



Financial Services

TIAA-CREF INVESTMENT ADVISOR FEE BILLING AUTHORIZATION AGREEMENT FOR IRAs ONLY

**PLEASE RETURN THE
COMPLETED FORM TO:**
TIAA-CREF Advisor Services
PO Box 1277
Charlotte, NC 28201-1277

OR

You may also fax the form
to: **800 914-8922**

Please contact TIAA-CREF
Advisor Services at
888 842-0318, option 1
8 a.m. – 7 p.m. (ET) with
any questions.

This Agreement serves as an ongoing directive to Teachers Insurance and Annuity Association and the College Retirement Equities Fund (“TIAA-CREF”) to pay investment advisor fees directly to an investment advisor or firm selected by the participant (the “Client”). These fees will be paid on behalf of the Client from the Client’s individual retirement account pursuant to an agreement between the Client and the Client’s investment advisor.

While this *Fee Billing Authorization Agreement (this “Agreement”)* is in effect, only advisory fees that are directly related to the Client’s individual retirement account(s) may be paid from accumulations in those account(s), and such fees may not be paid from any other sources. Note, fee calculations will be based on the total accumulation within the contract(s). However, actual deductions can only be made from permissible funds/ accounts within the contract(s).

This Agreement is to be completed and signed by the Client and the Client’s investment advisor. **TIAA-CREF shall have no responsibility for verifying the accuracy of the investment advisor’s fee or whether the investment advisor’s advice was suitable.** The resolution of any fee errors resulting in overpayments to the investment advisor or other billing disputes will be the sole responsibility of the Client and his/her investment advisor.

TIAA-CREF shall not be liable for any claims, damages, taxes, penalties, or losses resulting from the investment advice the Client may receive from his /her investment advisor or from the payment of investment advisor fees from a Client’s retirement savings accumulations.



INSTRUCTIONS



TIAA-CREF INVESTMENT ADVISOR FEE BILLING AUTHORIZATION AGREEMENT FOR IRAs ONLY

Print in upper case
using black or dark
blue ink and provide
all information requested.

1. CLIENT INFORMATION

First Name

Middle Initial

Last Name

Legal Street Address (no P.O. Boxes)

City

State

Zip Code

Mailing Address

City

State

Zip Code

Social Security Number

2. CONTRACT(S) AUTHORIZED

TIAA Contract Number

Type





TIAA-CREF INVESTMENT ADVISOR FEE BILLING AUTHORIZATION AGREEMENT FOR IRAs ONLY

* Firm or Investment Advisor Name should match registration on file with TIAA-CREF.

** If you do not know your APIN, please contact TIAA-CREF Advisor Services at 888 842-0318, option 1.

3. AUTHORIZED INVESTMENT ADVISOR INFORMATION

Firm or Investment Advisor Name*

APIN**

Contact Name

Telephone Number

 — —

Extension

E-mail Address

Please read and sign where indicated.

4. CLIENT AUTHORIZATION

I hereby authorize TIAA-CREF to pay investment advisor fees directly to the investment advisor or firm listed on this Agreement. I acknowledge that I will receive a confirmation after each fee payment. All fee payments will be reflected on my quarterly statements. In addition, I authorize TIAA-CREF to add any additional contracts issued under the retirement plan accounts listed in section 2 above and to deduct investment advisor fees based upon the total accumulations within all contracts. I may revoke this authorization by contacting TIAA-CREF in writing.

I understand that I should seek tax advice from an appropriate tax advisor if I am not sure of the implications of deducting fees from my individual retirement account(s).

I will be solely responsible for monitoring the reasonableness and accuracy of the third-party fee. It is the investment advisor's responsibility to ensure that there are sufficient assets in the permissible account(s) for the contract(s) listed above to cover his/her invoices. If there are insufficient assets in my account(s), TIAA-CREF will be unable to pay the fee.

I understand that I must resolve any fee errors or other billing problems TIAA-CREF shall not have any responsibility for resolving such problems.

This Agreement will remain in effect until it is terminated in writing by either my investment advisor or me.

Client Signature

Today's Date (mm/dd/yyyy)

 / /

Print Name





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Please include Advisor Signature. Please be sure to print name (Authorized Investment Advisor From Section 3) Firm representative if authorized entity is a firm) and include date.

* Authorized Investment Advisor from Section 3 (Firm representative if authorized entity is a firm).

5. INVESTMENT ADVISOR SIGNATURE

I understand that this Agreement, in conjunction with the *Authorization To Access TIAA-CREF Accounts* form, authorizes TIAA-CREF to pay my fees, which have been agreed to by the investment advisory services I have provided to my Client's individual retirement account. I will submit all invoices through TIAA-CREF Advisor Services website. I will receive a confirmation of the fee detail via mail. All payments will be mailed to the address of record or sent to my bank by EFT, if banking instructions are on file.

I understand that each Client's tax situation is different and I should seek tax advice from an appropriate tax advisor if I am not sure of the implications of deducting fees from an individual retirement account(s).

I acknowledge and agree that this *Fee Billing Authorization Agreement* must be signed by the Client and me before it can take effect.

I acknowledge and agree that the Client is solely liable for the cost of services that I provide to him/her, and that it is my responsibility to ensure that there are sufficient assets in the Client's permissible account(s) to cover my fees for advisory services. I understand and agree that if there are insufficient assets in the Client's account(s), TIAA-CREF will be unable to pay the fee and I will resubmit the fee through TIAA-CREF's Advisor Services website when sufficient funds are available.

I acknowledge and agree that TIAA-CREF cannot be responsible for verifying the accuracy of my fees, and that TIAA-CREF will not be responsible in any way for the resolution of any fee errors or other billing disputes between the Client and me.

This Agreement will remain in effect until either the Client or I terminate it in writing.

By checking this box, I am confirming that I am registered with the SEC and/or other applicable federal and state securities agencies and engage full-time in the business of providing investment advice.

Investment Advisor Signature*

Today's Date (mm/dd/yyyy)

 / /

Print Name

