



**TIAA INVESTMENT ADVISOR  
FEE BILLING AUTHORIZATION AGREEMENT  
FOR DEFINED CONTRIBUTION PLANS ONLY**

PLEASE RETURN  
COMPLETED FORMS TO:  
TIAA Advisor Services  
P. O. Box 1277  
Charlotte, NC 28201-1277

OR

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

Please contact  
TIAA 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 (TIAA) and the College Retirement Equities Fund (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 defined contribution plan retirement account(s) 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 defined contribution plan 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, the Client's investment advisor and the plan sponsor's authorized representative (if required by the institution). **TIAA and the plan sponsor 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.

**Neither TIAA, nor the plan sponsor, shall 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.**





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Print in uppercase using black or dark blue ink and provide all the information requested.

**IMPORTANT:** A full Social Security Number/Taxpayer Identification Number is required to process your request.

**1. CLIENT INFORMATION**

First Name			Middle Initial	
Last Name			Suffix	
Social Security Number/ Taxpayer Identification Number	Contact Telephone Number	Extension		
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**2. CONTRACT(S) AUTHORIZED**

TIAA Contract Number	Type	Institution Name
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\*Firm or Investment Advisor Name should match registration on file with TIAA.

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

**3. AUTHORIZED INVESTMENT ADVISOR INFORMATION**

Firm or Investment Advisor Name\*

APIN\*\*

Contact Name

Telephone Number      Extension  
     

Email Address





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**4. CLIENT AUTHORIZATION**

I hereby authorize TIAA to pay investment advisor fees directly to the Registered Investment Advisor firm of the investment advisor representative or entity 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 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 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 defined contribution plan 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 will be unable to pay the fee.

I understand that I must resolve any fee errors or other billing problems, and neither the plan sponsor nor TIAA shall have any responsibility for resolving such problems.

I acknowledge and agree that I am aware of the advice and guidance services made available to me as a participant in my employer-sponsored retirement plan through TIAA and I have chosen to retain an independent investment advisor.

I acknowledge and agree that I am solely responsible for the selection of my investment advisor and the investment advice rendered to me by my investment advisor.

I acknowledge and agree that, neither TIAA, nor the plan sponsor, shall be liable for any claims, damages, taxes, penalties, or losses resulting from the investment advice I receive from my investment advisor or for the payment of investment advisor fees from my TIAA retirement savings accumulations.

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

Please sign your full legal name with suffix, if applicable, using black or dark blue ink

**Client Signature**

**Today's Date (mm/dd/yyyy)**

 /  /  

**Print Name**





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**5. INVESTMENT ADVISOR AUTHORIZATION**

I understand that this Agreement, in conjunction with the *Authorization To Access TIAA Accounts* form, authorizes TIAA to pay my fees, which have been agreed to by the investment advisory services I have provided to my Client's defined contribution plan retirement account(s). I will submit all invoices through TIAA 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 a defined contribution plan retirement account(s).

I acknowledge and agree that this Fee Billing Authorization Agreement must be signed by both the Client and the plan sponsor's representative (if required by the institution) 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 will be unable to pay the fee and I will resubmit the fee through TIAA Advisor Services website when sufficient funds are available.

I acknowledge and agree that TIAA cannot be responsible for verifying the accuracy of my fees, and that neither the plan sponsor nor TIAA will be responsible in any way for the resolution of any fee errors or other billing disputes between the Client and me.

I acknowledge and agree that I am acting as a fiduciary in providing investment advice to Client on his/her TIAA retirement accumulations. I acknowledge and agree that as a fiduciary I also have certain responsibilities and obligations to the plan sponsor as a service provider to the plan.

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.

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

**Investment Advisor Signature\***

Today's Date (mm/dd/yyyy)

Print Name

Investment Advisor Name

Client Name





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\* Only select plan sponsors require a plan sponsor signature with each individual fee billing agreement. If you are unsure if this plan sponsor requires its signature with this agreement, please contact the plan sponsor or TIAA Advisor Services.

**6. PLAN SPONSOR AUTHORIZATION (IF REQUIRED)\***

I, as the plan sponsor's representative, hereby authorize TIAA to pay investment advisor fees to the investment advisor or firm from the Client's retirement account(s).

I understand that it is the investment advisor's responsibility to ensure that there are sufficient assets in the Client's approved account(s) to cover his/her invoices. If there are insufficient assets in the Client's permissible account(s), TIAA will be unable to pay the fee and the fee will have to be resubmitted by the investment advisor when sufficient funds are available.

I understand that the plan shall have no liability for the payment of the investment advisor's fees other than to authorize TIAA to pay fees from the Client's retirement account(s).

I understand that the plan, the plan sponsor, and TIAA shall not be responsible in any way for resolving invoicing errors or other billing disputes between the Client and his/her investment advisor.

Plan Sponsor Authorized Representative Signature

Today's Date (mm/dd/yyyy)

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Print Name

Title

Plan Sponsor

If TIAA receives this page unsigned and the plan sponsor requires a signature, TIAA will forward this Agreement to the plan sponsor for signature. However, this may result in delays in processing this Agreement.

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





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Please return ALL numbered pages including any pages you did not need to complete.

**RETURN COMPLETED FORM(S) TO:**

**FAX:**

**800-914-8922** (within U.S.)  
**704-595-5795** (outside U.S.)

**STANDARD MAIL:**

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

**OVERNIGHT:**

TIAA  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

**FRAUD WARNING**

**FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE/WARNING REQUIRED BY MANY STATES**

This notice/warning does not apply in New York.

*Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.*

**Colorado residents, please note:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Virginia and Washington, DC residents, please note:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

