



TIAA DIRECT PAYMENT GROUP ANNUITY REQUEST TO START ANNUITY INCOME (DEFINED BENEFIT PLAN)

Please use this form to begin annuity income payments.

Print in uppercase using black or dark blue ink.

1. RETIREMENT PLAN INFORMATION

Institution Name

Premium Payment Group (PPG) Code

Institutional Representative

* If your institution's plan issues annuity benefits at the end of the payment period, the First Payment Date should be after the Retirement Date. For example, if the Payment Frequency is monthly and the Retirement Date is 1/1/2017, the first annuity payment is 1/31/2017 (enter 2/1/2017 for the First Payment Date).

2. PROVIDE INFORMATION ON THE RETIREE

First Name

M.I.

Last Name

Address

City

State

Zip Code

Social Security Number/
Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

Citizenship (if not U.S.)

Gender

Male

Female

Gross Periodic Benefit Amount

\$

Annuity Payment Option

Retirement Date (mm/dd/yyyy)

First Payment Date (mm/dd/yyyy)*

Payment Frequency

3. INFORMATION ON THE ANNUITY PARTNER (FOR JOINT-LIFE ANNUITY OPTIONS ONLY)

First Name

M.I.

Last Name

Gender

Male

Female

Relation to Retiree

Spouse

Other

Social Security Number/
Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

Citizenship (if not U.S.)





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4. INFORMATION ON THE BENEFICIARY(IES) (FOR OPTIONS WITH GUARANTEED PERIOD ONLY)

Primary

First Name M.I. Last Name

Social Security Number Date of Birth (mm/dd/yyyy) Relationship to Retiree

Contingent

First Name M.I. Last Name

Social Security Number Date of Birth (mm/dd/yyyy) Relationship to Retiree

5. ADDITIONAL REMARKS

6. AUTHORIZATION

I hereby authorize TIAA to initiate annuity benefits based upon the data provided above, and to deduct the benefit payments from the TIAA-CREF Group Annuity Account.

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

Institutional Representative Signature Today's Date (mm/dd/yyyy)

PLEASE ENCLOSE THE COMPLETED FORMS

- Form W-4P and Form W-9 (Federal Tax Forms) (Required)
- State Tax Withholding Election (If Applicable)
- Direct Deposit Agreement (If Applicable)
- Authorization to Deduct from Annuity Payments (Deduction of Insurance Premiums)
- Spouse's Waiver of Qualified Joint & Survivor Annuity (For annuitants who are single or who don't name their spouse as their annuity partner; not required for publicly sponsored plans)





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REQUEST TO START ANNUITY INCOME
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RETURN COMPLETED FORM(S) TO:

FAX:
212-916-6733

STANDARD MAIL:
TIAA
Group Annuity Administration
Mailstop 730-03-04
730 Third Avenue
New York, NY 10017

