

**AUTHORIZATION TO CHANGE ADDRESS**

Please complete and print all information.

Date of Birth / /		Social Security Number - -		Canadian Social Insurance Number	
First Name		Middle Initial		Last Name	
OLD ADDRESS	Number and Street			Apt #	Contract/Policy Number or *Disability File Number
	City		State	Zip Code	
NEW ADDRESS	Number and Street			Apt#	
	City		State	Zip code	
Effective Date of Change / /		Area Code ( )	Telephone Number -		
Participant's Signature				Date	

F89 (1/03)

Please list all your Contract/Policy Numbers or Disability File Numbers which relate to this address change.  
 \*Are you now receiving group disability benefits or do you have an application for disability pending?  Yes  No

**Mail to:**

**TIAA-CREF  
 730 3<sup>rd</sup> Avenue  
 New York, NY 10164-0129**