



Please use this form to authorize deductions from annuity payments.

Print in uppercase using
 black or dark blue ink.

1. RETIREMENT PLAN INFORMATION

Institution Name

Premium Payment Group (PPG) Code

Institutional Representative

2. PERSONAL INFORMATION

First Name

Middle Initial

Last Name

Suffix

Social Security Number/
 Taxpayer Identification Number

3. DEDUCTION INSTRUCTIONS

The undersigned annuitant authorizes TIAA to make deductions from periodic annuity payments and pay this amount to the institution named above. This amount pays for the insurance coverage indicated below. The institution agrees to accept the amounts and to notify TIAA in advance of any change in the amount necessary to pay the annuitant's premiums.

Check one: Initiate Deductions Change Deductions Terminate Deductions

4. COVERAGE

Type of Insurance Coverage	New Periodic Deduction Amount
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	\$ <input type="text"/>

Deductions are to begin/change/terminate effective with the annuity payment due on:

Date (mm/dd/yyyy)

 / /

Indicate whether TIAA should reimburse the annuitant for any excess deductions already processed:

Yes - reimburse the annuitant No - do not reimburse the annuitant





TIAA GROUP ANNUITY
**AUTHORIZATION TO MAKE DEDUCTIONS
FROM ANNUITY PAYMENTS**

5. SIGNATURE OF ANNUITANT

It is understood and agreed that this authorization will remain in effect until TIAA receives written notification from the institution to the contrary. But, if at any time, the total deductions equal or exceed the periodic income payments from this annuity, all deductions hereby authorized will terminate immediately.

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20

Institutional Representative Signature

Today's Date (mm/dd/yyyy)

 / / 20

RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

TIAA
P.O. Box 1267
Charlotte, NC 28201-1267

OVERNIGHT:

TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

