

Request/manage Visa® debit card



Use this form to order a new or replacement Visa debit card or change your PIN. Enter your information clearly using blue or black ink.

1. Your Information

_____ Name of primary account holder		_____ Security code <i>(Required if submitting this request by fax)</i>	
_____ Debit card number or account number			
_____ Address	_____ City	_____ State	_____ ZIP
_____ Home phone	_____ Email		

2. Request a new Visa debit card

There is a 2-card limit per account.

- New card request for primary account holder
- New card request for joint account holder

_____ Name to appear on card	_____ Name to appear on card
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Choose your pin

Please indicate the 4-digit confidential PIN you wish assigned to your card(s). Note: PINs may be changed after receipt of card(s).

4-digit PIN

3. Change your pin

Please indicate the 4-digit confidential PIN you wish assigned to your card(s). Note: PINs may be changed after receipt of card(s).

4-digit PIN

4. Request replacement debit card

- Replacement card request for primary account holder
- Replacement card request for joint account holder

If requesting a replacement card(s), indicate the reason for this request in the space provided below.

(Leaving this blank could delay processing this request)

5. Agreements and certifications

By signing section 6, opening or otherwise using a TIAA Bank Visa debit card, I understand and agree that TIAA, FSB (“TIAA Bank”) will rely on the veracity and completeness of the information on this form in opening or making the requested account(s) changes. I hereby certify that the information provided on this form and any accompanying documentation is true, complete, and accurate and that I will notify TIAA Bank of any material change in such information or statements. I agree/understand and certify to TIAA Bank that:

- I have read and agree to be bound by the terms and conditions of the account as set forth in the Personal Account Terms, Disclosures and Agreements Booklet, the Deposit Account Fee Schedule, and any other disclosures or addenda related to the accounts or services I have requested on this form, and to which I give my consent to TIAA Bank opening and/or providing, each of which may be amended from time to time.


Instructions for You/Your Responsibilities: TIAA Bank is entitled to act upon instructions received through the use of your debit card with your Personal Identification Number (PIN), without inquiry into the validity of the transaction or the identity of the person using that card or PIN. However, you agree that you will not, under any circumstances, disclose your PIN by telephone or any other means to any person. You acknowledge that no person from TIAA Bank will ever ask for your PIN, and that our employees do not need and should not ask for your PIN. You agree never to provide your PIN to anyone, including anyone claiming to represent TIAA Bank. You are liable for all transactions made or authorized using your card or PIN.

You agree that if you give your card or PIN to anyone or fail to safeguard its secrecy, you do so at your own risk. Anyone with your card and/or PIN will have access to your accounts. You agree to notify TIAA Bank immediately in the event your card or PIN is lost, stolen, or otherwise compromised. At any time, you may ask TIAA Bank to disable your card and issue a new one to you. There may be a fee for any new card as disclosed on your Deposit Account Fee Schedule.

6. Signature

A signature is required for each account holder requesting a card.

The undersigned agrees that we, TIAA Bank, in our sole discretion, may accept signature cards, agreements or other documents that you have signed and sent to us by electronic means, like fax, email, or other file transmittal processes we might offer. By sending us any such document by electronic means, the undersigned agrees that we may rely on it and on the signature, and that the document is binding on the signer even if the original signed document is not delivered to us.

 _____ Date _____
 Primary account holder

_____ Date _____
 Joint account holder

7. Submit

Fax: 1-888-882-6977
 Mail: TIAA Bank, 11 Oval Drive, Suite 107, Islandia, NY 11749

For bank use only: _____
 Verify client signature Date verified FC number Employee name (Print first & last name)

Card issued has: **same card number** **new card number**