



INFORMATION ON THE ANNUITY PARTNER

First and Middle Name or Initial

Last Name

Social Security Number/
Taxpayer Identification Number

Gender

Date of Birth (mm/dd/yyyy)

Relationship to Participant

 Male Female / / Spouse Non-Spouse

PARTICIPANT'S SALARY DATA

If needed, please provide salary history below.

Date (mm/dd/yyyy)

Salary

Date (mm/dd/yyyy)

Salary

 / / \$ / / \$ / / \$ / / \$ / / \$ / / \$ / / \$ / / \$ / / \$ / / \$

ADDITIONAL INFORMATION

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

