



The Employee Retirement Income Security Act of 1974 (ERISA) provides certain rights to the spouse of a participant in a retirement plan subject to the law. Plans subject to ERISA are those of private employers; plans not subject to ERISA are those of public institutions and those of certain churches.

If a participant of a retirement plan subject to ERISA dies before receiving retirement income, his or her surviving spouse (if any) is entitled to a death benefit equal to at least one-half of the annuity accumulation(s) subject to the law. Before paying death benefits, TIAA must determine if any benefits are payable to a participant's surviving spouse. TIAA requires this form to be completed by all beneficiaries.

Each beneficiary must sign their own Marital Status Verification as they settle their own entitlements and the form must be included in their own package.

Print in uppercase using black or dark blue ink.

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)

1. DECEDENT INFORMATION

Name (First Name, Middle Initial, Last Name)

[Text input field for Name]

Social Security Number/ Taxpayer Identification Number

[Grid input field for Social Security Number]

PIN (For TIAA use only)

[Grid input field for PIN]

2. SURVIVING SPOUSE INFORMATION

Was the participant married as of the date of death? Yes No

Name (First Name, Middle Initial, Last Name)

[Text input field for Name]

Address

[Text input field for Address]

City

[Text input field for City]

State

[Text input field for State]

Zip Code

[Text input field for Zip Code]

Contact Telephone Number

[Text input field for Contact Telephone Number]

Alternate Telephone Number

[Text input field for Alternate Telephone Number]

3. YOUR SIGNATURE

I have read the information on this form and agree to its accuracy.

Print Name

[Text input field for Print Name]

Relationship to Original Participant

[Text input field for Relationship to Original Participant]

Your Signature

[Text input field for Your Signature]

Today's Date (mm/dd/yyyy)

[Text input field for Today's Date]

Please sign your full legal name with suffix, if applicable, using black or dark blue ink.





Please return ALL numbered pages including any pages you did not need to complete.

**RETURN COMPLETED FORM(S)**

**SUBMIT NOW FOR FAST PROCESSING:**

- On **TIAA.org**: Log in to your account, then select "Upload documents" under the "My Account" section. Choose "Upload Files" to get started.
- On your mobile device: Log in to the TIAA app, then choose "Message Center" from the menu. Click on Shared Files and select the Upload icon in the bottom right corner, and follow the instructions to upload your form.

If you'd prefer to submit your request using one of the methods below, please allow for additional processing time.

**FAX:**

**800-914-8922** (within U.S.)  
**704-595-5795** (outside U.S.)

**STANDARD MAIL:**

TIAA  
P.O. Box 1258  
Charlotte, NC 28201-1258

**OVERNIGHT:**

TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

