



Designating Your Beneficiary for Life Insurance

A beneficiary may be an individual, an institution, a trustee or an estate. You, as the policyowner, can guard against complications by keeping your beneficiary designation as simple as possible. While the insured is living, you, as the policyowner, may change a revocable beneficiary at any time by sending us a written request in a form satisfactory to us.

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 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, the benefits go to your estate. This order of payment and division of benefits is provided for in the Designation of Beneficiary form enclosed.

A married person with children usually names his or her spouse as Primary Beneficiary and the children as Contingent Beneficiary(ies). You, as the policyowner, can name your children as individuals or use the class designation "My Children." The definition of "My Children" is the children born of any and all marriages and any children legally adopted at any time. This class designation and other typical designations are illustrated on page 2. If you want a designation other than what is shown, please let us know, by attaching a detailed letter of instruction that is signed and dated.

Instructions for completing the Designation of Beneficiary form are given on page 2. If you have any questions about completing the Designation of Beneficiary form or if we can help you in any way, please call the TIAA/TIAA-CREF Life Insurance Company's Insurance Service Center at 877 694-0305.

HOW TO COMPLETE THE DESIGNATION OF BENEFICIARY FORM

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION ON THE NEXT PAGE

- Enter your full name, as policyowner, and the number of each life insurance policy to be affected by this Designation of Beneficiary.
- Before listing the names of the beneficiaries, please refer to the illustrative beneficiary designations below. Then, enter the name of the beneficiary, a "Y" if an irrevocable designation, relationship to you, date of birth, Social Security number (if available) and percentage (%) for each primary and contingent beneficiary named. Use the given name of each beneficiary designated (e.g., "Martha B. Doe" not "Mrs. John Doe").
- In the space provided on page 4, print or type the name, address and telephone number of each beneficiary named.
- If you are using the class designation "My Children" enter "My Children" in the space provided. Then, on Page 4, list the names and addresses of all living children.
- Check the box for Payment to Children of a Deceased Beneficiary *ONLY* if you have named your child or children as beneficiary(ies).
- *Providing the company with the Social Security number and address of each beneficiary named will help us contact your beneficiary(ies) faster should a death benefit become payable. Since the Social Security number and address are not essential to the Designation of Beneficiary, please do not delay mailing the Designation of Beneficiary if this information is not readily available.*
- Date, sign and mail pages 3 and 4 (and any signed and dated addendums) to our Administrative Office at TIAA-CREF, Insurance Service Center, P.O. Box 724508, Atlanta, GA 31139. **Please note:** Please do not fax the Beneficiary Change form. An original signed and dated Beneficiary Designation form is required.
- **Required Signatures:** If an Irrevocable Beneficiary and/or Collateral Assignee are associated with the policy, their signatures are required on page 4 in order to process this request. A witness signature is only required if you reside in one of the community property states listed on page 4.

ILLUSTRATIVE BENEFICIARY DESIGNATIONS

1. General Designation:	Naming "Spouse" as Primary Beneficiary and "My Children" as Contingent Beneficiaries (names of guardian should not be stated):					
	<i>Name</i>	<i>Irrevocable* (Y/N)</i>	<i>Relationship to Me</i>	<i>Date of Birth</i>	<i>Social Security No.</i>	<i>%</i>
Primary Beneficiary(ies) Class I	Martha B. Doe	Y	Wife	January 1, 1934	123-45-6789	100%
Contingent Beneficiary(ies) Class II	My Children**					
*An "Irrevocable Beneficiary" designation cannot be changed unless the Irrevocable Beneficiary consents to release of rights.						
**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 of the proceeds to be given, and the total allocation must equal 100 percent).					
Primary Beneficiary(ies) Class I	Ann. B. Johnson		Sister	March 6, 1925	123-45-6789	34%
	Harry C. Jones		Brother	May 24, 1930	123-45-6789	33%
	Helen H. Greet		Sister	July 14, 1934	123-45-6789	33%
					Total	100%
3. Estate as Beneficiary:	My estate					
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					
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

TIAA/TIAA-CREF LIFE INSURANCE COMPANY

DESIGNATION OF BENEFICIARY

Policyowner Name	TIAA/TIAA-CREF Life Insurance No.(s)
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I, as the policyowner, request that all prior designations of beneficiary and methods of payment be revoked and that any benefits due by reason of the insured(s) death be payable to the beneficiaries named below. If you do not have an irrevocable beneficiary named, and intend to do so now, please indicate "Y" next to the appropriate beneficiary.

PRIMARY BENEFICIARY(IES) (CLASS I):

Name	Irrevocable (Y/N)	Relationship to Me	Date of Birth	Social Security No.	Percent (%)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total					100%

CONTINGENT BENEFICIARY(IES) (CLASS II):

Name	Irrevocable (Y/N)	Relationship to Me	Date of Birth	Social Security No.	Percent (%)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total					100%

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 primary or contingent beneficiary(ies). By checking this box, this provides that should the beneficiary pre-decease 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) payment at the Insured's death is to be made to Primary Beneficiary if he or she is then living and if not, then to the Contingent Beneficiary;
- (b) if a Class of Beneficiaries contains more than one person, the benefits due 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 (%);
- (c) unless otherwise provided, if all Beneficiaries predecease the Insured, all interest in the benefits will vest in me or my estate.

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

My Children – the children 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 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 of 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 my 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.

NAME(S), ADDRESS(ES) AND TELEPHONE NUMBER(S) OF BENEFICIARY(IES)

*Print or Type the name, address and telephone number of each beneficiary named on this DESIGNATION OF BENEFICIARY. 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*

Printed Name	Address Number and Street	Apt./Suite/Floor	City, State, Zip Code	Telephone No.
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Printed Name	Address Number and Street	Apt./Suite/Floor	City, State, Zip Code	Telephone No.
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Printed Name	Address Number and Street	Apt./Suite/Floor	City, State, Zip Code	Telephone No.
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Printed Name	Address Number and Street	Apt./Suite/Floor	City, State, Zip Code	Telephone No.
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If additional space is needed, you may attach another page being sure to have all required parties sign and currently date the addendum.

EFFECTIVENESS. This Designation of Beneficiary is effective for each life insurance policy listed by number on it, 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.

X			
	Printed Name and Signature of Owner	Signed at (City, State)	Date
X			
	Printed Name and Signature of Owner or Co-Owner	Signed at (City, State)	Date
X			
	Printed Name and Signature of Irrevocable Beneficiary	Signed at (City, State)	Date
X			
	Printed Name and Signature of Collateral Assignee	Signed at (City, State)	Date
X			
	Printed Name and Signature of Corporation Officer, Partner, or Trustee	Title Signed at (City, State)	Date

SPOUSAL or DOMESTIC PARTNER CONSENT & WAIVER - If the applicant and the applicant's spouse/domestic partner currently reside or formerly resided in one of the community property states listed below, the applicant's spouse should sign the consent & waiver. (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, and Wisconsin)

I, the undersigned spouse/domestic partner, consent to the beneficiary designation of any person or entity to receive the death proceeds from the above identified policy, and to the use of community property to pay premiums on this policy. I understand and intend that this consent & waiver relinquishes any and all interest I may have in the ownership and proceeds of this policy, and any property used to pay premiums. This consent & waiver is effective as of the date it is signed.
Note: This consent & 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 of Spouse/Registered Domestic Partner:

X		
	Signature of Spouse or Domestic Partner	Date

X		
	Signature of Witness (Signature must be witnessed by someone other than a designated or potential beneficiary.)	Date

**SEND COMPLETED FORM TO OUR ADMINISTRATIVE OFFICE:
TIAA, INSURANCE SERVICE CENTER, P.O. BOX 724508, ATLANTA, GA 31139**