



FINANCIAL SERVICES
FOR THE GREATER GOOD®


Send directly to:

TIAA CREF
P.O. BOX 1268
CHARLOTTE, NC 28201-1268

REQUEST FOR A CHANGE IN ALLOCATION

YOUR PERSONAL INFORMATION


Please provide all of the information below.



First and Middle Name or Initial	<input type="text"/>	Last Name	<input type="text"/>
Daytime Telephone Number	<input type="text"/>	TIAA Number	<input type="text"/>
		CREF Number	<input type="text"/>
Plan ID	<input type="text"/>	Subplan ID	<input type="text"/>
		Name of Employer/Plan	<input type="text"/>


EFFECTIVE DATE

The date the allocation becomes effective will be the business day TIAA-CREF receives this properly completed form, or the future date specified here:

 **Date (mm/dd/yyyy)**

ALLOCATION INSTRUCTIONS


Provide the account number and name and whole number percentage for each account you select. The total of your allocations must add up to 100%.

	Account #	Account Name	Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
	Account #	Account Name	Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
	Account #	Account Name	Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
	Account #	Account Name	Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
	Account #	Account Name	Percentage
	<input type="text"/>	<input type="text"/>	<input type="text"/> %
			100%

AGREEMENT

By signing, you agree that:

- Any change in the allocation of contributions among the accounts is subject to the provisions of your employer's retirement plan; and
- The allocation change is effective with the first premium received after the date the change becomes effective.

 **Signature**

Date (mm/dd/yyyy)