



STEP 1: ACCOUNT INFORMATION

IRA Account Owner (Depositor)
IRA Account Number
IRA Account Name

STEP 2: BENEFICIARY DESIGNATIONS

As Depositor of the above-referenced IRA account (the "IRA") with TIAA Trust, N.A. ("TIAA Trust"), you hereby revoke all prior beneficiary designations for the IRA, and make the following designations of beneficiary for the IRA.

(Please also sign and date each attached page.)

PRIMARY BENEFICIARY DESIGNATIONS. The Primary Beneficiaries you name below will receive the balance of your IRA following your death. Be sure to indicate the particular share of your IRA you would like TIAA Trust to distribute to each of your Primary Beneficiaries after your death.

PRIMARY BENEFICIARIES

1. Legal Name (First, MI, and Last) For Trust, list name of Trust and name of Trustee Relationship Percentage
Street Address City State Zip Code
Social Security Number/ Taxpayer Identification Number Date of Birth/Date of Trust/ Issue Date of Will (mm/dd/yyyy) LDPS (Lineal Descendant* Per Stirpes)
2. Legal Name (First, MI, and Last) For Trust, list name of Trust and name of Trustee Relationship Percentage
Street Address City State Zip Code
Social Security Number/ Taxpayer Identification Number Date of Birth/Date of Trust/ Issue Date of Will (mm/dd/yyyy) LDPS (Lineal Descendant* Per Stirpes)

* The term "descendants" includes individuals of the class living on the effective date of this Designation and individuals legally adopted or born after the effective date of this Designation and who are members of the class on the date of your death.





3. Legal Name (First, MI, and Last) For Trust, list name of Trust and name of Trustee Relationship Percentage
Street Address City State Zip Code
Social Security Number/ Taxpayer Identification Number Date of Birth/Date of Trust/ Issue Date of Will (mm/dd/yyyy) LDPS (Lineal Descendant* Per Stirpes) Yes No

4. Legal Name (First, MI, and Last) For Trust, list name of Trust and name of Trustee Relationship Percentage
Street Address City State Zip Code
Social Security Number/ Taxpayer Identification Number Date of Birth/Date of Trust/ Issue Date of Will (mm/dd/yyyy) LDPS (Lineal Descendant* Per Stirpes) Yes No

CONTINGENT BENEFICIARY DESIGNATIONS. You may choose to designate Contingent Beneficiaries. Contingent Beneficiaries are Beneficiaries who will receive the balance of your IRA after your death if all of your Primary Beneficiaries (and their descendants, if you chose the LDPS option for each of them) predecease you.

CONTINGENT BENEFICIARIES

1. Legal Name (First, MI, and Last) For Trust, list name of Trust and name of Trustee Relationship Percentage
Street Address City State Zip Code
Social Security Number/ Taxpayer Identification Number Date of Birth/Date of Trust/ Issue Date of Will (mm/dd/yyyy) LDPS (Lineal Descendant* Per Stirpes) Yes No

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Street Address City State Zip Code
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4. Legal Name (First, MI, and Last) For Trust, list name of Trust and name of Trustee Relationship Percentage
Street Address City State Zip Code
Social Security Number/ Taxpayer Identification Number Date of Birth/Date of Trust/ Issue Date of Will (mm/dd/yyyy) LDPS (Lineal Descendant* Per Stirpes) Yes No

STEP 3: SPOUSAL CONSENT (FOR USE IN COMMUNITY PROPERTY OR MARITAL PROPERTY STATES, INCLUDING AZ, CA, ID, LA, NV, NM, TX, WA AND WI)

If you are married, reside in a community property or marital property state, and designate someone other than your spouse as your sole Primary Beneficiary, or designate your spouse to receive less than one-half of your IRA at your death, your spouse must sign this form below.

"I am the spouse of the account holder named above. I acknowledge that I have received fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this account, I have been advised to see a tax professional. I hereby give to my spouse, the account holder named above, any interest I have in the funds or property deposited in this account, and consent to the Beneficiary Designation(s) made above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by TIAA Trust."

Spouse's Signature Print Spouse's Name Today's Date (mm/dd/yyyy)

Witness Attestation

Witness should sign and print below.

Witness Signature Witness Printed Name Today's Date (mm/dd/yyyy)

STEP 4: DEPOSITOR'S SIGNATURE

Depositor's Signature Today's Date (mm/dd/yyyy)





OPTIONS TO RETURN COMPLETED FORM(S)

OPTION 1: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture. Haven't downloaded the TIAA mobile app? Get it today in the [App Store](#) or [Google Play](#).

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Go to the **Files** tab, select **Upload** and then follow the instructions.

OPTION 2: If you are using your personal computer, here's what you'll need to do to upload your completed document(s):

- Log in to your [TIAA.org](#) account and select the **Actions** tab.
- Choose **Upload document(s)** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

OPTION 3: If you prefer to fax or mail this form, use the information provided below:

FAX:
314-244-5012

STANDARD MAIL:
TIAA Trust
211 N. Broadway, Suite 1000
St. Louis, MO 63102-2733

OVERNIGHT MAIL:
TIAA Trust
211 N. Broadway, Suite 1000
St. Louis, MO 63102-2733

