



AUTHORIZATION TO ACCESS TIAA ACCOUNTS

For questions regarding appointing a financial advisor, we can be reached at **888-842-0318**.

Monday to Friday
8 a.m. to 7 p.m. (ET)

For questions regarding appointing someone who is not a financial advisor, we can be reached at **800-842-2252**.

Monday to Friday
8 a.m. to 10 p.m. (ET)

Saturday
9 a.m. to 6 p.m. (ET)

Complete this form to authorize a person or an organization to discuss your accounts (Pension/IRA/Non-Qualified/Insurance) with a TIAA representative, receive information, or view information online or via download, and act on your behalf.

All TIAA account information, including details about your employer retirement plans, is considered confidential. We will not disclose information about your accounts to anyone without your authorization.

Once we have received a properly completed form, we require up to seven (7) business days to review and process before the authorization will be active in our system. Once processed, we will then send you and the party you've authorized a statement confirming your selections. Please review that statement carefully and call us immediately if you need to make any changes.

Please print using black or dark blue ink.

1. PROVIDE YOUR INFORMATION

First Name Middle Initial

Last Name Suffix

Social Security Number

Home Telephone Number Work Telephone Number Fax Number

Address

City State Zip Code





Choose Authorization Option A or B.

To authorize a firm or an organization, choose Option A. Any person designated by that particular Firm or Organization may exercise the level of authorization you provide in Section 4.

You must include a firm's Tax Identification Number or an individual's Social Security Number/Tax Identification Number in order for a financial advisor to have online access to your account(s).

To authorize one specific person only, choose Option B. For example, if you wish to authorize one particular individual employed by ABC, Inc. to exercise the level of authorization you provide in Section 4.

Note: if you would like to name more than one person, a separate form should be filled out for each person.

2. AUTHORIZATION

OPTION A - FIRM OR ORGANIZATION

Firm Name

Social Security Number (Required)

APIN (For Financial Advisors only - if applicable)

Contact Telephone Number

Extension

Fax Number

Mailing Address

City

State

Zip Code

OPTION B - INDIVIDUAL

Individual Name

Employing Firm, if applicable

Social Security Number (Required)

APIN (For Financial Advisors only - if applicable)

Home Telephone Number

Work Telephone Number

Fax Number

Mailing Address

City

State

Zip Code





Financial Advisors (with current FINRA/SEC registration) who require online access should also contact Advisor Services at **888-842-0318**, Option 1, weekdays from 8 a.m. to 7 p.m. (ET).

3. RELATIONSHIP OF THE AUTHORIZED PARTY TO YOU

Please select one that most closely matches the authorized party's financial relationship to you.

- Spouse Family Member/Friend Financial Advisor
- Attorney Accountant Court-appointed Representative (e.g., guardian, conservator, etc.) Please submit the appropriate documents.

If you select Full Power of Attorney, mail — do not fax — both forms together to TIAA.

Format and delivery of duplicate statements will vary depending on product.

4. LEVEL OF AUTHORIZATION

Please check **only** one, add additional instructions below if needed.

- Inquiry Only** - This includes the right to receive specific information from TIAA about any of your existing (and future) accounts, view information online or via download, request forms, and general information about TIAA products.
- Limited Rights Plus Inquiry** - This includes the right to receive specific information from TIAA about any of your existing (and future) accounts, view information online or via download, request forms, and general information about TIAA products, in addition to:
 - change premium allocations;
 - transfer/exchange funds among like accounts within TIAA; and
 - cancel transfers/exchanges of funds among like accounts within TIAA.
- Full Power of Attorney/Fiduciary Rights** - Please attach an executed TIAA Power of Attorney form or its legal equivalent. This authorization level will apply for all court-appointed representatives for whom TIAA has received appropriate evidence of authority.

ADDITIONAL INSTRUCTIONS

Do you want the authorized person/firm to receive duplicate quarterly statements of your existing (and future) TIAA accounts, i.e., retirement annuities and mutual funds (after-tax annuities are not currently available)? (If you don't make a selection, we will assume "No.")

- Yes No

For your protection, all requests to terminate an authorization must be in writing. If you would like to revoke the authorization at a particular time, please indicate the expiration date.

5. DURATION

TIAA will assume that this authorization is in effect until we are notified in writing of an expiration date, unless you indicate a specific expiration date here:

/ / 20





AUTHORIZATION TO ACCESS TIAA ACCOUNTS

*To be listed in this section, the authorized party must have a TIAA issued APIN as a Financial Advisor.

**Unless an expiration date is provided, TIAA will assume this authorization is in effect until notified in writing.

6. ADDITIONAL AUTHORIZATIONS - FINANCIAL ADVISORS ONLY

Please use this section only if your primary authorized party in section 2 is a financial advisor and there are additional individuals or firms that must be authorized by you to support your advisor relationship.

Financial Advisor Name (Firm or Individual)

APIN*	Social Security Number/ Tax Identification Number (Required)	Inquiry Only	Limited Rights	Duration**
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="text"/>

Financial Advisor Name (Firm or Individual)

APIN*	Social Security Number/ Tax Identification Number (Required)	Inquiry Only	Limited Rights	Duration**
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="text"/>

Financial Advisor Name (Firm or Individual)

APIN*	Social Security Number/ Tax Identification Number (Required)	Inquiry Only	Limited Rights	Duration**
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	OR <input type="checkbox"/>	<input type="text"/>

We will continue any existing authorization(s) unless you indicate otherwise.

7. DIRECTIONS FOR AUTHORIZATIONS CURRENTLY IN EFFECT

Replace all Authorized Parties with the Authorized Party specified on this form.

Replace the following Authorized Party with the Authorized Party specified on this form:

8. PARTICIPANT/ACCOUNT HOLDER'S SIGNATURE

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; and (4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.


Certification instructions. For contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. Item 4 reproduces the wording in the official Form W-9, but does not apply to you with respect to any intended use of this Form. Please disregard item 4 when completing this Form.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20

Please sign your full legal name with suffix, if applicable, using black or dark blue ink. Digital signatures are not accepted. 





Complete this section only if you selected Full Power of Attorney/Fiduciary Rights in Section 4.

¹ "Participant/account holder" includes policy owners and insureds.

9. POWER OF ATTORNEY

I, , the undersigned, am a participant/account holder¹ in the Teachers Insurance and Annuity Association of America-College Retirement Equities Fund (TIAA-CREF) plan. TIAA-CREF includes: Teachers Insurance and Annuity Association of America (TIAA); its companion organization, the College Retirement Equities Fund (CREF); TIAA-CREF Mutual Funds; TIAA-CREF Institutional Mutual Funds; TIAA-CREF Life Insurance Company; TIAA-CREF Individual & Institutional Services, LLC; Teachers Personal Investors Services, Inc.; Teachers Advisors, Inc.; TIAA-CREF Investment Management, LLC; and TIAA-CREF Tuition Financing, Inc.

I appoint as my lawful attorney to exercise the authority and execute the transactions indicated in this document with respect to any and all of my TIAA contracts and/or accounts, existing and future, with full authority to act as if I had taken such action.

Under this Power of Attorney, my lawful attorney is authorized to exercise full fiduciary powers with respect to my TIAA accounts, existing and future, including the powers enumerated in any separate third-party authorization form executed by me and including, but not limited to:

- for any retirement account contracts: making elections (both discretionary and required) for choosing calculation methods and calculation beneficiaries for minimum distribution purposes; choosing any benefit option available to me; making beneficiary designations; and effecting cash withdrawals and/or external transfers, with the understanding that some of these actions will be irrevocable after having been taken. (Please note that some options may require the written consent of your spouse before they can be initiated.)
- for any insurance, mutual fund, and nonqualified annuity accounts: effecting exchanges, redemptions, and purchases; and taking such other actions necessary for the ongoing maintenance of such accounts.

TIAA shall not be required to inquire into the basis of any such action and may receive and accept the authorization of my attorney with regard to such action without further inquiry. Correspondence is to be directed to my address of record, unless or until a change is requested.

This Power of Attorney shall remain binding upon me and any successor or successors until revoked in writing by me, and such revocation is received by TIAA.

I hereby indemnify and agree to hold TIAA and their agents and employees harmless from all loss of any kind arising as a result of any action taken by TIAA and their agents and employees in reliance upon this Power of Attorney. The laws of the State of New York shall control its construction.

If I become disabled after signing this form, this Power of Attorney shall not be affected and shall continue in effect until I revoke it in writing.

CONTINUED ON NEXT PAGE



9. POWER OF ATTORNEY (CONTINUED)

My signature below indicates that I have read and freely agreed to all the foregoing, have consulted with counsel or have had the opportunity to do so, and have arranged for all acknowledgements or recording requirements to be satisfied. TIAA may rely on any reproductions of this form as completely as on the original.

Participant/Account Holder Signature Participant/Account Holder Print

Participant/Account Holder Social Security Number

NOTARY PUBLIC CERTIFICATION

State County Notary Expiration Date (mm/dd/yyyy) / / 20

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) / / 20

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

IF NAMING AN INDIVIDUAL *

Attorney in Fact Signature Attorney in Fact Print

Attorney in Fact Social Security Number

OR

IF NAMING A FIRM OR ORGANIZATION

Attorney in Fact Signature Attorney in Fact Print

Attorney in Fact Signature Attorney in Fact Print

Title of Authorized Individual (e.g., President, Treasurer) Firm or Organization Tax ID Number

This section must be completed by a Notary Public. If you reside outside the United States, then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature.

* Please ensure the Attorney in Fact listed on this page is exactly the same as the Attorney in Fact appointed on the previous page.





AUTHORIZATION TO ACCESS TIAA ACCOUNTS

If you select Full Power of Attorney checkbox in Section 4, please mail (do not fax) this Authorization form with TIAA Power of Attorney form to TIAA.

RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

TIAA
P.O. Box 1277
Charlotte, NC 28201-1277

OVERNIGHT:

TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

FAX:

800 914-8922

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, DC 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.

