



P. O. BOX 1267  
CHARLOTTE, NC 28201-1267

# TIAA-CREF GROUP ANNUITY AUTHORIZATION TO MAKE DEDUCTIONS FROM ANNUITY PAYMENTS

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Please use this form to authorize deductions from annuity payments.

Name of Institution

Premium Payment Group (PPG) Code

Institutional Representative

The undersigned annuitant authorizes TIAA-CREF to make deductions from periodic annuity payments and pay this amount to the institution named above. This amount pays for the insurance coverage indicated below. The institution agrees to accept the amounts and to notify TIAA-CREF in advance of any change in the amount necessary to pay the annuitant's premiums.

Check one:  Initiate Deductions  Change Deductions  Terminate Deductions

## PERSONAL INFORMATION

First and Middle Name or Initial

Last Name

Social Security Number/Taxpayer ID

Type of Insurance Coverage

- 
- 
- 

New Periodic Deduction Amount

Deductions are to begin/change/terminate effective with the annuity payment due on:

/01/  
(Month) (Year)

Indicate whether TIAA-CREF should reimburse the annuitant for any excess deductions already processed:

Yes - reimburse the annuitant  No - do not reimburse the annuitant

## AUTHORIZATION

It is understood and agreed that this authorization will remain in effect until TIAA-CREF receives written notification from the institution to the contrary. But, if at any time, the total deductions equal or exceed the periodic income payments from this annuity, all deductions hereby authorized will terminate immediately.

Signature of Annuitant

Date (mm/dd/yyyy)

Signature of Institutional Representative

Date (mm/dd/yyyy)