



**TEACHERS INSURANCE AND ANNUITY ASSOCIATION (TIAA)  
TIAA-CREF LIFE INSURANCE COMPANY (TIAA LIFE)**

**LIFE INSURANCE BENEFICIARY DESIGNATION FORM**

**IMPORTANT INFORMATION**

**PLEASE READ BEFORE FILLING OUT FORM**

**QUESTIONS?**

For account information, to check the status of your request or any other questions, call: **1-877-694-0305**, Monday – Friday, 8 a.m. – 6 p.m. (ET)

**GENERAL INFORMATION**

This form is designed for life insurance policies from Teachers Insurance and Annuity Association (TIAA) and TIAA-CREF Life Insurance Company (TIAA Life).

A beneficiary may be an individual, an Institution, Trust, Organization, or an Estate. You, as the policy owner(s), can guard against complications by keeping your beneficiary designation as simple as possible. While the insured is living, you, as the policy owner(s), may change a revocable beneficiary at any time by sending us a written request in a form satisfactory to us (signed, dated and includes the policy number.)

**NOTE: If you are making any beneficiary change where irrevocable beneficiary(ies) are currently listed for the same class (whether primary or contingent), all existing irrevocable beneficiary(ies) must agree to the change by signing Page 4 of this form in the presence of a Notary. If you have multiple primary, contingent irrevocable beneficiaries listed, make a copy of page 4 and attach a separate page that is signed, and dated with policy number by each person, to this form. If irrevocable beneficiary(ies) are listed under a Mode of Settlement (MOS), notary certification is also required.**

The Primary Beneficiary (Class I) receives the benefits to be paid when the insured dies. If no Primary Beneficiary (Class I) is living, the benefits go to a Per Stirpes beneficiary if elected, and if none, the benefits then go to the Contingent Beneficiary (Class II). Where 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 are living, and there is no Per Stirpes designation, the benefits go to the policy owner or the owner's Estate or the Insured's Estate. This order of payment and division of benefits is provided for in the Naming Your Beneficiary.

A married person with children usually names his or her spouse as Primary Beneficiary and the children as Contingent Beneficiary(ies). You, as the policy owner, can name your children as individuals or use the class designation "My Children." The term "My Children" provides equal treatment among your children—present and future—born of any and all marriages, and any children legally adopted at any time. This class designation and other typical designations are illustrated on the next page. If you want a designation other than what is shown, please let us know, by attaching a detailed letter of instruction that is signed, dated, and includes the policy number.

**INSTRUCTIONS**

**How To Complete The Beneficiary Designation Form**

**PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION BEGINNING ON PAGE 1**

- **Section 1:** Before listing the names of the beneficiaries, please refer to the illustrative beneficiary designations below. Then enter the name of the beneficiary, relationship to you, date of birth, Social Security number (if available) and percentage (%) for each primary and contingent beneficiary named. Use the full legal name of each beneficiary designated (e.g., "Martha B. Doe" not "Mrs. John Doe").
- **Section 2:** Enter the number of each life insurance policy to be affected by this Beneficiary Designation.
- **Section 3:** Enter your full name or the name of the trust, as policy owner, and complete all other fields.
- **Section 4:** For each beneficiary, print or type their name, and telephone number. Then, complete the Per Stirpes indicator (Y/N), relationship, DOB, SSN and % you want each beneficiary to receive.
- **Section 5:** Complete the name, address, phone number and email address for each beneficiary.
- **Section 6:** To avoid any processing delays, please read and follow all instructions to ensure the form is properly completed with the appropriate signatures. If trust owned, all trustees must sign.
- **Section 7:** If you live in a state with community property statutes and you do not designate your spouse as the primary beneficiary, spousal consent is required.

**WE WILL NOT BE ABLE TO MAKE ANY CHANGES WITHOUT ALL OF THE REQUIRED SIGNATURES**



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**INSTRUCTIONS - CONTINUED**

- If you are using the class designation "My Children" enter "My Children" in the space provided. Then, on Page 3, list the names and addresses of all living children.
- Per Stirpes: Indicate Y or N if you want the share due to a Deceased Beneficiary to go to the first generation of their living lineal descendants.
- Sign, date and mail pages 1 - 5 (and any signed and dated addendums which must note the policy number) to our Administrative Office at TIAA-CREF Life Insurance Company, Insurance Service Center, P.O. Box 724508, Atlanta, GA 31139. **Note: Please do not fax the Beneficiary Change form.**  
**An original signed and dated Beneficiary Designation form is required.**

**Required Signatures:**

- If a Collateral Assignee is associated with the policy, their notarized signature is required on page **4** in order to process this request.
- If you reside in one of the community property states listed on page **5**, a Notary signature is required.

**ILLUSTRATIVE BENEFICIARY DESIGNATIONS**

<b>1. General Designation:</b>		Naming "Spouse" as Primary Beneficiary and "My Children" as Contingent Beneficiaries (name of guardian should not be stated):				
	Name	Per Stirpes (Y/N)	Relationship to Me	Date of Birth	Social Security No.	%
<b>Primary Beneficiary(ies) Class I</b>	Martha B. Doe	Y	Wife	January 1, 1967	123-45-6789	100%
<b>Contingent Beneficiary(ies) Class II</b>	My Children*					

*\*The term "My Children" provides equal treatment among your children—present and future—born of any and all marriages, and any children legally adopted at any time.*

- 2. More Than One Beneficiary In a Class:** Each to share equally in benefits unless otherwise allocated. (If there is an odd number of beneficiaries in the class, you **MUST** provide the percentage (up to 2 decimal places) of the proceeds to be given, and the total allocation must equal 100%).

<b>Primary Beneficiary(ies) Class I</b>	Ann. B. Johnson	Y	Sister	March 6, 1990	123-45-6789	33.34%
	Harry C. Jones	Y	Brother	May 24, 1985	123-45-6789	33.33%
	Helen H. Greet	Y	Sister	July 14, 2000	123-45-6789	33.33%
						<b>Total 100%</b>

- 3. Estate as Beneficiary:** The estate of \_\_\_\_\_

- 4. Trustee Named in Inter Vivos (living) Trust Agreement:** First Bank and Trust Company, Ohio, or its successors, as trustee under trust agreement dated October 10, 1985

- 5. Trustee Named in Your Will (testamentary trustee):** The trustee(s) qualified under my Last Will and Testament dated October 10, 1985, and/or any codicil thereto. *Do not list "My Will."*

- 6. Institution as Beneficiary** (Full legal name and address should be stated; also state whether the institution is a corporation)

The ABC Company, a New York Corporation,  
Silver Springs, New York 10028



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Please Print in Black or Blue Ink

**SECTION 1 - DIVISION OF BENEFITS AND ADDITIONAL PROVISIONS**

**PAYMENT TO CHILDREN OF A DECEASED BENEFICIARY (Per Stirpes): Example:** If a primary or contingent beneficiary predeceases the Insured, the amount he or she would have received will be paid in equal amounts to the surviving children of the primary or contingent beneficiary(ies). By indicating Y or N, this provides that should the beneficiary predecease the Insured, the share percentage allotted to the deceased beneficiary will pass in equal shares to the first generation of the deceased beneficiary's living lineal descendants, which may be his or her children or grandchildren.

**ORDER OF PAYMENT AND DIVISION OF BENEFITS.** Unless otherwise provided:

- (a) If the policy is subject to an assignment, amounts payable to a beneficiary are subordinate to the rights of any existing assignee;
- (b) payment at the Insured's death is to be made to the Primary Beneficiary if he or she is then living, then *Per Stirpes* if elected and if not, then to the Contingent Beneficiary;
- (c) if a Class of Beneficiaries contains more than one person, the benefits due to the Beneficiaries in such Class at the Insured's death are to be allocated in equal shares to the then-living Beneficiaries in the Class, unless otherwise indicated (%);
- (d) unless otherwise provided, if all Beneficiaries predecease the Insured, all interest in the benefits will vest in me (the owner) or the owner's Estate or the insured's Estate.

**DEFINITION OF TERMS.** Unless otherwise provided, these terms have the meanings indicated:

**My Children** - provides equal treatment among your children—present and future—born of any and all marriages, and any children legally adopted at any time.

**Estate** - my duly appointed Executors or Administrators

**Irrevocable Beneficiary** - An *"Irrevocable Beneficiary"* designation cannot be changed, removed or altered unless the Irrevocable Beneficiary consents to release of rights.

**ADDITIONAL PROVISIONS**

It is understood that if a Testamentary Trustee or an Inter Vivos Trustee is designated as beneficiary:

- (a) The company shall not be obliged to inquire into the terms of any will or any trust affecting the life insurance policy 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 death; or (ii) the Will has been presented for probate within the 90 days and no qualified trustee makes claim for the benefits within nine months after my death; or (iii) if evidence satisfactory to the company is furnished to the company within such nine-month period that no trustee can qualify to receive the benefits, payment shall be made to the successor beneficiary(ies) as designated above, if any such beneficiary(ies) are designated and survive me; otherwise to my 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, payment shall be made to the successor beneficiary(ies) as designated above, if any such beneficiary(ies) are designated and survive me; otherwise to my estate.
- (d) Payment to and receipt by said Trustee, said successor beneficiary(ies) or my estate, as provided for in (b) or (c) above, shall fully discharge the company from all liability to the extent of such payment. The company shall have no obligations as to the application of funds so paid and shall, in all dealings with the trustee or with the 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 or persons.



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**SECTION 2 - APPLICABLE LIFE INSURANCE POLICIES**

This beneficiary designation change request applies to:

**Option A**

☐ ALL my active TIAA and TIAA Life Insurance policies.

**Option B**

☐ Only the specific life insurance policies I have indicated below:

Policy Number _____	Policy Number _____
Policy Number _____	Policy Number _____
Policy Number _____	Policy Number _____

**SECTION 3 - PROVIDE YOUR INFORMATION**

\_\_\_\_\_  
Owner/Trust/Corporation(s) Full Legal Name (First, Middle, Last, Suffix) or complete Name of Entity

_____ Address of Owner, Trust or Corporation	_____ Telephone Number
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_____ City	_____ State	_____ Zip Code
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_____ Owner/Trust/Corporation's SSN or Taxpayer ID	_____ Date of Birth (mm/dd/yyyy)
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_____ Joint Owner Full Legal Name (First, Middle, Last, Suffix)	_____ Joint Owner's SSN or Taxpayer ID
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\_\_\_\_\_  
Email Address

**Additional Owner(s)** If multiple Owners or Trustees, attach a separate page for each owner/trustee, signed and dated with policy number, to this form.



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**SECTION 4 - NAMING YOUR BENEFICIARY(IES)**

**I, the policy owner, request that all prior designations of beneficiary and methods of payment be revoked and that any benefits due by reason of my death be payable to the beneficiary(ies) named below.**

Tell us who should receive the benefits upon the Insured's death. To apply your election made to a particular beneficiary, indicate "Y" or "N" when asked to specify per Stirpes distribution in the chart below.

**1. PRIMARY BENEFICIARY(IES) (CLASS I):**

Name	Per Stirpes (Y/N)	Relationship to me	Date of Birth	Social Security No.	Percent (%)
					<b>Total must equal 100%</b>

**2. CONTINGENT BENEFICIARY(IES) (CLASS II):**

Name	Per Stirpes (Y/N)	Relationship to me	Date of Birth	Social Security No.	Percent (%)
					<b>Total must equal 100%</b>

**SECTION 5 - BENEFICIARY INFORMATION: NAME, ADDRESS, TELEPHONE NO. AND EMAIL**

Print or Type the name, address, telephone number and email address of each beneficiary named on this *Beneficiary Designation form*. If you have used the Class designation "My Children," include the names and addresses of all current children. **Example:** Martha B. Doe, 123 Main St, Collegetown, NY 12345, marthab@gmail.com.

Printed Name	Address (include Apt/Suite/Floor)	City, State, Zip Code
Country	Telephone No.	Email Address
Printed Name	Address (include Apt/Suite/Floor)	City, State, Zip Code
Country	Telephone No.	Email Address
Printed Name	Address (include Apt/Suite/Floor)	City, State, Zip Code
Country	Telephone No.	Email Address
Printed Name	Address (include Apt/Suite/Floor)	City, State, Zip Code
Country	Telephone No.	Email Address

**If additional space is needed, you may attach another page including the policy number(s) and ensuring all required parties sign and currently date the addendum.**



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SECTION 6 - CERTIFICATION & SIGNATURES

**A. Owners**

**EFFECTIVENESS.** This beneficiary designation is effective for each life insurance policy listed by number on it, signed and dated, if the designation is in a form satisfactory to the company and if it is recorded by the company for that policy. When recorded, it will be effective from the date it was signed, but subject to any payment made or other action taken by the company before such recording. If a Testamentary or Inter Vivos trustee is named above, the provisions above will apply. The provisions of each policy except as herein modified apply.

**I request that any policy provision which requires that the policy be submitted for endorsement of this change be waived.**

**If this policy has collateral assignee(s), power of attorney and/or trustee(s) listed, make a copy of this page and attach a separate page that is signed, and dated with policy number by each person, to this form. Refer to Section 6C for notary. If this policy is jointly owned, all owners must sign this request. Please sign and date in the appropriate location below.**

Printed Name and Signature of Primary Owner

Today's Date

Printed Name and Signature of Joint Owner

Today's Date

Printed Name and Signature of Corporate Officer, Partner, Power of Attorney (POA), Trustee

Today's Date

**B. Other Parties - Requiring Consent (If applicable)**

**I, the undersigned, consent to the requested changes included on this form.**

Printed Name and Signature of Collateral Assignee

Today's Date

**With this consent, I voluntarily and irrevocably give up my right to a death benefit that I may be entitled to under the terms of the policy or applicable laws and regulations. I recognize that any death benefit payable in accordance with the terms of the policy will be paid to the beneficiaries as described on this form.**

Printed Name and Signature of Irrevocable Beneficiary

Today's Date

**C. Signatures Needing Notary Certification (Required)**

If POA, Collateral Assignee, or Irrevocable Beneficiary are signing this document, signatures must be witnessed and certified by a Notary Public. (See Sections 6A and 6B)

**NOTARY PUBLIC CERTIFICATION**

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_ SS: }

**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_ (name of document signer) proved to me through satisfactory evidence of identification,

which was \_\_\_\_\_, to be the person whose name is signed on this page, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

**IN WITNESS WHEREOF**, I have set my hand and seal the day and year as above written.

WITNESS my hand and official seal

\_\_\_\_\_  
(Notary signature)

\_\_\_\_\_  
Notary Public  
(Notary's printed or typed name)

(Official Seal)

My Commission Expires: \_\_\_\_\_

**Additional Owner(s): (If multiple Parties, attach a copy of this page, for each Party, completed, signed, dated and notarized, to this form.)**



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**SECTION 7 - COMMUNITY PROPERTY STATES (SIGNATURE REQUIREMENTS)**

**Spousal Consent and Waiver**

If you live in a state with community property statutes and you do not designate your spouse as the primary beneficiary, you understand that TIAA and TIAA Life will not assume responsibility for determining whether your life insurance policy(ies) is/are subject to community property laws.

**Spousal, Domestic Partner or Civil Union Partner Consent and Waiver - If the Owner and the Owner's spouse, domestic partner or civil union partner currently reside or formerly resided in one of the community property states listed below and if the spouse of the owner is not designated as the beneficiary for at least 50% of the death proceeds of the policy, the Owner's spouse, domestic partner or civil union partner should sign the consent and waiver. (Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.**

I, the undersigned spouse, domestic partner or civil union partner, understand and intend that this consent and waiver relinquishes any and all interest I may have in the ownership and proceeds of this policy and any community property used to contribute additional premiums. This consent and waiver is effective as of the date it is signed.

**NOTE:** This consent and waiver does not affect my right to receive proceeds or income from the proceeds if I am named as a beneficiary of this policy or of a trust that owns this policy. (Signature must be certified by a Notary Public if Spouse, Domestic Partner or Civil Union Partner is signing off on this document.)

\_\_\_\_\_  
Printed Name and Signature of Spouse, Domestic, Civil Union Partner

\_\_\_\_\_  
Today's Date

**NOTARY PUBLIC CERTIFICATION**

STATE OF \_\_\_\_\_ }  
COUNTY OF \_\_\_\_\_ } SS:

**ACKNOWLEDGMENT**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_  
(name of document signer) proved to me through satisfactory evidence of identification, which was \_\_\_\_\_, to be the person  
whose name is signed on this page, and acknowledged to me that (he) (she) signed it voluntarily for its stated purpose.

**IN WITNESS WHEREOF,** I have set my hand and seal the day and year as above written.

WITNESS my hand and official seal

\_\_\_\_\_  
(Notary signature)

\_\_\_\_\_  
Notary Public  
(Notary's printed or typed name)

My Commission Expires: \_\_\_\_\_

(Official Seal)



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**SECTION 8 - MAILING INSTRUCTIONS**

**PLEASE DO NOT FAX YOUR REQUEST** as it will not be accepted. Original documents must be received at TIAA. Please send completed form to our Administrative Office.

**STANDARD MAIL:**

TIAA  
PO. Box 724508  
Atlanta, GA 31139-1508

**OVERNIGHT MAIL:**

TIAA  
3225 Cumberland Blvd SE  
Suite 700  
Atlanta, GA 30339

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**CHECKLIST**

- ☐ Review all information. **(SECTION 1)**
- ☐ Remember to include your policy number(s). **(SECTION 2)**
- ☐ Provide your information. **(SECTION 3)**
- ☐ Name your beneficiary(ies). **(SECTION 4)**
- ☐ Include Beneficiary Name, Address, Date of Birth, Telephone Number and Email Address. **(SECTION 5)**
- ☐ Be sure all required signatures are included. **(SECTIONS 6 & 7)**

**We reserve the right to request additional information we may deem necessary to complete your request.**