

**To get:**

- account information
- the status of your request
- answers to your questions

Call **888-380-6428**

Weekdays

8 a.m. – 7 p.m. (ET)

Or visit us online at

**TIAA.org** 24 hours a day. Have your user ID and password ready.

**General Information**

Under federal tax law, if you have not made a survivor benefit distribution election or waiver within nine months of the date we can identify you (by our own means or by your sending information to us), we may be obligated to report your share as reportable income to you even though we have not dispersed it to you.

In this document Teachers Insurance and Annuity Association of America and College Retirement Equities Fund (TIAA and CREF) refers to any TIAA and CREF legal entity offering an eligible product which includes Teacher Insurance and Annuity Association of America (TIAA) and College Retirement Equities Fund (CREF).

Any modification or changes to this form will cause it to be null and void prompting us to send a new request form and delaying your payment.

**Please note: All contracts must be settled at the same time.**

Your account will be valued as of the date we receive this form and all completed paperwork in good order.

In the event we need to contact you, please provide your phone number.

Annuity payments are a series of substantially equal distributions payable over a single life or a fixed period of 10 years or more. Annuity payments also include those that can be rolled over such as the fixed period option paid over a period of less than 10 years.

**Federal Tax**

Federal law requires us to withhold 20% income tax from the taxable portion of your payment that is rollover eligible.

**State Tax**

State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note, the state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding go to [TIAA.org/public/tax-withholding](http://TIAA.org/public/tax-withholding). Call TIAA if you have any questions at **800-842-2252**.

**Rollovers**

If you are a beneficiary and wish to open a TIAA IRA, please call us or visit our website [TIAA.org/public/support/forms](http://TIAA.org/public/support/forms), under Open an Account.

Electronic Fund Transfers are not available for direct rollovers. We will send a check to the financial institution that you have designated on this survivor benefits form. Please be sure you provide a complete mailing address and account number.

If your rollover includes Roth 403(b)/401(k) contributions, they may be rolled over to another Roth 403(b)/401(k) that will accept them. They may also be rolled over to a Roth IRA.

**Anti-Money Laundering Statement**

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions, including TIAA, to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Social Security number and other information which will allow TIAA to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

If you would like to apply for a Savings and Investment Plan, please call us.



**DEFINITIONS****Standard Payment Method**

With the Standard Payment Method, lifetime income is based on the total TIAA interest rate (guaranteed rate plus additional amounts) and is paid to you on a current basis with each payment. You receive the same level of income until there is a change in the level of additional amounts; any such change would take effect at of the beginning of the calendar year.

If you choose the Graded Payment Method, you may switch to the Standard Payment Method. However, you can not switch from the Standard Payment Method to the Graded Payment Method.

**Graded Payment Method**

With the Graded Payment Method, initial income is based on a 4% interest rate (2½% guaranteed plus 1½% from additional amounts). If the total payout interest rate exceeds 4%, any remaining additional amounts, over and above the amount needed to bring initial income to a level based on a 4% interest rate, are reinvested and used to buy you additional future income. The result is that your payments are likely to increase throughout your retirement to help protect you against inflation. You receive the initial amount from your retirement start date through December of that year. Your income changes are effective on January 1. As long as the guaranteed interest plus the additional amount exceed 4%, your income will increase the following year. If the guaranteed interest plus the additional amounts is less than 4%, your income could decrease.

**Re-Evaluation of TIAA Real Estate/CREF**

If you receive variable income that changes annually, your income is revalued once a year on the last business day of March (with payments changing on May 1). If you receive variable income that changes monthly, your income is revalued on the 20<sup>th</sup> of each month (or the previous business day if the 20<sup>th</sup> is not a business day). You can switch your variable income from annual to monthly valuations, and vice versa, once a year effective on the last business day of March.





Please print using black or dark blue ink.

**1. DECEDENT INFORMATION**

Name (First Name, Middle Initial and Last Name)

Social Security Number/  
Taxpayer Identification Number

Date of Death (mm/dd/yyyy)

PIN (For TIAA use only)

**2. RETIREMENT ANNUITY NUMBERS**

TIAA Contract

CREF Certificate





For **Name**, please insert an individual, trust or estate name.

If you do not have a SSN or TIN, please complete form W-7 and send it to the IRS. Once received by the IRS, complete form W-8BEN and return to TIAA with your completed forms. To print this form, go to [TIAA.org/forms](http://TIAA.org/forms), and scroll to Find tax forms. For questions call TIAA at 888-380-6428.

You **must** provide a phone number so we can contact you with any questions regarding this request form.

If you claim residence **AND** citizenship outside the U.S., you must complete Form W-8BEN in addition to this form to certify your foreign tax status. To print this form, go to [TIAA.org/forms](http://TIAA.org/forms), and scroll to Find tax forms. For questions, please call us.

### 3. BENEFICIARY INFORMATION

Name (First Name, Middle Initial and Last Name)

If Trust or Estate list Trustee, Executor or Certified Officer

Name (First Name, Middle Initial and Last Name)

Social Security Number/  
Taxpayer Identification Number

Date of Birth/Trust or  
Last Amendment (mm/dd/yyyy)

Street Address

City

State

Zip Code

Primary Telephone Number

Alternate Phone Number

Email Address

State of Legal Residence

(if outside the U.S., write in Country of Residence)

Citizenship (if not U.S.)

Gender

Male

Female

Beneficiary Relationship to Original Decedent

### 4. SETTLEMENT OPTIONS

Please tell us how you would like your distribution. If you would like some cash as part of your payment, please indicate below.

No Cash

Partial Cash \$

or

%

Any optional cash distribution will be distributed in a single payment. To complete your annuity request, please continue to Step 5.



**5. CHOOSE AN ANNUITY OPTION (CHOOSE ONE)**

I elect the following option for my TIAA annuity:

One-Life annuity (This annuity does not provide for beneficiaries and will not continue past your life time. Also, this option is not eligible for trust or estate beneficiaries.) **Check here and go to Section 6.**

One-Life annuity with a guaranteed period of (This option is not eligible for trust or estate beneficiaries.):

10 years     15 years     20 years

I want payments made:

Monthly     Quarterly     Semiannually     Annually

**Check here and go to Section 6**

Fixed period of years

I want payments for   (2-30) years with payments

Monthly     Quarterly     Semiannually     Annually

Trusts and estates cannot have more than a 5-year period unless it is a look through trust which can have a maximum of 30 years. **Check here and go to Section 7.**

Continuation of an existing transfer payout annuity

**Check here and go to Section 7.**

Definitions for Standard Payment Method, Graded Payment Method and Re-Evaluation of TIAA Real Estate/CREF can be found on the definitions page at the beginning of this form.

**6. CHOOSE A PAYMENT METHOD (CHECK ONE)**

**TIAA TRADITIONAL**

Please base my lifetime annuity income on:

The Standard Payment Method for 100% TIAA traditional accumulation.

The Graded Payment Method for 100% TIAA traditional accumulation.

100% TIAA traditional accumulation (combined total MUST equal 100%.)

Standard    %

Graded    %

TOTAL        100%

If you do not choose any option, you will be defaulted to the Standard Payment Method.



**6. CHOOSE A PAYMENT METHOD (CONTINUED)**

**TIAA REAL ESTATE/CREF**

I elect to have income that changes:

Monthly  Annually

If you do not choose any option your default will be Annually.

**Frequency and Start Date of Payments**

Please select the month and frequency you wish your income to begin. If we receive the completed forms after the 1<sup>st</sup> of the month in which you requested your payments to begin, your annuity start date will automatically be moved to the 1<sup>st</sup> business day of the month following receipt of your completed form. Subsequent payments will be made as of the 1<sup>st</sup> of the month based on the payment frequency you choose.

Start Date (mm/dd/yyyy)

Start my lifetime retirement income on: / / 20

If you do not enter a date, the start date will be the date all forms are completed.

I want payments made:

Monthly  Quarterly  Semiannually  Annually

If you do not choose any option, your default will be Monthly.



If you have more than one primary beneficiary, benefits will be divided equally among the living beneficiaries unless you specify the percentages. The percentages for all of the primary beneficiaries must total 100%.

\* TIAA cannot accept a 'Will' as a designation. For acceptable Trust designations, see BENEFICIARY PROVISIONS #4 at the end of this form.

\*\*If you check 'Payments made to this deceased beneficiary's children' and the named beneficiary predeceases you, the monies which would have been paid to that beneficiary will be divided proportionately among his/her children (if any). If there are no living children for that beneficiary, their portion will be paid proportionately to the remaining primary beneficiaries in this class. In the event there are no primary beneficiaries or their children to pay at the time of your death, we will pay who you select under Contingent beneficiary section #4. If you do not select a Contingent beneficiary, we will pay your Estate, unless Plan provisions state otherwise.

See Provisions at end of this form.

NOTE: Upon death, we will pay the benefits based on your instructions. Please make sure that they are in accord with the guidance provided throughout this document.

**7. CHOOSING YOUR PRIMARY BENEFICIARY**

Tell us who should receive your account balance after your death.

1. First Name  Middle Initial   
 Last Name  Percentage  %  
 Relationship   Payments made to this deceased beneficiary's children\*\*  
 Address   
 City  State  Zip Code   
 Contact Telephone Number  Country  Gender  F  M  
 Social Security Number/  
Taxpayer Identification Number   
 Date of Birth/Date of Trust/  
Issue Date of Will\* (mm/dd/yyyy)  /  /

2. First Name  Middle Initial   
 Last Name  Percentage  %  
 Relationship   Payments made to this deceased beneficiary's children\*\*  
 Address   
 City  State  Zip Code   
 Contact Telephone Number  Country  Gender  F  M  
 Social Security Number/  
Taxpayer Identification Number   
 Date of Birth/Date of Trust/  
Issue Date of Will\* (mm/dd/yyyy)  /  /



**7. CHOOSING YOUR PRIMARY BENEFICIARY (CONTINUED)**

3. First Name  Middle Initial   
 Last Name  Percentage  %  
 Relationship   Payments made to this deceased beneficiary's children\*\*  
 Address   
 City  State  Zip Code   
 Contact Telephone Number  Country  Gender  F  M  
 Social Security Number/  
Taxpayer Identification Number   
 Date of Birth/Date of Trust/  
Issue Date of Will\* (mm/dd/yyyy)  /  /

4. First Name  Middle Initial   
 Last Name  Percentage  %  
 Relationship   Payments made to this deceased beneficiary's children\*\*  
 Address   
 City  State  Zip Code   
 Contact Telephone Number  Country  Gender  F  M  
 Social Security Number/  
Taxpayer Identification Number   
 Date of Birth/Date of Trust/  
Issue Date of Will\* (mm/dd/yyyy)  /  /

Check this box and attach a signed letter to list additional primary and/or contingent beneficiaries, a trust or to provide additional instructions. Please include your contract and/or account numbers.







If you have more than one contingent beneficiary, benefits will be divided equally among the living beneficiaries unless you specify the percentages. The percentages for all of the contingent beneficiaries must total 100%.

\* TIAA cannot accept a 'Will' as a designation. For acceptable Trust designations, see BENEFICIARY PROVISIONS #4 at the end of this form.

\*\*If you check 'Payments made to this deceased beneficiary's children' and the named beneficiary predeceases you, the monies which would have been paid to that beneficiary will be divided proportionately among his/her children (if any). If there are no living children for that beneficiary, their portion will be paid proportionately to the remaining beneficiaries in that class. In the event there are no other beneficiaries, we will pay your Estate or as outlined in your Plan provisions.

8. CHOOSING YOUR CONTINGENT BENEFICIARIES

Tell us who should receive your account balance ONLY if the following occurs:

- If all Primary beneficiary(ies) predecease you, and
The children of the Primary beneficiary(ies) predecease you—if that option was selected.

1. First Name, Middle Initial, Last Name, Percentage, Relationship, Address, City, State, Zip Code, Contact Telephone Number, Country, Gender, Social Security Number/Taxpayer Identification Number, Date of Birth/Date of Trust/Issue Date of Will\*

2. First Name, Middle Initial, Last Name, Percentage, Relationship, Address, City, State, Zip Code, Contact Telephone Number, Country, Gender, Social Security Number/Taxpayer Identification Number, Date of Birth/Date of Trust/Issue Date of Will\*





8. CHOOSING YOUR CONTINGENT BENEFICIARIES (CONTINUED)

3. First Name  Middle Initial   
 Last Name  Percentage  %  
 Relationship   Payments made to this deceased beneficiary's children\*\*  
 Address   
 City  State  Zip Code   
 Contact Telephone Number  Country  Gender  F  M  
 Social Security Number/  
Taxpayer Identification Number   
 Date of Birth/Date of Trust/  
Issue Date of Will\* (mm/dd/yyyy)  /  /

4. First Name  Middle Initial   
 Last Name  Percentage  %  
 Relationship   Payments made to this deceased beneficiary's children\*\*  
 Address   
 City  State  Zip Code   
 Contact Telephone Number  Country  Gender  F  M  
 Social Security Number/  
Taxpayer Identification Number   
 Date of Birth/Date of Trust/  
Issue Date of Will\* (mm/dd/yyyy)  /  /



Federal law requires us to withhold income tax from the taxable portion of your payments, unless you choose otherwise. If you would like another election, please call us.

Roth 403(b)/401(k): Since the original participant already paid taxes on the Roth 403(b)/401(k) contributions, withdrawals of these contributions will not be subject to federal income tax or tax withholding. However, the earnings on the Roth 403(b)/401(k) contributions are subject to federal income tax, unless the withdrawal occurs at least five years after January 1<sup>st</sup> of the year of the original contract owner's first Roth contribution.

## 9. FEDERAL TAX WITHHOLDING AMOUNT

### ROLLOVER ELIGIBLE

For any partial cash or fixed period annuity with less than 10 years, the mandatory tax is 20%.

I want the following **ADDITIONAL** fixed percentage or flat dollar amount withheld.

% **OR** \$

### NON-ROLLOVER ELIGIBLE (CHOOSE ONE)

For Lifetime Annuity payments or Fixed Period of 10 years or more.

I choose not to have tax withheld.

I want the following fixed percentage or flat dollar amount withheld from each payment.

% **OR** \$

I want the withholding from each payment, according to the following marital status exemptions.

Marital Status

Single  Married  Married, but withhold at single rate

Number of withholding allowances:

**Optional:** I want the following additional amount withheld from each payment. This is over and above the amount calculated from my withholding allowances: \$



### 10. PROVIDE PAYMENT INSTRUCTIONS

NOTE: If TIAA is unable to validate your bank account information for any reason, or you do not make a selection below, we will automatically mail a check to your current address on file.

Please indicate where you would like us to send the money:

Direct Deposit to my bank account already on file:  
Bank Name:

Account Number ending in:

Direct Deposit to my new Checking or Savings Account:

Checking Account OR  Savings Account

Provide documentation described in item A, B or C below.

A. Upload a photo of a voided check through our TIAA mobile app or log in to **TIAA.org**. You can also mail an original voided check to TIAA with this form. Starter checks, deposit slips, third-party checks and photocopies of checks are not acceptable.

OR

B. Mail an original notarized letter from your bank (including all the information below) to TIAA with this form. Photocopies of checks are not acceptable.

- On bank letterhead, which includes address of bank
- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)
- Signature of the financial institution's representative. This signature must either be notarized by the financial institution's notary or it must be a signature guarantee, including the stamp or seal from the financial institution's authorized representative.
- If any of the bullet points above are missing, we will send your payment to the current address on file.

OR

C. Upload a photo of a Bank Generated Setup Form (including all the information below) through our TIAA mobile app or log in to **TIAA.org**. You can also mail an original to TIAA with this form. Photocopies of checks are not acceptable.

- Name on your account
- Address on your account
- Bank/ABA routing number
- Account number
- Account type (personal checking account or personal savings account)

Mail a check to my current address on file.

**Note:** To ensure your account is secure, we can't send a check to a mailing address that has changed in the last 14 days. So, if you're requesting that we send the payment to your mailing address and you've recently changed it, we may not be able to process your current request. Call us so we can discuss some of your options for completing your request.

If you select direct deposit, you will usually receive funds within two (2) business days once we have all the required approvals and documentation.

You may fax copies of forms and documents if you request that we send the payment via direct deposit using banking information we already have on file. Otherwise, you must upload or mail original documents (not faxed copies) with this form.

If you choose to receive a check, we send it by standard U.S. Mail and it may take up to 8-10 business days for you to receive it.





The Plan and Sub Plan numbers should have been provided to you. If you don't have them, please contact us.

**11. ROLL OVER TO ANOTHER TIAA ACCOUNT**

What type of account are you rolling over to? (Choose only one and provide account number.)

My existing employer's plan

TIAA Number                      CREF Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Plan Number                      Sub Plan Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Plan Name

My existing Roth or Traditional IRA

Account Number

A new Roth or Traditional IRA  
**Check here and attach enrollment form. (Call us for form.)**

Another TIAA account

Account Number





The investment company receiving your rollover can assist with completing the information at the right.

**12. ROLL OVER TO ANOTHER INVESTMENT COMPANY**

What type of account are you rolling over to? (Choose only one.)

- Traditional IRA (only available for spouse)
- Roth IRA (only available for spouse)
- Inherited IRA
- Inherited Roth IRA

**INVESTMENT COMPANY INFORMATION**

Investment Company Name

Address

City

State

Zip Code

Contact Telephone Number

Account Number

**Employee Contributions - Investment in Contract and/or Roth 403(b)/401(k)**

I understand that a portion of the investments I am rolling over from TIAA is after-tax contributions. If the investment company I have chosen to receive my funds has agreed to accept the after-tax or Roth 403(b)/401(k) contributions, they will be invested in that company's accounts as I have directed. If the investment company cannot accept these contributions, a check in the amount of these funds will be issued me by TIAA and sent to my address of record.

**After-Tax Retirement Annuity (ATRA)**

Distributions from an ATRA contract are subject to different tax rules than other plan distributions. Distributions from an ATRA accumulation include both taxable and nontaxable components based upon your individual circumstances. They are not eligible for rollover to another plan or IRA.



Please read, sign and date where indicated.

**13. YOUR SIGNATURE**

**By signing below:**

- Payment cannot be made prior to the day we receive all necessary papers.
- The TIAA variable annuity accounts don't promise to pay any stated number of dollars but provide for benefit accumulation and payments in terms of units. The dollar value of your units changes periodically, based primarily on the investment performance of the accounts in which your funds are invested.

**Transfer Payout Annuity Continuation**

- I acknowledge that I want to receive the remaining TIAA TPA payments in continuing annual installments.
- The beneficiaries named in Sections 7 & 8 will apply to all such contracts.
- Unless otherwise specified by the annuitant, I understand that at any time I may surrender the annuity for the commuted value of all unpaid installments.
- If I elected to receive my payments as an electronic funds transfer (EFT), I authorize TIAA to deposit my payments to my account at the bank stated in Section 10. I also authorize the bank to charge my account and to refund any overpayments to TIAA.
- My bank is released from any liability to TIAA for overpayments above the amount of funds available in my account at the time TIAA requests a refund. To verify this information I have attached a voided/cancelled check from my account.
- For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction it may result in the transaction being canceled.

If your entitlement does not exceed \$50,000, please sign here to complete your form.

If you are inheriting more than \$50,000, you must sign in front of a Notary Public. Once you sign and complete this page, the Notary Public will complete the next page. Please disregard if you a current TIAA participant.

Please sign your full legal name with suffix, if applicable, using black or dark blue ink, or online using TIAA's digital signing experiences. Non-TIAA digital signatures, such as signing with Adobe Acrobat, are not accepted. ▶

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Your Signature

Today's Date (mm/dd/yyyy)

 /  /    

Print Name

Capacity

If you aren't the beneficiary, indicate whether you're acting as a guardian or conservator of the beneficiary, or in some other capacity. Additional documentation may be required.



This section must be completed by a Notary Public. If you reside outside the U.S., then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

Please sign in black or dark blue ink. Digital signatures, such as signing with Adobe Acrobat, are not accepted.

**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.

**14. NOTARY PUBLIC CERTIFICATION**

State County

Notary Expiration  
Date (mm/dd/yyyy)

/   / 2 0

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.

Notary Public's Signature

Today's Date (mm/dd/yyyy)

/   / 2 0

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.







Include ALL documents in ONE package with original signatures - no faxes or photocopies accepted.

**RETURN COMPLETED FORM(S) TO:**

**STANDARD MAIL:**

TIAA  
P.O. Box 1268  
Charlotte, NC 28201-1268

**OVERNIGHT:**

TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

**CHECKLIST**

Did you remember to:

- Complete all necessary personal information and indicate how much you want to withdraw/rollover by account or fund.
- If you chose direct deposit to a **NEW** checking or savings account, include an original voided check or an original letter from your bank or a bank generated setup form with the completed forms package. (**We cannot accept faxed copies, online or mobile uploads.**) **NOTE:** You do not have to send this documentation if you chose direct deposit to a bank account we already have on file.
- Sign and date this form.
- Have your form notarized if your inheritance is more than \$50,000 and you are not a current TIAA participant.
- Complete all necessary tax forms, if applicable.

**FRAUD WARNING**

**FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE/WARNING REQUIRED BY MANY STATES**

This notice/warning does not apply in New York.

*Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.*

**Colorado residents, please note:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Virginia and Washington, DC residents, please note:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

