Please call us for these forms. Image: Construction of the payout annuities (except Transfer Payout Annuities) and life instructors products the personal Annuity. Please call us for these forms. 3. YOUR PRIMARY BENEFICIARIES (CLASS I) Tell us who should receive any payments due after you die. Unless you specify of the allocated to the beneficiaries. Total allocations to the beneficiaries. Total allocations to the beneficiaries. Specify if thebeneficiaries and parovide their relationship to you, their relationship t		designation applied																									
exclude payout annui- tities (sec.per Transfer Paryout Annuities) and life insurance products, e.g., the Facehers Personal Annuity. Please call us for these forms. Image: Construction of the construct				<u> </u>]]				F	┿			┿	┿	\dashv						
Poyout Annuities and life insurance products, e.g., the Feachers Personal Annuity, Please call us for these forms. Image: Construction of the feachers Personal Annuity, Please call us for these forms. 3. YOUR PRIMARY BENEFICIARIES (CLASS I) Tell us who should receive any payments due affer you die. Name Date of Birth (nm-dd-yyyy) % Relationship Social Security or Taxpayer ID Number Allocation % Mame Date of Birth (nm-dd-yyyy) % Class I) Tell us who should receive any payments due affer you die. Name Date of Birth (nm-dd-yyyy) % Relationship Social Security or Taxpayer ID Number Allocation % Mame Date of Birth (nm-dd-yyyy) % % Class must equal 100%, Antach a signed and dated page to list additional beneficiaries, Specify if thebeneficiaries, Specify if thebeneficiaries, are primary accondingent and provide their Taxpayer ID or Social Security Number, and Date of Birth (nm-dd-yyyy) % Name		exclude payout annu-																									
e.g., the Teachers Personal Annuity: Please call us for these forms. 3. YOUR PRIMARY BENEFICIARIES (CLASS I) Tell us who should receive any payments due affer you die. Unless you specify oth- ervise, equal percent- ages will be allocated to your beneficiaries of this class must equal 100%. Attach a signed and provide their relationship to you, their Taptagver ID or Social Security or Taxpayer ID Number Allocation % Relationship Social Security or Taxpayer ID Number Allocation % Relationship to you, their relationship to you, their Taxpayer ID or Social Security or Taxpayer ID Number Allocation % Relationship to you, their Taxpayer ID or Social Security or Taxpayer ID Number Allocation % Relationship to you, their Taxpayer ID Number Allocation or lengthy organization names. Include the Taxpayer ID Number Allocation %		Payout Annuities) and		 	$\frac{1}{1}$	$\frac{1}{1}$				$\frac{1}{1}$]				Ē	╡			+	╈					1		
Personal Annuity: Please call us for these forms. Image: Charles of Mission (Image:																											
these forms. Image: Security of Taxpayer ID Number Date of Birth (mm-dd-yyyy) Social Security or Taxpayer ID Number Mame Mame Image: Security of Taxpayer ID Number Mame Mame Image: Security Number Mame Mame Mame Image: Security Number Mame Mame Mame Mame Image: Security Number Mame Mame Mame Mame Mame Image: Security Number Mame Mame <td></td> <td>Personal Annuity.</td> <td></td> <td></td> <td>İ</td> <td>Ī</td> <td></td> <td></td> <td></td> <td>Ī</td> <td>1</td> <td></td> <td></td> <td></td> <td>Г</td> <td></td> <td></td> <td></td> <td></td> <td>T</td> <td></td> <td></td> <td> </td> <td> </td> <td>i</td> <td></td> <td></td>		Personal Annuity.			İ	Ī				Ī	1				Г					T					i		
BENEFICIARIES (CLASS I) Tell us who should receive any payments due after you die. Unless you specify oth- erwise, equal percent- ages will be allocated to your beneficiaries of this class must equal 100%. Attach a signed and dated page to list additional beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries are primary or contingent and provide their relationship Name Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Allocation % Name Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Name Date of Birth (mm-dd-yyyy) Mame Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Name Date of Birth (mm-dd-yyyy) Mame 0 Name Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Name Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Name Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Name Mame Lypect of Birth, Hocation .%																											
BENEFICIARIES (CLASS I) Tell us who should receive any payments due after you die. Unless you specify oth- erwise, equal percent- ages will be allocated to your beneficiaries of this class must equal 100%. Attach a signed and dated page to list additional beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries are primary or contingent and provide their relationship Name Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Allocation % Name Date of Birth (mm-dd-yyyy) Relationship Social Security or Taxpayer ID Number Name Date of Birth (mm-dd-yyyy) add tictoral page to list additional beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries of this use these lines to pro- vide their Taxpayer ID or Social Security Number, and Date of Birth. Use these lines to pro- vide the Taxpayer ID Number and, if applicable, the trust date. Mame Date of Birth (mm-dd-yyyy) Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiari	3.	YOUR PRIMARY																									_
Tell us who should receive any payments due after you die. Unless you specify oth- erwise, equal percent- ages will be allocated to your beneficiaries. Total allocations to the beneficiaries of this class must equal 100%. Relationship Social Security or Taxpayer ID Number Allocation % Attach a signed and dated page to list additional beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries are primary or contingent and provide their relationship Name Date of Birth (mm-dd-yyyy) % Relationship Social Security or Taxpayer ID Number Allocation % Wame Date of Birth (mm-dd-yyyy) % Mame Date of Birth (mm-dd-yyyy) % Relationship Social Security or Taxpayer ID Number Allocation % Mame Date of Birth (mm-dd-yyyy) % Mame Date of Birth (mm-dd-yyyy) % Mame Date of Birth (mm-dd-yyyy) % Relationship Social Security or Taxpayer ID Number Allocation % % Use these lines to pro- vide trust information or lengthy organization names. Include the Taxpayer ID Number Allocation .% % Mame Elationship Social Security or Taxpayer ID Number Allocation .% Lengthy organization names. Include the Taxpayer ID Number Mame Mame Mame		BENEFICIARIES	Name									Date of Birth (mm-dd-yyyy)															
receive any payments all of the service of the ser																											
Unless you specify otherwise, equal percentages will be allocated to your beneficiaries. Name Date of Birth (mm-dd-yyyy) Ages will be allocations to the beneficiaries of this class must equal 100%. Relationship Social Security or Taxpayer ID Number Allocation % Attach a signed and dated page to list additional beneficiaries. Name Date of Birth (mm-dd-yyyy) % Specify if the beneficiaries. Relationship Social Security or Taxpayer ID Number Allocation % relationship to you, their relationship to you, their Taxpayer ID or Social Security Number, and Date of Birth. Relationship Social Security or Taxpayer ID Number Allocation % Vide these lines to provide trust information or lengthy organization names. Include the Taxpayer ID Number and, if applicable, the trust date. Relationship Social Security or Taxpayer ID Number Allocation .%			Relationship								S	Social Security or Taxpayer ID Number							Allocation %								
ages will be allocated to % your beneficiaries. Total allocations to the beneficiaries of this Relationship class must equal 100%. Attach a signed Attach a signed Mame and dated page to list Relationship Specify if the beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Relationship Social Security or Taxpayer ID Number Allocation % Mame Date of Birth (mm-dd-yyyy) % Mame net dimensional beneficiaries. Relationship Social Security or Taxpayer ID Number Allocation % Wame Date of Birth (mm-dd-yyyy) % Mame Relationship Social Security or Taxpayer ID Number Vide trust information or Relationship lengthy organization Allocation .% wide trust information or Relationship lengthy organization Mame Taxpayer ID Number Allocation .% trust date. Mame		Unless you specify oth-																			Data of Pirth (mm dd ynyn)						
Total allocations to the beneficiaries of this class must equal 100%. Relationship Social Security or Taxpayer ID Number Allocation % Attach a signed and dated page to list additional beneficiaries. Specify if the beneficiaries are primary or contingent and provide their relationship to you, their Taxpayer ID or Social Security or Taxpayer ID Number Date of Birth (mm-dd-yyyy) Mame % Relationship Social Security or Taxpayer ID Number Allocation % Mame % Relationship Social Security or Taxpayer ID Number Allocation % Mame % Relationship Social Security or Taxpayer ID Number Allocation % Mame % View these lines to provide trust information or lengthy organization names. Include the Taxpayer ID Number Allocation .% Relationship Social Security or Taxpayer ID Number Allocation .% Total allocation or lengthy organization names. Include the Taxpayer ID Number Allocation .% Mame Mane % % % % Relationship Social Security or Taxpayer ID Number Allocation .% % Mame % % % % % Taxpayer ID Number % %		ages will be allocated to																									
class must equal 100%. Attach a signed and dated page to list additional beneficiaries. Specify if the beneficiaries are primary or contingent and provide their relationship to you, their Taxpayer ID or Social Security Number, and Date of Birth. Date of Birth (mm-dd-yyyy) Name % Relationship to you, their Taxpayer ID or Social Security Number, and Date of Birth. Date of Birth. Use these lines to provide the Taxpayer ID Number and, if applicable, the trust date. Social Security or Taxpayer ID Number		Total allocations to the	Relationship								S	Social Security or Taxpayer ID Number						Allocation %									
and dated page to list % additional beneficiaries. Specify if the beneficiaries. Specify if the beneficiaries. Relationship and provide their Allocation % relationship to you, their Name Security Number, and Date of Birth. Use these lines to provide trust information or lengthy organization names. Include the Relationship Taxpayer ID Number Allocation .%			I																								
additional beneficiaries. Specify if the beneficiaries. % Specify if the beneficiaries. Relationship Social Security or Taxpayer ID Number Allocation % and provide their relationship to you, their Taxpayer ID or Social Social Security or Taxpayer ID Number Mane Security Number, and Date of Birth. Name % Use these lines to provide trust information or lengthy organization names. Include the Relationship Social Security or Taxpayer ID Number Allocation .% Taxpayer ID Number and, if applicable, the trust date. Image: Construction of the provide the trust date. Image: Construction of the provide the trust date. Image: Construction of the provide the trust date.			Name																	D	ate of	Birth (mm-dc	І-ууу			
are primary or contingent and provide their relationship to you, their Taxpayer ID or Social Security Number, and Date of Birth. Name Date of Birth (mm-dd-yyyy) Security Number, and Date of Birth. Relationship Social Security or Taxpayer ID Number % Use these lines to pro- vide trust information or lengthy organization names. Include the Taxpayer ID Number and, if applicable, the trust date. Relationship Social Security or Taxpayer ID Number Allocation .%		additional beneficiaries.	lotionskin								Social Security or Taxpayor ID Number																
relationship to you, their Taxpayer ID or Social Security Number, and Date of Birth. Name Date of Birth (mm-dd-yyyy) Vise these lines to pro- vide trust information or lengthy organization names. Include the Taxpayer ID Number and, if applicable, the trust date. Relationship Social Security or Taxpayer ID Number %		are primary or contingent										5	seems becamy or raspager in runnou							Anocation 70							
Idapage ID of Social % Security Number, and % Date of Birth. Relationship Use these lines to provide trust information or lengthy organization names. Include the Taxpayer ID Number and, if applicable, the trust date. %		relationship to you, their	Name																	D	ate of	Birth (mm-da	l-vvv	/v)		
Relationship Social Security or Taxpayer ID Number Allocation .% Use these lines to provide trust information or lengthy organization names. Include the Taxpayer ID Number and, if applicable, the trust date. Image: Comparison of the trust date.		Security Number, and	Ivalle																								
vide trust information or lengthy organization names. Include the Taxpayer ID Number and, if applicable, the trust date.		0	Relat	Relationship Social Security or Taxpayer ID Number										_	Allocation .%												
names. Include the Taxpayer ID Number and, if applicable, the trust date.		vide trust information or																									
and, if applicable, the trust date.		names. Include the																									
		and, if applicable, the																									
	T/		Dlas	160 **		hig f	orm +	o. T	[A A	CDF	БЪ		0¥ ²	1760	Ch	rla	te	NC	701	01	1769	2 6-	ma	bonc	fici	2177	07

Please mail this form to: TIAA-CREF, PO Box 1268, Charlotte, NC 28201-1268. Some beneficiary designations can be entered online. To view or change your beneficiary designation online, please visit our Web Center at <u>www.tiaa-cref.org</u> and log in to "Secure Access." If you have questions, call us at 877 518-9161, Monday to Friday from 8 a.m. to 10 p.m. ET and Saturday from 9 a.m. to 6 p.m. ET.

F1387 06-03

4.	CONTINGENT
	BENEFICIARIES
	(CLASS II)

Tell us who should receive any payments due if your primary beneficiary(ies) predecease(s) you. Name

Name

Name

Name

Relationship

Relationship

Relationship

Relationship

Unless you specify otherwise, equal percentages will be allocated to your beneficiaries. Total allocations to the beneficiaries of this class must equal 100%.

Attach a signed and dated page to list additional beneficiaries. Specify if the beneficiaries are **primary or contingent** and provide their relationship to you, their Taxpayer ID Number or Social Security Number, and Date of Birth.

Use these lines to provide trust information or lengthy organization names. Include the Taxpayer ID Number and, if applicable, the trust date.

5.

PAYMENT TO CHILDREN OF A DECEASED CHILD/ BENEFI- CIARY	The "Payment to the children of a deceased beneficiary" provision allows for a deceased beneficiary's share of the benefits to be paid to that beneficiary's children. (This provision applies to anyone you name as a beneficiary.) Or, you can limit the provision so that it applies only to your children by choosing the "Payment to the children of a deceased child of mine." See the Additional Provisions section for more information.
If you want either of these to apply, <u>PLEASE COM-</u> <u>PLETE EITHER</u> <u>SECTION A OR B.</u> However, do not complete section A unless you have named a child as a beneficiary. If you don't select a class of beneficiaries, we will apply this provision to your primary beneficiary(ies). See the "Order of Payments" section	 A. Payment to children of a deceased child of mine Apply this designation to my (you may check one or both boxes): Primary beneficiary(ies) Contingent beneficiary(ies) (Class I) B. Payment to children of a deceased beneficiary of mine Apply this designation to my (you may check one box or both boxes): Primary beneficiary(ies) Contingent beneficiary(ies) (Class I)
on page 2 for more information.	

TA MB F1387 06-03

Please mail this form to: TIAA-CREF, PO Box 1268, Charlotte, NC 28201-1268. Some beneficiary designations can be entered online. To view or change your beneficiary designation online, please visit our Web Center at <u>www.tiaa-cref.org</u> and log in to "Secure Access." If you have questions, call us at **877 518-9161**, Monday to Friday from 8 a.m. to 10 p.m. ET and Saturday from 9 a.m. to 6 p.m. ET.

Date of Birth (mm-dd-yyyy)

Date of Birth (mm-dd-yyyy)

Date of Birth (mm-dd-yyyy)

Date of Birth (mm-dd-yyyy)

Allocation %

Allocation %

Allocation %

Allocation %

Social Security or Taxpayer ID Number

%

%

%

%

6. YOUR AGREE- MENT	I, the undersigned, agree that:										
	• All prior beneficiary designations and methods of tract(s)/certificate(s) indicated on this <i>Designation</i> benefits due by reason of my death will be payable form.	of Beneficiary will be revoked, and any									
	• I understand that this <i>Designation of Beneficiary</i> is subject to all of the terms and conditions of the contract(s)/certificate(s) and the <i>Additional Provisions</i> section.										
	• I request that any contract provision that requires the contract(s)/certificate(s) to be submitted for endorsement of this change be waived.										
	 I reserve the right to make further changes to my beneficiary designations. However, if I previously named an irrevocable beneficiary for any benefits, I will need to obtain a consent or release from the beneficiary before a change can be made. I understand that if I elect to have this designation apply to all my referenced contract types, it will apply to those issued as of the date this form is accepted by TIAA-CREF. 										
	• I understand that if any or all of my accumulation attributable to contributions under a retirement or Employee Retirement Income Security Act (ERIS, credited with an hour of service or paid leave under provided for by the terms of my non-ERISA-gove exclude naming my spouse as a primary beneficiar (or the required amount, if greater) is subject to m	tax-deferred annuity plan subject to the A) of 1974, as amended, and I have been er the plan after August 22, 1984, or as rned retirement plan, then my right to ry for at least 50% of these death benefits									
Please sign and date.											
	Your Signature	Today's Date (mm-dd-yyyy)									
	Your Signature COMPLETE SECTION 7A, 7B OR 7C - ONLY C										
7A. EXEMPTION FROM SPOUSAL RIGHTS TO SUR- VIVOR BENEFITS Check the box and skip the Spouse's Waiver section if you are exempt as described on the cover page.		ONE IS APPLICABLE									
FROM SPOUSAL RIGHTS TO SUR- VIVOR BENEFITS Check the box and skip the Spouse's Waiver section if you are exempt as described on the	COMPLETE SECTION 7A, 7B OR 7C - ONLY	ONE IS APPLICABLE									

7C. SPOUSE'S WAIVER If you named your spouse as a primary beneficiary for at least 50% (or the required amount, if greater) of the survivor benefits for the contract(s) indicated on this form, or you com- pleted Section 7A or 7B, skip this section. Otherwise, your spouse must read and sign this section. Your spouse's signature must be wit- nessed by either your employer's plan repre- sentative OR a notary public, and the date of your spouse's signature on this waiver must be the same as, or later than, the date of your signature in the "Your Agreement" section.	Under federal law, or the terms of your spouse's non-ERISA-governed retirement plan, if your spouse (the annuity owner) dies before you, you may have the right to receive a qualified prere- tirement survivor death benefit of at least 50% (or the required amount, if greater) of the amour in the contract(s) indicated on this form that is (are) subject to the Employee Retirement Income Security Act of 1974 (ERISA), or the terms of your spouse's non-ERISA-governed retirement plan. In order for your spouse to name someone other than you as primary beneficiary for more than 50% (or the required amount, if greater) of the amount in the contract(s) covered by ERISA, or under the terms of your spouse's non-ERISA-governed retirement plan, you must provide your written consent to your spouse's "waiver" of your right to this qualified preretirement survivor death benefit. If you consent to the waiver of your rights and your spouse (the annuity owner) should predecease you, you will not be entitled to a qualified preretirement survivor death benefit (prior to the time annuity income payments begin). Instead, benefits will be paid to the designated beneficiary(ies) listed on this form in accordance with the provisions of the annuity contract(s)/certificate(s) indicated on the <i>Designation of Beneficiary</i> . I understand and agree that I am giving up my right to receive qualified preretirement survivor death benefits from the TIAA-CREF contract(s) indicated on this <i>Designation of Beneficiary</i> , which are covered under ERISA, or the terms of my spouse's non-ERISA-governed retirement plan. I release TIAA and CREF from all liability for making payment based on this authorization.									
	Spouse's Signature		Today's Date (mm-dd-yyyy)							
Your spouse signs here	1									
AND	Name of Institution									
your Employer's Plan Representative signs here	Signature of Employer's Plan Representative	Title	Today's Date (mm-dd-yyyy)							
OR	OR Spouse's Signature Witnessed by Notary Public									
	State of									
		:SS								
	County of)								
	On (date)	,								
After your spouse has signed, the notary public completes this section to notarize your spouse's signature.	appeared, to me known and known to me to be the individual who signed the above spousal consent and acknowledged to me that he/she signed the consent.									
	(include notarial seal if outside New York State).									
TA MB F1387 06-03	Please mail this form to: TIAA-CREF, PO Box 1268, Charlotte, NC 28201-1268. Some beneficiary designations can be entered online. To view or change your beneficiary designation online, please visit our Web Center at <u>www.tiaa-cref.org</u> and log in to "Secure Access." If you have questions, call us at 877 518-9161, Monday to Friday from 8 a.m. to 10 p.m. ET and Saturday from 9 a.m. to 6 p.m. ET.									