

Instructions for Completing *Authorization to Access TIAA-CREF Accounts Form*

All TIAA-CREF 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.

In order for us to disclose information about your accounts, please complete the *Authorization to Access TIAA-CREF Accounts* form by following the instructions below and mailing it to:

TIAA-CREF's Advisor Services
P. O. Box 1277
Charlotte, NC 28201-1277

You may also fax the *Authorization* form to (800) 914-8922.

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.

Section 1. Personal Information

Complete all sections. Please note that "Participant/Account Holder" also includes policyowners and insureds.

Section 2. Authorization

Complete **either** Section 2A or 2B.

Please remember that if you complete Section 2A, **any** person designated by that particular Firm or Organization may exercise the level of authorization you've checked in Section 4.

For example, if in Section 2A you authorize ABC, Inc., any person employed or designated by ABC, Inc. may exercise the level of authorization you've checked in Section 4.

To authorize one specific person only, please complete Section 2B. For example, if you wish to authorize one particular individual employed by ABC, Inc. to exercise the level of authorization you've checked in Section 4, complete Section 2B.

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

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).

Section 3. Relationship of the Authorized Party to You

Please check the one box that *most closely* matches the authorized party's financial relationship to you. If you want to allow the authorized party to have online access to your accounts, you *must* check "Financial Advisor."

Section 4. Level of Authorization

Please check only one box.

1. *Inquiry Only* – This enables the party you’ve authorized to inquire and receive specific information about your existing (and future) accounts via phone, online or download, such as account balance, institutional plan rules on cash and transfers, beneficiary designations, requesting of forms, etc.
2. *Limited Rights Plus Inquiry* – This enables the party you’ve authorized to inquire and receive specific information about your existing (and future) accounts, such as account balance, institutional plan rules on cash and transfers, beneficiary designations, requesting of forms, etc., in addition to making the following transactions on your behalf:
 - change allocations
 - make internal TIAA-CREF transfers or exchanges
 - cancel transfers or exchanges
3. *Full Power of Attorney/Fiduciary Rights* – This enables the person you’ve authorized (known as the Attorney in Fact) to take all actions with regard to your TIAA-CREF accounts. You may use the attached *Power of Attorney* or its legal equivalent.

If you are submitting a *Power of Attorney* (or its legal equivalent), please mail — **do not fax** — both the *Power of Attorney* and *Authorization to Access TIAA-CREF Accounts* together to:

TIAA-CREF’s Advisor Services
P. O. Box 1277
Charlotte, NC 28201-1277

If you want the authorized party to receive duplicate quarterly statements of your existing (and future) TIAA-CREF accounts, i.e., retirement annuities and mutual funds (after-tax annuities are not currently available), please indicate this request on the *Authorization* form.

Section 5. Duration

For your protection, all requests to terminate an authorization must be in writing. If you’d like to revoke the authorization given to this (or any) third party at a particular time, please fill in the date.

Section 6. Directions For Authorizations Currently in Effect

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

Section 7. Participant/Account Holder’s Signature

Please sign and date the form.

For questions regarding appointing a financial advisor, we can be reached at (888) 842-0318, Monday to Friday from 8 a.m. to 5 p.m. ET. For questions regarding appointing someone who is *not* a financial advisor, we can be reached at (800) 842-2776, Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. ET.

3. Relationship of the Authorized Party to You (Check one of the following.)

- | | |
|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Family Member/Friend |
| <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Court-appointed Representative (e.g., guardian, conservator, etc.) |
- Please submit the appropriate documents.

4. Level of Authorization (Check one only. Please add any additional instructions below.)

Inquiry Only

This includes the right to receive specific information from TIAA-CREF about any of your existing (and future) accounts, view information online or via download, request forms, and general information about TIAA-CREF products.

Limited Rights Plus Inquiry

This includes the right to receive specific information from TIAA-CREF about any of your existing (and future) accounts, view information online or via download, request forms, and general information about TIAA-CREF products, in addition to:

- change premium allocations;
- transfer/exchange funds among like accounts within TIAA-CREF; and
- cancel transfers/exchanges of funds among like accounts within TIAA-CREF.

Full Power of Attorney/Fiduciary Rights

Please attach an executed TIAA-CREF Power of Attorney form or its legal equivalent. This authorization level will apply for all court-appointed representatives for whom TIAA-CREF has received appropriate evidence of authority.

Do you want the authorized person/firm to receive duplicate quarterly statements of your existing (and future) TIAA-CREF 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

5. Duration

TIAA-CREF 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: _____

6. Directions For Authorizations Currently in Effect

We will continue any existing authorization(s) unless you indicate otherwise, below:

- 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: _____

7. Participant/Account Holder's Signature

Signature of Participant/Account Holder

Date

POWER OF ATTORNEY

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

I, _____, the undersigned, am a participant/account holder¹ in the Teachers Insurance and Annuity Association-College Retirement Equities Fund (TIAA-CREF). 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 and 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-CREF 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-CREF 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-CREF 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-CREF.

I hereby indemnify and agree to hold TIAA-CREF and their agents and employees harmless from all loss of any kind arising as a result of any action taken by TIAA-CREF

¹ "Participant/account holder" includes policyowners and insureds.

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.

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-CREF may rely on any reproductions of this form as completely as on the original.

Acknowledged and executed
by Participant before me
this ___ day of _____, _____

Participant/Account Holder (Signature)

Participant/Account Holder (Print)

Participant/Account Holder
Social Security Number

Notary

If Naming an Individual*

OR

If Naming a Firm or Organization*

Attorney in Fact (Signature)

Attorney in Fact (Print)

Attorney in Fact Social Security Number

Attorney in Fact (Name of Firm or
Organization)

by _____
Authorized Individual (Signature)

by _____
Authorized Individual (Print)

its _____
Title of Authorized Individual
(e.g., President, Treasurer)

Firm or Organization
Tax Identification Number

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