



Return this form to:
PlanEXAgreements@tiaa.org

1. VENDOR INFORMATION

Today's Date (mm/dd/yyyy)

/ / 20

Name of Business

Social Security Number/
Tax Identification Number

Address

City

State

Zip Code

Phone Number

Toll Free

Fax Number

Email Address

TYPE OF ORGANIZATION (please select one)

Individual Partner Corporation Other (please specify)

PRIMARY BUSINESS (please select one)

Manufacturer Service Provider Contractor
 Other (please specify)

OWNERSHIP OF BUSINESS

Is this a minority-owned business? Yes No

Is this a woman-owned business? Yes No

African American, not Hispanic American Indian or Alaskan Native

Asian or Pacific Islander Hispanic Caucasian, not Hispanic





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1. VENDOR INFORMATION (CONTINUED)

QUALIFICATIONS

- Small Business (SB) Small Disadvantaged Business (SDB)
- Service Disabled Veteran-Owned Small Business (SDVOSB)
- Veteran-Owned Small Business (VOSB) Women-Owned Small Business (WOSB)

New Vendor Justification

NOTE: Please attach a W-9 form before submitting.

Anticipated Annual Spend

Requester's Signature

Requester's Name (please print)

Approver's Signature

Approver's Name (please print)

