



Please use this form to notify TIAA of the death of an annuitant.

Print in uppercase using black or dark blue ink.

1. RETIREMENT PLAN INFORMATION

Institution Name

Premium Payment Group (PPG) Code Institutional Representative

2. PROVIDE INFORMATION ON THE DECEASED ANNUITANT

Deceased Annuitant:  Participant (Former Employee)  Annuity Partner

First Name of Deceased

M.I.

Last Name of Deceased

Social Security Number/

Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

 /  / 

Date of Death (mm/dd/yyyy)

 /  / 20

Original Annuity Payment Option

Indicate whether payments should continue:

Payments to Continue

Payments to Cease

3. INFORMATION ON SURVIVING ANNUITANT/BENEFICIARY/PARTY TO BE NOTIFIED

First Name

M.I.

Last Name

Mailing Address

City

State

Zip Code

Relation to Deceased Annuitant

Spouse

Other

Social Security Number of Surviving Annuitant/Beneficiary

Date of Birth (mm/dd/yyyy)

 /  / 

Citizenship (if not U.S.)





**4. ADDITIONAL REMARKS**

**5. AUTHORIZATION**

I hereby authorize TIAA to process the Group Annuity death claim based upon the notification of death provided above.

Institutional Representative Signature

Today's Date (mm/dd/yyyy)

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

**FAX:**  
800-914-8922

**STANDARD MAIL:**  
TIAA  
P.O. Box 1267  
Charlotte, NC 28201-1267

**OVERNIGHT:**  
TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

