

IU REPLACEMENT RETIREMENT PLAN

TIAA DIRECT DEPOSIT FORM

**SECTION 1—PAYEE INFORMATION**

Payee Name:		Payee Phone Number:	
Bank Name:			
Bank Address:	City:	State:	Zip:
Bank's Phone Number:			
Name/Names on Your Account:			
Routing Number:		Account Number:	
Account Type (choose one): <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

SECTION 2—PAYEE SIGNATURE

Authorized Signature: (Payee's signature)	Date:
--	-------

This form can mailed to IU Human Resources, ATTN: Replacement Plan, 2709 E. 10th Street, Ste 321, Bloomington, IN 47408; or faxed to 812-855-3409.

HR USE ONLY

TIAA-CREF Trust Company, FSB is authorized to make disbursements for the above payee from the Indiana University Replacement Retirement Plan account # 881234401 held at TIAA-CREF Trust Company via electronic funds transfer until otherwise notified by Indiana University.	
Authorized Signature: (Indiana University)	Date: