



# TIAA-CREF BROKERAGE SERVICES AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION AGREEMENT

### QUESTIONS?

800 927-3059

For account information, to check the status of your request or any questions: Monday – Friday 8 a.m. – 7 p.m. (ET)

**Note:** This section must be completed in its entirety, an incomplete application may cause a delay in processing your request.

Please complete this form to set up electronic transfer of funds between your brokerage account and your bank/credit union account.

## 1. ACCOUNT INFORMATION

Brokerage Account Number

Social Security Number

Account Registration (as it appears on your statement)

## 2. BANK/CREDIT UNION ACCOUNT INFORMATION

ACCOUNT TYPE:

 Checking<sup>1</sup> Savings<sup>2</sup>

Bank/Credit Union Account Registration

ABA/Transit Routing Number

Checking or Savings Account Number

Bank/Credit Union Name

State

Zip Code

<sup>1</sup> Please attach an original preprinted voided check. (Starter checks will not be accepted.)

<sup>2</sup> For savings accounts, please include a notarized correspondence on a bank/credit union letterhead signed by an officer confirming account registration, ACH routing number, and bank account number.





**Note:** All contributions to your Brokerage IRA will be reflected as current year contribution.

<sup>3</sup> Automatic Investment Plan (AIP) application is required to establish your scheduled mutual fund purchase.

**Note:** All distributions from a retirement account require a TIAA-CREF IRA Distribution Request form.

**3. ACH INSTRUCTION**

New Instructions  Replace Existing Instructions

Standing Instruction

(Check here if you would like to add this bank information to this brokerage account for future contribution and distribution requests.)

**ACH CONTRIBUTION TYPE:**

Scheduled contributions to brokerage account (Please complete Section 4)

Scheduled purchase of mutual funds (AIP).<sup>3</sup> (ACH is contingent upon the execution of scheduled purchase of mutual funds.)

**ACH DISTRIBUTION TYPE:**

Scheduled distributions to bank account (Please complete Section 4)

Income distributions to bank account

\* If your start date falls on a weekend or a holiday, the ACH will be made on the next business day. If we are not able to process your request by the start date, your ACH will be made on the next scheduled date.

**4. FREQUENCY AND AMOUNT**

Semi-Monthly  Monthly  Bi-Monthly

Quarterly  Semi-Annually  Annually

Amount (Whole dollars only, \$100 minimum)

\$

Start Date\* (mm/dd/yyyy)

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# TIAA-CREF BROKERAGE SERVICES AUTOMATED CLEARING HOUSE (ACH) AUTHORIZATION AGREEMENT

Note: All owners on the TIAA-CREF Brokerage account and the bank/credit union account must sign this authorization.

\* Notary is not required if the bank/credit union account registration matches the Brokerage account registration. ACH transfers are generally not accepted for different account registrations. Please contact a TIAA-CREF Brokerage consultant for more information.

## 5. AGREEMENT AND SIGNATURE

I/We hereby authorize Pershing LLC, through TIAA-CREF Individual & Institutional Services, LLC (TIAA-CREF), to initiate credit/debit entries to the bank account indicated above and further authorize my (our) Bank to debit the same to such account. This authority is to remain in full force and effect until Pershing and TIAA-CREF have received notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing, TIAA-CREF, and my (our) Bank a reasonable opportunity to act on it. It is understood that if the scheduled purchase of mutual funds is selected as a contribution type, this agreement authorizes payment for purchasing securities through my financial organization via the Automatic Investment Plan.

<b>1.</b>			
	Print Name	Signature	Date
<b>2.</b>			
	Print Name	Signature	Date
<b>3.</b>			
	Print Name	Signature	Date

## NOTARY PUBLIC CERTIFICATION

Print here the names of the signature(s) that you are notarizing

Owner's Name (please print)

On the above date the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

### Notary Public Signature

State                  County

 / 

Today's Date (mm/dd/yyyy)

 /  / 

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.