



AUTHORIZATION TO ACCESS PLAN INFORMATION

This form establishes the named Institutional Plan Consultant, Auditor or Third-Party Administrators as the firm of record for your institution at TIAA.

Plan Sponsors should complete this firm authorization form to direct TIAA to authorize a firm to have access to their plan information (speak directly with a TIAA representative, view such information online, or receive information through electronic data files*). If the firm you wish to grant access is already on record with TIAA, you can complete this process on PlanFocus by clicking on the Administration tab, selecting Manage PlanFocus Users, then clicking on Manage Firms.

If you have additional questions, contact Advisor Services at 888-842-0318, weekdays, 8 a.m.-6 p.m. (ET).

*Certain data files may need additional authorization.

Please print using black ink.

1. CLIENT INFORMATION

Institution Name

Client ID

Institution Authorized Signer First Name

Middle Initial

Institution Authorized Signer Last Name

Suffix

Institution Authorized Signer Title

Work Telephone Number

Email Address

Mailing Address

City

State

Zip Code

PPG Code

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2. PLAN-SPECIFIC AUTHORIZATION

Please use this section to indicate the specific plans with your institution that TIAA should grant authorization to your authorized party listed in section 3. Please check only one.

The Plan Sponsor shall notify TIAA immediately upon the termination of the Authorized Party's relationship with the Plan Sponsor, and TIAA shall take appropriate steps to remove such Authorized Party's access to the Services.

Apply authorization level to all plans associated with Client ID

Apply authorization to only the plans listed below:

Plan Number	Plan Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>
Plan Number	Plan Name
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Plan Number	Plan Name
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I am including a separate page with additional Plan Numbers and Plan Names.

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3. AUTHORIZATION

FIRM OR ORGANIZATION

Firm Name

Tax ID Number (Required)

APIN (If available)

Contact Telephone Number

Extension

Fax Number

Mailing Address

City

State

Zip Code

INITIAL USER

Individual Name

Title

Work Telephone Number

Email Address

4. RELATIONSHIP OF THE AUTHORIZED PARTY TO PLAN SPONSOR

Please select one that most closely matches the authorized party's relationship to the Plan Sponsor.

Consultant (You must choose one of the three selections below.)

3(38) fiduciary: An investment manager that has fiduciary, discretionary authority to make and execute investment decisions.

3(21) fiduciary: A fiduciary advisor that recommends and monitors investments, and provides advice to the Plan Sponsor.

Not applicable

Auditor

Third-Party Administrator

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5. LEVEL OF AUTHORIZATION

TIAA WILL AUTOMATICALLY APPLY THE NECESSARY LEVEL OF PARTICIPANT ACCESS FOR THE ROLES SELECTED IN THE PRIOR SECTION. If additional access to participant information is required, please specify the level of access below.

- Show participant data.**
Grants permission to view participant details.
- Show participant balances.**
Grants permission to view applicable participant account balances.
- Show compensation data.**
Grants permission to view participant salary information if you now provide salary data to TIAA.
- Show unmasked Social Security Numbers.**
Grants permission to see full Social Security Numbers.

For your protection, all requests to terminate an authorization must be in writing.

6. 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

7. DIRECTIONS FOR AUTHORIZATIONS CURRENTLY IN EFFECT

Revoke access for the following authorized party (if revoking authorization for more than one party, please add additional information to this form):

Authorized Party

Please check one of the following (if no effective date is provided, TIAA will revoke upon completion):

- For all plans
- For the plans listed below

Plan Number

Plan Name

Plan Number

Plan Name

Effective Date of Revocation as of the specified date / / 20

I am including a separate page with additional Plan Numbers and Plan Names.

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8. AUTHORIZED SIGNER/PLAN FIDUCIARY SIGNATURE

THE INFORMATION ACCESSED AND/OR MADE AVAILABLE THROUGH PLANFOCUS AND BUSINESS EDGE AND DATA FEED (“SERVICES”) MAY INCLUDE PERSONALLY IDENTIFIABLE INFORMATION (“INFORMATION”) AND IS THEREFORE EXTREMELY SENSITIVE AND HIGHLY CONFIDENTIAL. THROUGH THIS AGREEMENT, THE PLAN SPONSOR AUTHORIZES TIAA TO ALLOW ACCESS TO THE AUTHORIZED PARTIES LISTED ON SECTION 3 BELOW SUBJECT TO THE TERMS SET FORTH BELOW.

1. Plan Sponsor has ascertained to its satisfaction that its Authorized Parties have implemented and maintain physical, technical and administrative safeguards consistent with appropriate industry standards, including applicable federal and state laws, to (i) maintain the confidentiality of the Information; (ii) use the Information solely for the purposes of meeting regulatory oversight requirements and/or providing services that support the investment advisory, administrative and/or audit relationship, as the case may be, between the Authorized Party and Plan Sponsor(s); (ii) comply with these security controls described below. TIAA does not have responsibility to conduct any due diligence with respect to the foregoing and relies wholly on Plan Sponsor’s instruction through this Authorization to Access Plan Information Form to permit access to the Services and Information. Notwithstanding the foregoing, TIAA reserves the right to terminate the Services and access to Information to any Authorized Party.
2. From time to time, authorized representatives of TIAA may monitor the use of the Services by the Authorized Party/Parties; no Authorized Party should expect their use of the Services to remain private, and Plan Sponsor agrees that TIAA may monitor and/or disclose their activity.
3. TIAA will terminate the Services with any Authorized Party who engages in improper conduct with regard to the Information obtained through it. Examples of improper conduct include:
 - Deliberately bypassing or probing security measures;
 - Disclosing or failing to protect the confidentiality of the Information;
 - Failing to maintain the confidentiality of the security required to access Information transmitted through the Services;
 - Sharing any required security question and answer, the user ID or password with any unauthorized user;
 - Sharing or distributing any required proprietary or copyrighted software;
 - Using the Services or Information provided through such service in connection with any unauthorized, illegal, fraudulent or unethical activities, or activities that may be embarrassing or detrimental to TIAA;
 - Transmitting encrypted materials in violation of applicable laws, including but not limited to privacy and export laws.
4. The Plan Sponsor shall notify TIAA immediately upon the termination of the Authorized Party’s relationship with the Plan Sponsor, and TIAA shall take appropriate steps to remove such Authorized Party’s access to the Services.
5. TIAA shall not have any liability whatsoever arising from following the Plan Sponsor’s instruction from this Authorization to Access Plan Information Form and granting access to the Authorized Party/Parties listed herein to the Services and any Information, except as set forth herein.
6. TIAA shall not have any liability whatsoever arising from the use of the Information by the Authorized Party/Parties.

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Please sign your full legal name with suffix, if applicable, using black ink. Digital signatures are acceptable through DocuSign or Adobe Sign. Please see below for additional important information.

- 7. Plan Sponsor will indemnify and hold harmless TIAA from any claim, action, proceedings, loss, damage, liability, cost or expenses (including reasonable attorney's fees) arising from or related to the provisions of this Authorization to Access Plan Information Form and granting access to the Authorized Party/Parties listed herein to the Services and any Information.
- 8. This Transmittal Authorization shall remain in full force and effect until revoked in writing by the Plan Sponsor, and until Teachers Insurance and Annuity Association of America has had a reasonable opportunity to act upon said revocation; and
- 9. This Transmittal Authorization shall be governed and interpreted in accordance with the laws of the state of New York without regard to conflicts of law principles.
- 10. TIAA agrees that any transmission of Information through the Services shall be encrypted.
- 11. Plan Sponsor has the full authority to submit this Authorization to Access Plan Information Form upon the terms and conditions hereof and that the individual executing it on the Plan Sponsor's behalf has the requisite authority to bind it.

Please sign and scan your signature, or use one of the acceptable electronic methods below. We cannot accept pasted signature images.

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20

DIGITAL SIGNATURES - ADDITIONAL IMPORTANT INFORMATION

TIAA accepts digital signatures from:

1. DocuSign Digital Signature

- Must include all Certificate of Completion pages with matching Envelope ID on each page of the completed form.

2. Adobe Sign Digital Signature

- Must include all Fact Sheet/Final Audit Report pages.

Please return ALL numbered pages, including any pages you did not need to complete.

RETURN COMPLETED FORM(S) TO:

FAX:

800-842-5916 (within U.S.)

MAIL OR OVERNIGHT:

TIAA Advisor Services
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

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