



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# NOTICE OF CHANGE OF NAME

Please print in capital letters and only use black or dark blue ink.

## CHANGE OF NAME

TIAA Annuity Number

CREF Annuity Number

TIAA Policy Number

Return this form to:  
TIAA-CREF  
P.O. Box 1264  
Charlotte, NC 28201

Social Security Number

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

## Former Name

Title

First Name

Middle Name

Last Name

Please sign in black or dark blue ink.

Former Signature

## 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

Please sign in black or dark blue ink.

New Signature

Address

City

State

Zip Code

CONTINUED ON NEXT PAGE





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## NOTICE OF CHANGE OF NAME

\*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)

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Court Name

Court Address

City

State

Zip Code

### For TIAA-CREF USE ONLY

Accepted – Teachers Insurance and Annuity Association College Retirement Equities Fund