

SPOUSAL WAIVER FORM

Participant Name
DAN M DAVIS

Plan Name
USC 403(B) PLAN

Plan Number
101190

Request Date
August 4, 2017

Estimated Withdrawal Amount
\$7,000.00

SPOUSE'S WAIVER OF SURVIVOR BENEFITS

You have the right to receive a survivor benefit of at least 50% (or more as provided by plan provisions) of your spouse's account balance if your spouse dies before you. Your spouse is requesting a withdrawal/rollover and since this money will not be used to provide you with a survivor benefit, we request your consent. If you agree to the withdrawal/rollover, please read the statement below, and have your signature and date witnessed by a Notary Public or Plan Representative.

By signing, I agree that the amount to be distributed will not be available as a survivor benefit.

Spouse's Signature

Linda M. Davis

Today's Date (mm/dd/yyyy)

08 / 05 / 2017

NOTARY PUBLIC CERTIFICATION

State

County

Expiration Date (mm/dd/yyyy)

/ /

Spouse's First Name

Linda

Spouse's Last Name

Davis

See attached

On the date noted below the subscriber 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's Signature

Today's Date (mm/dd/yyyy)

/ /

FOR NOTARY PUBLICS IN MA

Indicate the type of identification:

- Valid federal or state ID
- Testimony of a credible witness
- Personal knowledge of the subscriber

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.

OR

PLAN REPRESENTATIVE CERTIFICATION

By signing, you are certifying you witnessed the spouse's signature.

Plan Representative Signature

Today's Date (mm/dd/yyyy)

/ /

Plan Representative Name (please print)

Today's Date (mm/dd/yyyy)

/ /





RETURN COMPLETED FORM(S) TO:

FAX:

800-914-8922 (within U.S.)

704-595-5795 (Outside U.S.)

STANDARD MAIL:

TIAA

P.O. Box 1268

Charlotte, NC 28201-1268

OVERNIGHT MAIL:

TIAA

8500 Andrew Carnegie Blvd

Charlotte, NC 28262

SEND US YOUR FORM ONLINE:

- Log in to your account at **TIAA.org**. On the main menu, under "My Account", select the "Upload documents" link.
- Within the "Shared Files" tab in "Message Center", select the "Upload Files" button

MOBILE UPLOAD:

- Log in to your TIAA app, and click on "Message Center" from the top right menu.
- Click on "Shared Files."
- In the bottom right corner, click on the upload icon and select the folder to upload to.
- Follow the instructions to take a picture and upload your completed form.



County of Orange

On August 5, 2017 before me, Trevor Val Pitzak, Notary Public

Date

Here Insert Name and Title of the Officer

personally appeared Linda Davis

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature [Handwritten Signature]
Signature of Notary Public