

Account change form

TIAA Trust Account number: _____

TIAA Trust Account name: _____

Client name:

(for which this change form is applicable) _____

Change of mailing address:

Address information:

Please check one box: Permanent address Seasonal address

If this is a seasonal address, when should we revert back to your original address?

___ / ___ / _____ I will advise at a later date

Street address: _____

City and State: _____

Zip Code: _____

Authorized e-mail address(es):

Please note up to two emails you would like to keep on record as an approved email address.

E-mail address #1: _____

E-mail address #2: _____

Authorized phone number(s):

Phone number #1: () - Phone number #2: () -

Home Work Mobile Other Home Work Mobile Other

Change of name:

You must provide the supporting documents (original OR a certified copy (certified by the department that issued it with a raised certification stamp or notarized to be an authentic copy by a notary public)) authorizing the change.

Marriage Divorce Adoption Court Order Other

Previous name:

(First, Middle, Last) First Middle Last

New name:

(First, Middle, Last) First Middle Last

Account Owner or Beneficiary Signature _____

Date _____

Return completed form(s) to: TIAA Trust, 211 North Broadway, Suite 1000, St. Louis, MO 63102