



**TIAA INVESTMENT ADVISOR  
FEE BILLING AUTHORIZATION AGREEMENT  
FOR IRAs 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 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 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 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**





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	<input type="text"/>	Middle Initial	<input type="text"/>
Last Name	<input type="text"/>	Suffix	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	<input type="text"/>	Contact Telephone Number	Extension
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**2. CONTRACT(S) AUTHORIZED**

TIAA Contract Number	Type	Institution Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
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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





**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 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 will be unable to pay the fee.

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

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, TIAA shall not 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)**

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
						2	0		

**Print Name**





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.

**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 individual retirement account. 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 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 will be unable to pay the fee and I will resubmit the fee through TIAA's 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 TIAA will not 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.

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)**

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**Print Name**





**TIAA INVESTMENT ADVISOR  
FEE BILLING AUTHORIZATION AGREEMENT  
FOR IRAs ONLY**

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.

