

The payment destination form will update payment information. This includes fee billing agreements, where applicable.

Return this form to:
PlanEXPAgreements
@tiaa-cref.org

1. THIRD PARTY INFORMATION

Authorized Entity (Name of authorized firm or individual [if applicable] on file with TIAA-CREF)

Affiliated Firm (Complete only if you are authorized as an Individual Advisor and are affiliated with a firm) (FOR ADVISOR USE ONLY)

Telephone Number

 - -

Extension

Plan Number

EIN/Tax ID Number

Authorized Entity's APIN (FOR ADVISOR USE ONLY)

Are you affiliated with a Broker/Dealer? (FOR ADVISOR USE ONLY)

Yes No

Broker/Dealer Name

* Any change to your payment destination will restrict your ability to submit fee requests for the 5 business days following the effective date of the change.

2. PAYMENT METHOD (CHECK ONE)*

Check mailed to the authorized entity's address of record:

- Please complete section 5 only.
- To change your address of record go to www.tiaa-cref.org/advisors and click on "Update Registration". (FOR ADVISOR USE ONLY)

Electronic Funds Transfer to the authorized entity's bank:

- Please complete sections 3 and 5.

Check mailed to the authorized entity's affiliated firm or broker/dealer's address of record (FOR ADVISOR USE ONLY):

- Please complete sections 4 and 5.

Electronic Funds Transfer to the authorized entity's affiliated firm or broker/dealer's bank (FOR ADVISOR USE ONLY):

- Please complete sections 3, 4 and 5.



Abbreviate if necessary.

3. BANKING INFORMATION FOR EFT PAYMENTS

Payee (Name of authorized entity or affiliated Firm or Broker/Dealer on file with TIAA-CREF) (FOR ADVISOR USE ONLY)

Bank Name

Bank Telephone Number

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Routing ABA Number

Account Number

Account Type

Checking Saving

Account Registration (Name(s) on Account)

4. ADDRESS INFORMATION FOR CHECKS/CONFIRMS SENT TO YOUR AFFILIATE FIRM OR BROKER/DEALER (FOR ADVISOR USE ONLY)

Firm or Broker/Dealer

FBO (Name of authorized entity on file with TIAA-CREF from section 1)

Address

City

State

Zip Code

Attention of

If you have any questions,
please contact
888 842-0318 option 1,
8 a.m. to 7 p.m. ET.
Monday through Friday.

5. SIGNATURE OF AUTHORIZED INDIVIDUAL TO UPDATE PAYMENT DESTINATION

Signature of Authorized Signor

Date (mm/dd/yyyy)

 / /

Printed Name of Authorized Signor

Title

