

Please print in uppercase using black or dark blue ink. **This form may be completed by any donor.** Sign and fax or mail completed form as indicated on the bottom of Page 8.

Giving Fund Name

Giving Fund Number







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

Please tell us the name, SSN, and contact information for the donor completing this form.

Title

First Name

Middle Initial




Last Name

Suffix



Social Security Number

Daytime Telephone Number

Email Address













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)

**What would you like to update?** Check all that apply.

 Actions with an asterisk(\*) may also be updated online by logging in to your Giving Fund at [tiaacharitable.org](http://tiaacharitable.org).

- Change Giving Fund Name.....see Section 1
- Name Change for Current Donor (attach copy of official name change document) .....see Section 2
- Add Donors .....see Section 3
- Update Donor Contact Information and Communication\* Preference.....see Section 4
- Add or Update Successor Donor(s) or Charitable Beneficiary(ies)\* .....see Section 5
- Grant Access to a TIAA Financial Advisor .....see Section 6
- Recommend Investment Reallocation\* .....see Section 7

### 1. CHANGE GIVING FUND NAME

To update the name of your Giving Fund, enter the new name below.

New Giving Fund Name

In order for TIAA Charitable to accept a name change, we must receive a copy of the official name change document. Please mail that to us along with this completed form.

## 2. NAME CHANGE FOR CURRENT DONOR

Please tell us the current donor name we have on record, and the new name you would like us to use.

**Please include a copy of the official name change document.**

**Name as it currently appears in Giving Fund records:**

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Suffix
<input type="text"/>		<input type="text"/>

### New Name

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name		Suffix
<input type="text"/>		<input type="text"/>

This form has space to enter three donors. Please copy this page to make additional changes.

Donors may contribute to the Giving Fund and may recommend grants and investment allocations.

## 3. ADD DONOR(S)

### Add Donor 1

Please complete all information below.

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 (new donors only)

Date of Birth (new donors only)

Mailing Address

City

State

Zip Code

Country of Address

Country of Residence

Country of Citizenship

Daytime Telephone Number

Evening Telephone Number

Email Address

**3. ADD DONOR(S) (CONTINUED)**
**Add Donor 2**

Please complete all information below.

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 (new donors only)	Date of Birth (new donors only)
<input type="text"/>	<input type="text"/>

 Mailing Address  


City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of Address	Country of Residence	Country of Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Number	Evening Telephone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Add Donor 3**

Please complete all information below.

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 (new donors only)	Date of Birth (new donors only)
<input type="text"/>	<input type="text"/>

 Mailing Address  


City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Country of Address	Country of Residence	Country of Citizenship
<input type="text"/>	<input type="text"/>	<input type="text"/>

Daytime Telephone Number	Evening Telephone Number	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

**4. UPDATE DONOR CONTACT INFORMATION AND COMMUNICATION PREFERENCE**

**Contact Update 1:** For whom are you updating information?

Donor Name (First, Middle, Last)

Indicate what type of information you are changing and then complete the relevant items below:

Mailing Address     Daytime Telephone     Evening Telephone     Email Address

Send statements electronically

Mailing Address

City

State

Zip Code

Country of Address

Country of Residence

Country of Citizenship

Daytime Telephone Number

Evening Telephone Number

Email Address

**Contact Update 2:** For whom are you updating information?

Donor Name (First, Middle, Last)

Indicate what type of information you are changing and then complete the relevant items below:

Mailing Address     Daytime Telephone     Evening Telephone     Email Address

Send statements electronically

Mailing Address

City

State

Zip Code

Country of Address

Country of Residence

Country of Citizenship

Daytime Telephone Number

Evening Telephone Number

Email Address

You may name 1) individual successor donors to succeed you with full donor rights and privileges, 2) recommend charitable organizations as beneficiaries of the Giving Fund balance in equal amounts, or 3) recommend a combination of successors and beneficiaries.

If you recommend a combination, 50% of the Giving Fund balance will remain in the Fund for your successors. The remainder will be distributed to the charitable organizations in equal amounts.

Successors do not have access to your Giving Fund until the death, incapacitation or resignation of all Donors associated with your Giving Fund. Please do not enter the name of any current Giving Fund Donor.

**5. ADD OR UPDATE SUCCESSOR DONOR(S)<sup>†</sup> OR CHARITABLE BENEFICIARY(IES)**

Your succession plan specifies how your Giving Fund assets will be handled upon your death. *Please copy this page to add or update additional successors.*

**5A. SUCCESSOR DONOR(S)**

Check One:  Add  Remove  Update

Title  Name of Successor Donor #1

Social Security Number  Date of Birth  Relationship to Donor

Mailing Address

City  State  Zip Code

Country of Address  Country of Residence  Country of Citizenship

Daytime Telephone Number  Evening Telephone Number  Email Address

Check One:  Add  Remove  Update

Title  Name of Successor Donor #2

Social Security Number  Date of Birth  Relationship to Donor

Mailing Address

City  State  Zip Code

Country of Address  Country of Residence  Country of Citizenship

Daytime Telephone Number  Evening Telephone Number  Email Address

<sup>†</sup> Donors must be 18 or older. If a Giving Fund succession plan includes successor donors, and no successor has reached the age of 18 at the time of the death, incapacitation or resignation of the last surviving Donor, TIAA Charitable will proceed as follows:

- If at least one successor is age 13 or older, TIAA Charitable will maintain the Giving Fund until the successor reaches the age of 18.
- If no successor is at least age 13 and the succession plan includes a charitable beneficiary(ies), TIAA Charitable will transfer the remaining Giving Fund balance to the charitable beneficiary(ies) in equal amounts. If the succession plan does not include a charitable beneficiary, the remaining funds will be transferred to one or more qualified charitable organizations selected at the discretion of the Board of Directors of TIAA Charitable.

You may name charitable organizations as beneficiaries of the Giving Fund balance in equal amounts. If you recommend a combination of successors and beneficiaries, 50% of the Giving Fund balance will remain in the Fund for your successors. The remainder will be distributed to the charitable organizations in equal amounts.

**5. ADD OR UPDATE SUCCESSOR DONOR(S)† OR CHARITABLE BENEFICIARY(IES)  
 (CONTINUED)**
**5B. RECOMMEND UPDATES TO CHARITABLE BENEFICIARY(IES)**

 Check One:  Add  Remove  Update

**Name of Charitable Beneficiary #1**

**Mailing Address**


City	State	Zip Code	Daytime Telephone Number
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Employer Identification Number	Email Address (if available)
<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"/>

 Check One:  Add  Remove  Update

**Name of Charitable Beneficiary #2**

**Mailing Address**


City	State	Zip Code	Daytime Telephone Number
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

Employer Identification Number	Email Address (if available)
<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"/>

You may use this section to grant a TIAA-CREF Financial Advisor access to your Giving Fund, or remove an Advisor who currently has access to your Giving Fund.

**6. ADD OR UPDATE YOUR FINANCIAL ADVISOR INFORMATION**

By providing TIAA Charitable with the name of my current Financial Advisor at TIAA-CREF Individual & Institutional Services, LLC, I am authorizing TIAA Charitable to share with TIAA-CREF Individual & Institutional Services, LLC, its service providers and affiliates, as well as my current or future associated advisor (collectively, my "Financial Advisor"), any information relating to my donation(s) to TIAA Charitable, including related application, accounts, donor recommendations and any other activity in any form, by phone, online or by download, for any use by my Financial Advisor in the course of providing financial products and services to me.

Financial Advisor at TIAA-CREF Individual &amp; Institutional Services, LLC:

 Add Financial Advisor  Remove Financial Advisor

First Name	Last Name	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

 Add Financial Advisor  Remove Financial Advisor

First Name	Last Name	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>

Investment reallocations are subject to approval, and TIAA Charitable reserves the right to decline recommendations if they become excessively frequent, if they cause unnecessary expense, or for any reason.

**Broad Market options** provide diversified investment exposure through a single lifestyle fund with holdings divided between equities and fixed-income instruments.

**Socially Responsible options** include allocations of varying mixes of a socially responsible equity fund and a socially responsible bond fund.

**Flex options** offer the opportunity to select from a mix of equity, fixed-income and money market funds.

## 7. RECOMMEND INVESTMENT REALLOCATION

You may recommend one or more options from the list below.

**Note:** For donors seeking a single option, the Broad Market and Socially Responsible choices each provide a mix of stocks, bonds and short-term instruments.

### Broad Market

- |  |  |
|--|--|
| <input type="checkbox"/> Lifestyle Income (Target: 20% Equity)       | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Lifestyle Conservative (Target: 40% Equity) | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Lifestyle Moderate (Target: 60% Equity)     | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Lifestyle Growth (Target: 80% Equity)       | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Lifestyle Aggressive (Target: 100% Equity)  | <input type="text"/> <input type="text"/> <input type="text"/> % |

### Socially Responsible

- |  |  |
|--|--|
| <input type="checkbox"/> Social Choice Income (Target: 20% Equity)       | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Social Choice Conservative (Target: 40% Equity) | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Social Choice Moderate (Target: 60% Equity)     | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Social Choice Growth (Target: 80% Equity)       | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Social Choice Aggressive (Target: 95% Equity)   | <input type="text"/> <input type="text"/> <input type="text"/> % |

### Flex

- |  |  |
|--|--|
| <input type="checkbox"/> TIAA-CREF Money Market                    | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF Short-Term Bond                 | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF Core Bond                       | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF Bond Index                      | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF Equity Index                    | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF Social Choice Low Carbon Equity | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF Growth & Income                 | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF International Equity Index      | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> TIAA-CREF International Equity            | <input type="text"/> <input type="text"/> <input type="text"/> % |

Total **1 0 0%** (Allocations must total 100%)

**8. SIGNATURE TO AUTHORIZE UPDATES**

I acknowledge that I have read the TIAA Charitable Program Guidelines: Program Circular and agree to the terms set forth therein. All recommendations from donors are subject to review and approval by TIAA Charitable

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.

Donor Signature

Today's Date (mm/dd/yyyy)

/ / 20 **MAIL OR FAX THIS FORM TO:**

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

**Fax:**  
**877-736-4620**

**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@tiaacharitable.org](mailto:donorservices@tiaacharitable.org).