



TIAA NON-PARTICIPATING 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

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)

 / /

Gender

Male

Female

Citizenship (if not U.S.)

Gross Periodic Benefit Amount

\$

Annuity Payment Option

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.)





TIAA NON-PARTICIPATING GROUP ANNUITY
**REQUEST TO START ANNUITY INCOME
(DEFINED BENEFIT PLAN)**

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 income benefits based upon the data provided above, and charge the TIAA-CREF Group Annuity Account for the cost to purchase a TIAA guaranteed (non-participating) annuity.

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

Your 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)
- Record of Age (Proof of birth date - Required)
- 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)





TIAA NON-PARTICIPATING GROUP ANNUITY
REQUEST TO START ANNUITY INCOME
(DEFINED BENEFIT PLAN)

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

