



Authorization Form for Electronic Funds Transfer (EFT) to TIAA After-Tax Retirement Annuity

Please print using black ink.

NEED HELP? Call TIAA at **800-842-2252** weekdays, 8 a.m.–10 p.m. (ET).

IMPORTANT: A full Social Security Number/Taxpayer Identification Number is required to process your request.

If you claim residence and citizenship outside the U.S., you must certify your foreign tax status by providing IRS Form W-8BEN within the last three years or submit a W-8BEN in addition to this form. To print the W-8BEN form, go to tiaa.org/forms and scroll to “Find tax information.”

1. PROVIDE YOUR INFORMATION

Title	First Name	M.I.	Last Name	Suffix
<input type="text"/>				

Social Security Number/ Taxpayer Identification Number	Contact Telephone Number	Extension	Email Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

State of Legal Residence (Including U.S. territories. If outside the U.S., write in Country of Residence)	Citizenship (if not U.S.)
<input type="text"/>	<input type="text"/>

2. PROVIDE YOUR CONTRACT NUMBERS

TIAA Number	CREF Number
<input type="text"/>	<input type="text"/>

3. BANK INSTRUCTIONS

Check with your financial institution to ensure it's able to transact an electronic funds transfer (EFT). If your financial institution is a nonparticipating depositing financial institution, it can't perform an EFT.

Please indicate where you would like us to transfer the money from:

Checking Savings

Account Owner's Last Name	Account Owner's First Name
<input type="text"/>	<input type="text"/>

Joint Owner's Last Name (if applicable)	Joint Owner's First Name (if applicable)
<input type="text"/>	<input type="text"/>

Bank Name	Bank Telephone Number
<input type="text"/>	<input type="text"/>

Bank/ABA Routing Number	Bank Account Number
<input type="text"/>	<input type="text"/>





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4. CONTRIBUTION INFORMATION

I would like to contribute:

One-Time Contribution \$

OR

Recurring Monthly Contribution \$

Date (mm/dd/yyyy)

I would like my first electronic funds transfer to begin on: / / 20

Please allow at least seven (7) business days from our receipt of your form to activate the EFT service.

These contributions will be invested according to your allocation on file. If you'd like a different allocation, please visit us online or call us.

Please note: Once you reach age 90, you can no longer put funds into an After-Tax Retirement Annuity (ATRA).

I would like to apply my contribution to:

Existing TIAA or CREF Contract listed in Section 2

OR

New TIAA and/or CREF Contract (an enrollment form is enclosed)

5. YOUR SIGNATURE

You must read, date and sign where indicated to make a withdrawal.

By signing below:

- I hereby authorize and request TIAA to make contributions to the TIAA contract above. TIAA is authorized to instruct my bank to present Automated Clearing House (ACH) transactions or depository transfer checks (DTCs) on my account indicated above.
- I agree to indemnify TIAA from any liability for any losses TIAA may sustain in relying on these instructions. TIAA will use reasonable procedures to verify the authenticity of these instructions, including the use of personal identification or encrypted passwords.
- I understand that anyone who can properly identify my account and provide my user ID and password can change these instructions.
- For recurring payments, this authorization will remain in effect until I notify TIAA to the contrary by telephone, online or in writing, and until TIAA has sufficient time to implement any change. TIAA reserves the right to stop this service at any time.

Substitute W-9 Request for Taxpayer Identification Number and Certification

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (as defined in the form W-9 instructions); and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding (as detailed in the box above).

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience.

Your Signature

Today's Date (mm/dd/yyyy)

/ / 20





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OPTIONS TO RETURN COMPLETED FORM(S)

Please return **all** numbered pages, including any pages you didn't need to complete.

OPTION 1: Digitally sign and submit your form.

If you received a digital form, complete the digital signature process.

OPTION 2: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture.

Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Tap the **Profile** icon in the lower-right corner of your screen, then tap **Upload files** and follow the step-by-step instructions.

OPTION 3: Use your personal computer to quickly upload your completed document(s).

Go to tiaa.org/upload, select **Upload files**, and follow the step-by-step instructions.

OPTION 4: If you prefer to fax or mail your completed documents, use the information provided below.

FAX:

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

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

STANDARD MAIL:

TIAA

P.O. Box 1259

Charlotte, NC 28201-1259

OVERNIGHT DELIVERY:

TIAA

8500 Andrew Carnegie Blvd.

Charlotte, NC 28262

FRAUD WARNING

FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE/WARNING REQUIRED BY MANY STATES.

This notice/warning does not apply in New York.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.

Colorado residents, please note: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Virginia and Washington, D.C., residents, please note: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

