

TIAA-CREF LIFE INSURANCE COMPANY (TIAA LIFE)

AFTER-TAX ANNUITY CONTRIBUTION

Premium Remittance Form

IMPORTANT INFORMATION

PLEASE **READ BEFORE** FILLING OUT FORM

Questions?

For account information, general information, details about minimum and maximum limits, or to change your allocation, please call **877-694-0305**, Monday – Friday, 8AM – 6PM ET.

General Information

To deposit additional funds in your annuity, enter your name, the contract number AND the dollar amount in the spaces below.

For **Lifetime Variable Select**, **Personal Annuity Select**, **Teachers Personal Annuity**, and **Intelligent Variable Annuity** the contribution will be applied to your accounts according to your current allocation on file. If you wish to change your allocation, please call us.

For Investment Horizon Annuity

Fixed Term Deposits (FTD) are subject to availability. Please call us to discuss which FTD is available to you prior to making a selection and sending us your request.

Checks ONLY, DO NOT SEND cash. Make checks payable to TIAA.

INCLUDE contract number on check and enclose with this form in an envelope.

STEP	first	middle	last		
ONE	Address	Telephone Numb	oer		
PERSONAL INFORMATION					
	If you don't know your contract number, please reference your quarterly statement.				
STEP		lect contract numbers beginning with a DIGIT			
TWO	(0-800000-0 - 0-899999-9)				
AMOUNT	Contribution Amount \$				
This coupon is used for a	For Personal Annuity Select Annuity contract numbers beginning wit a DIGIT (0-800000-0 - 0-899999-9)				
variety of annuity contracts.	Contribution Amount \$				
Please MAKE SURE you					
select the contract type you own BEFORE you mail us additional funds for	For Teachers Personal A (0-800000-0 - 0-89999	nnuity contract numbers beginning with a DIGF 39-9)	Г		
contribution.	Contribution Amount \$				

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STEP TWO

AMOUNT (CONTINUED)

IMPORTANT NOTE:

Some FTDs may not be available at this time, please call us to discuss before making a selection.

G-300000-0 - G-349999-9)						
	Contribution Amount \$_					
For TIAA-CREF Investment Horizon Annuity contract numbers beginning with a DIGIT (G-350000-0 - G-399999-9)						
	ourchase a new Fixed Term Dep he space provided below. Minir		r existing contract, enter the dollar amount 0.			
	1 Year \$	5 Year \$	9 Year \$			
	2 Year \$	6 Year \$	10 Year \$			
	3 Year \$	7 Year \$				
	4 Year \$	8 Year \$				
Note:	minimum accumulation inter found at tiaa-cref.org/ATA	rest rate (found in Pa performance.	equal to or greater than your contract's rt A of your contract). Current rates can be effect when we receive your contribution.			

STEP THREE

MAILING ADDRESS

Please return completed forms package to:

PLEASE DO NOT FAX YOUR REQUEST as it will not be accepted. Original documents must be received at TIAA. Please send completed form along with your check to our Administrative Office.

STANDARD MAIL:

TIAA P.O. Box 724508 Atlanta, GA 31139-1508 **OVERNIGHT MAIL:**

3225 Cumberland Blvd SE Suite 700 Atlanta, GA 30339 LOCKBOX:

TIAA Life Insurance P.O. Box 933866 Atlanta, GA 31193-3866