

Please print in uppercase using black or dark blue ink. The form must be signed by both the donor completing the form and the donor being removed. If the donor completing the form is the donor being removed, only one signature is required. The donor being removed must have their signature notarized prior to submission. Mail the completed form as indicated on the bottom of Page 2.

Giving Fund Name

Giving Fund Number







You may find your Giving Number on the home page when you log in to your Giving Fund.

Questions or need  
 assistance?  
 Call **800-392-4420**.  
 Monday - Friday,  
 8 a.m. - 10 p.m. (ET)  
 Saturday  
 9 a.m. - 6 p.m. (ET)

**1. DONOR BEING REMOVED**

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Suffix
<input type="text"/>		<input type="text"/>
Social Security Number	Daytime Telephone Number	Email Address
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

**2. DONOR COMPLETING THIS FORM**

Check if the donor completing the form is the donor being removed, and skip this section.

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Suffix
<input type="text"/>		<input type="text"/>
Social Security Number	Daytime Telephone Number	Email Address
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

The signature of the donor being removed must be notarized in section 4.

### 3. SIGNATURE TO AUTHORIZE REMOVAL OF DONOR

I acknowledge that I understand that after removal, the donor being removed will have no access, rights or privileges to the Giving Fund referenced on page 1.

I hereby certify that, to the best of my knowledge, all information presented in connection with this form is accurate, and I will promptly notify TIAA Charitable in writing of any changes.

Signature of Donor Being Removed

Today's Date (mm/dd/yyyy)

 /  / 20  

Signature of Donor Completing This Form (if not the donor being removed)

Today's Date (mm/dd/yyyy)

 /  / 20  

Instructions to Notary:  
 Please notarize the signature of the donor being removed.

### 4. NOTARY SIGNATURE

Print Name

On the date noted below the subscriber is known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public Signature

State County

 

Notary Expiration Date (mm/dd/yyyy)

 /  / 20  

Today's Date (mm/dd/yyyy)

 /  / 20  

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

### MAIL THIS FORM TO:

**TIAA Charitable**  
 8910 Purdue Rd., Suite 500  
 Indianapolis, IN 46268

**Questions or Need Assistance?** Please call TIAA Charitable at **800-392-4420**.  
 Our business hours are Monday - Friday, 8 a.m. - 10 p.m. and Saturday, 9 a.m. - 6 p.m. (ET).  
 Or, email us at [donorservices@tiaa charitable.org](mailto:donorservices@tiaa charitable.org).