



Please complete this form to designate beneficiaries for your TIAA Brokerage IRA account. For specific beneficiary provisions, refer to the IRA Plan Document and Adoption Agreement.

Questions? Please call **800-842-2252**, weekdays, 8 a.m.-7 p.m. (ET).

STEP 1: BROKERAGE ACCOUNT INFORMATION (REQUIRED)

Brokerage Account Number (Leave blank if new account)

Marital Status

 Married Other

Brokerage Account Owner's Name

STEP 2: BENEFICIARY DESIGNATIONS

Depending on who your beneficiary is at your death, federal tax law may require your beneficiary to take a full distribution of their inheritance on or before the end of the 10th year following the year of your death (or in the case of an inherited account, before the end of the 10th year following the year of the original account owner's death). You should consult your professional tax advisor before selecting a beneficiary.

If you want to name additional Primary or Contingent Beneficiaries, attach a separate sheet with all of the requested information. You understand that the beneficiary(ies) named herein may be changed or revoked by you at any time by completing a new designation in writing with TIAA Brokerage. You hereby make the following designation of beneficiary(ies) pursuant to the provisions of the applicable IRA Adoption Agreement.

INSTRUCTIONS:

1. Name the Primary Beneficiary(ies) you want to receive the balance of your IRA assets following your death. Please include all of the requested information.
2. Be sure to indicate the particular percentage of IRA assets you would like Pershing LLC or TIAA Brokerage Services to distribute to each Primary Beneficiary after your death (the sum should add up to 100%). If no percentage is indicated, your IRA assets will be distributed equally among all surviving Primary Beneficiaries.
3. If a Primary Beneficiary should predecease you and you want that beneficiary's share to go to his or her lineal descendants, check "per stirpes." Otherwise, a Primary Beneficiary's rights end with the death of that beneficiary, and the estate of a predeceased beneficiary has no claim to or interest in your account. If you do not check "per stirpes" and the Primary Beneficiary predeceases you, their share will be divided among surviving Primary Beneficiaries (if any), and if there are no surviving beneficiaries, the interest will pass to the Contingent Beneficiaries.

PRIMARY BENEFICIARY(IES) (REQUIRED - AT LEAST ONE PRIMARY BENEFICIARY)

1. Name (First Name, Middle Initial, Last Name, Suffix/Trust Title) Percentage
 %

Social Security Number/
Taxpayer Identification Number

Date of Birth/Date of Trust/
Issue Date of Will (mmddyyyy)

Relationship

Gender

 Male Female

Lineal Descendants
Per Stirpes (LDPS)

 Yes, add Per Stirpes




2. Name (First Name, Middle Initial, Last Name, Suffix/Trust Title) Percentage %

Social Security Number/
Taxpayer Identification Number
Date of Birth/Date of Trust/
Issue Date of Will (mmddyyyy)
Relationship Gender Male Female

Lineal Descendants
Per Stirpes (LDPS)
 Yes, add Per Stirpes

3. Name (First Name, Middle Initial, Last Name, Suffix/Trust Title) Percentage %

Social Security Number/
Taxpayer Identification Number
Date of Birth/Date of Trust/
Issue Date of Will (mmddyyyy)
Relationship Gender Male Female

Lineal Descendants
Per Stirpes (LDPS)
 Yes, add Per Stirpes

4. Name (First Name, Middle Initial, Last Name, Suffix/Trust Title) Percentage %

Social Security Number/
Taxpayer Identification Number
Date of Birth/Date of Trust/
Issue Date of Will (mmddyyyy)
Relationship Gender Male Female

Lineal Descendants
Per Stirpes (LDPS)
 Yes, add Per Stirpes





STEP 3: SPOUSAL CONSENT AND NOTARY REQUIREMENT (REQUIRED ONLY IF YOU ARE MARRIED, RESIDE IN A COMMUNITY PROPERTY STATE AND DO NOT NAME YOUR SPOUSE AS SOLE PRIMARY BENEFICIARY.)

If you are married, reside in a community property or marital property state (including but not limited to: AZ, CA, ID, LA, NV, NM, TX, WA, WI), and designate someone other than your spouse as your sole Primary Beneficiary, your spouse must sign this form below and have their signature notarized.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this IRA and consent to the Beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Print Name of the Signature that has been notarized:

First Name

Last Name

Spousal Signature

Today's Date (mm/dd/yyyy)

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NOTARY SIGNATURE

State

County

Notary Expiration Date (mm/dd/yyyy)

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In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

On the date noted below, the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

FOR NOTARY PUBLICS IN FLORIDA

The foregoing instrument was acknowledged before me, by means of:

Physical presence Online notarization

Notary Public's Signature

Today's Date (mm/dd/yyyy)

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NOTE: A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

STEP 4: ACCOUNT OWNER SIGNATURE (REQUIRED)

Your Signature

Today's Date (mm/dd/yyyy)

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OPTIONS TO RETURN COMPLETED FORM(S)

OPTION 1: Digitally sign and submit your form.

If you received a digital form, complete the digital signature process.

OPTION 2: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Tap the **Profile** icon in the lower-right corner of your screen, then tap **Upload files** and follow the step-by-step instructions.

OPTION 3: Use your personal computer to quickly upload your completed document(s).

Go to tiaa.org/upload, select **Upload files**, and follow the step-by-step instructions.

OPTION 4: If you prefer to fax or mail your completed documents, use the information provided below.

FAX:

800-914-8922 (within U.S.)

704-595-5795 (outside U.S.)

STANDARD MAIL:

TIAA

P.O. Box 1280

Charlotte, NC 28201-1280

OVERNIGHT DELIVERY:

TIAA

8500 Andrew Carnegie Blvd.

Charlotte, NC 28262

