



TIAA TRUSTED CONTACT AUTHORIZATION FORM

Please use this form to name trusted contacts, or you may log in to TIAA.org to enter this information directly. Trusted contacts are people you know and trust, who are at least 18 years of age and whom TIAA may contact if we have questions about your account, your well-being, or if we suspect you are the victim of fraudulent activity. If this is a joint account, please complete this form for every account holder individually.

Please print using black or dark blue ink.

IMPORTANT: A full Social Security Number/Taxpayer Identification Number is required to process your request.

1. PROVIDE YOUR INFORMATION

First Name			Middle Initial	
Last Name			Suffix	
Social Security Number/ Taxpayer Identification Number	Contact Telephone Number	Extension		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

IMPORTANT: You will need to provide information for these required fields in order for your request to be processed: First Name, Last Name, Address, City, State, Zip Code, Relationship, and one of three Telephone Numbers. We highly recommend providing the Date of Birth, but it is not required in order to process your request.

2. CONTACT PERSON INFORMATION

1. First Name of Contact Person	Last Name of Contact Person	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		
<input type="text"/>		
Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country		
<input type="text"/>		
Date of Birth of Contact Person (mm/dd/yyyy) (Optional)	Relationship to Client	
<input type="text"/>	<input type="text"/>	
Home Telephone Number	Work Telephone Number	Extension
<input type="text"/>	<input type="text"/>	<input type="text"/>
Cell Phone Number	Email Address (Optional)	
<input type="text"/>	<input type="text"/>	





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2. CONTACT PERSON INFORMATION (CONTINUED)

2. First Name of Contact Person Last Name of Contact Person Suffix

Address

Address

City State Zip Code

Country

Date of Birth of Contact Person (mm/dd/yyyy) (Optional) / /

Relationship to Client

Home Telephone Number Work Telephone Number Extension

Cell Phone Number Email Address (Optional)

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3. First Name of Contact Person Last Name of Contact Person Suffix

Address

Address

City State Zip Code

Country

Date of Birth of Contact Person (mm/dd/yyyy) (Optional) / /

Relationship to Client

Home Telephone Number Work Telephone Number Extension

Cell Phone Number Email Address (Optional)





Please sign using black or dark blue ink.

3. SIGNATURE AND AUTHORIZATION

I hereby authorize TIAA and its affiliates ("TIAA") to contact the person(s) I have listed above ("Contact") in the event TIAA has questions or concerns regarding my ability to handle my financial affairs (due to health-related matters or otherwise), potentially harmful financial transactions in my accounts or my whereabouts. In order to address any such questions or concerns, when speaking to my Contact, TIAA is authorized to:

- i. Share with the Contact nonpublic information about me and all of my investments/accounts/products/contracts held at TIAA and its affiliates now or in the future (or any other financial information I may have provided to TIAA), regardless of any previous election I have made under federal, state or other law regarding the sharing of such information;
ii. Share with the Contact any concerns and details surrounding my potential financial exploitation;
iii. Confirm with the Contact the specifics of my current contact information and/or health status;
iv. Discuss with the Contact whether any other person has been designated to act on my behalf (through power of attorney, Executor, Trustee or legal guardian or otherwise); and
v. Share information obtained from the Contact with its affiliates.

I understand this authorization will remain in effect until I notify TIAA in writing that I am revoking or amending such authority and TIAA acknowledges the receipt of such revocation and/or amendment. Except as may be required by FINRA Rule 2165, TIAA is under no obligation to speak to, write to or otherwise interact with the Contact. TIAA is not responsible for any action taken by the Contact, and TIAA will not direct the Contact to take any particular action on my behalf. TIAA suggests that the named Contact(s) not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above.

By signing, I am affirming that the trusted contact person(s) listed in this form are at least 18 years old, and to the best of my knowledge, do not work for TIAA or its affiliates.

Signature (Account Owner)

[Signature line]

Today's Date (mm/dd/yyyy)

[Date input boxes]

Please return ALL numbered pages including any pages you did not need to complete.

RETURN COMPLETED FORM(S)

SUBMIT NOW FOR FAST PROCESSING:

- On TIAA.org: Log in to your account, then select "Upload documents" under the "My Account" section. Choose "Upload Files" to get started.
On your mobile device: Log in to the TIAA app, then choose "Message Center" from the menu. Click on Shared Files and select the Upload icon in the bottom right corner, and follow the instructions to upload your form.

If you'd prefer to submit your request using one of the methods below, please allow for additional processing time.

FAX: 800-914-8922 (within U.S.) 704-595-5795 (outside U.S.)

STANDARD MAIL: TIAA P.O. Box 1259 Charlotte, NC 28201-1259

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

