



PLEASE PRINT IN BLACK OR DARK BLUE INK.

EFT is an easy way to pay for your life insurance coverage.

- ◆ **EFT saves you time.** No checks to write and nothing to mail.
- ◆ **EFT is convenient.** Automatic withdrawals mean you don't have to keep track of when your premium is due. You will have a record of each transaction on your bank statement.

KEEP A COPY OF ENTIRE FORM FOR YOUR RECORDS

STEP ONE
POLICY OWNER
PERSONAL
INFORMATION

Primary Owner Name _____
first *middle initial* *last*

Address _____

City _____ State _____ Zip Code _____

Primary Telephone No _____ Alternate Telephone No. _____

Email Address _____

STEP TWO
REQUEST TYPE

Policy No. _____

Please check all that apply:

- New EFT Enrollment - (complete all Steps)
- Change bank account information - (complete Steps 1, 2, 4 & 5)
- Modify payment frequency (Mode) - (complete Steps 1, 2, 3 & 5)
- Modify premium amount (for UL and VUL products only) - (complete Steps 1, 2, 3 & 5)

STEP THREE
PAYMENT
FREQUENCY
&
AMOUNT

EFT payment policies are billed three days in advance of the premium due date. The appropriate premium amount will be withdrawn from your account on the premium due date of your policy. If the premium due date falls on a non-business day, your premium will be deducted on the next business day. These payment options are not intended to be used for a one-time payment processing and will remain in effect for the premium drafting unless canceled by you. Request to cancel payment drafting must be received 7 days prior to the premium due date to prevent payment processing.

EFT Amount \$ _____
(UL/VUL only)

Payment Frequency / Mode:

- Monthly
- Quarterly
- Semiannual
- Annual



TIAA-CREF LIFE INSURANCE COMPANY

Authorization for Electronic Funds Transfer (EFT)

STEP FOUR

BANKING INFORMATION

NOTE: U.S. Financial Institutions (ONLY)

It may take your bank 24 - 72 hours to debit your account.

Starter checks are not permitted.

- CHECKING ACCOUNT:** Check here and attach avoided check **AND** provide information below.
- SAVINGS ACCOUNT:** Check here and attach savings deposit slip

Financial Institution Name _____

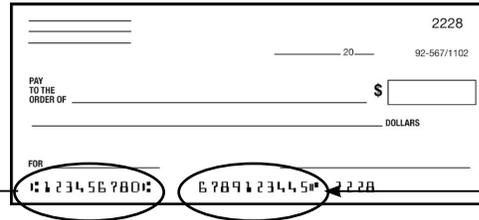
City _____ State _____

Financial Institution Routing No. _____

Account No. _____

("I authorize TIAA to deduct premium payments from my account at the bank named above")

See example below to identify your financial institution's routing number and account number.



This is the Financial Institution's routing number

This is the account number

STEP FIVE

SIGNATURE & AUTHORIZATION

- Owner
- Payor (if different)

Name on Account _____

By signing below, I agree that on behalf of all owners on the bank account identified above, I authorize TIAA to make electronic withdrawals from the bank account, or any future bank account I may provide as a replacement for payment of premiums due.

Signature _____

Today's Date _____

mm/dd/yyyy

Please Return completed forms package to:

TIAA
P.O. Box 724508
Atlanta, GA 31139

OR

If you have any questions or need assistance, call our TIAA Insurance Service Center at: **(877) 694-0305**, weekdays from 8:00 am to 6:00 pm, ET.