## **TIAA-CREF Plan Intake**

Alternate Payee/Former Spouse Name	-	
Please check which type of account/l	Plan Participant has:	
Immediate Annuity		
Deferred Annuity		
IRA		
Employer Sponsored Plan		
Please identify all TIAA Contract Nur divided:	mbers and CREF Certificate Number	ers that are to be
TIAA Contract Number	CREF Certificate Number:	
TIAA Contract Number	CREF Certificate Number:	
TIAA Contract Number	CREF Certificate Number:	
TIAA Contract Number	CREF Certificate Number:	
TIAA Contract Number	CREF Certificate Number:	
TIAA Contract Number	CREF Certificate Number:	
Date of Valuation:		
	of filing of initial pleadings, date of	agreement
<u> </u>	is filed, or Date of Transfer (future	,
date I mai Order/Brvoree	is med, of Bute of Transfer (future	dutej
Termination/Reaffirmation of Alternation	nate Payee as beneficiary (Choose	e one):
as of the date of TIAA's recei	pt of the QDRO, all TIAA benefits	otherwise
payable to the Alternative Payee as Be	neficiary are payable to the estate o	f the
Participant. The Participant retains the		
Alternate Payee is to be the n	rimary beneficiary for the following	g percentage of
the retirement contract death benefits:	illiary beneficiary for the following	g percentage of
TIAA Contract Number:	- % CREF Certificate:	- %
TIAA Contract Number:	- % CREF Certificate:	
TIAA Contract Number:		- %
TIAA Contract Number:	% CREF Certificate:	
TIAA Contract Number:	% CREF Certificate:	
TIAA Contract Number:	% CREF Certificate:	
	% CREF Certificate:	%
The Participant:		%
The Participant:retains the right to change these	designations	
The Participant:	designations	%

## **Additional Forms to Provide:**

- Account Statement as of the date of valuation
- Account Statement as of Date of Marriage if premarital portion is to be reduced from Date of Valuation balance.