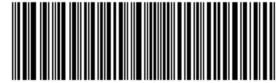


### **ADVISORY FEES WITHDRAWAL AUTHORIZATION**

#### AND PAYMENT INSTRUCTION

TIAA-CREF Life Insurance Company

Financial Services Page 1 of 3 First Name MI Insured's/Annuitant's Last Name Contract Owner's Last Name (if different than insured/annuitant) First Name MI Contract Number SSN/ Tax ID Number In certain situations, as agreed to between you, as the Contract Owner, and an investment adviser, advisory fees may be deducted each calendar quarter from specified investment options to compensate an adviser. The fees may be deducted from the Fixed Account (Intelligent Life VUL only) and/or other investment accounts in proportion to the value in each account or they can be deducted from designated accounts as specified by you. No charges will be assessed by us for the withdrawal of these fees. The first Advisory Fee deduction from the contract accumulation value would occur at the end of the calendar quarter following the expiration of the free look period, or the calendar quarter following receipt of this Withdrawal Authorization and Payment Instruction, if later. A request to add, change, or cancel the deduction of the Advisory Fee can be made by you at any time in writing at the address on page 2 of this authorization. You will receive a confirmation statement each time a deduction occurs, and the deduction will also appear on the periodic statements we send to you. Please indicate the fee to be deducted: **ADVISORY FEE:** % (ANNUAL) OR \$ (QUARTERLY) Indicate how you want the fees deducted from your contract: Deduct the fees in proportion to the policy value I have invested in each account. Note: If no instructions are provided, fees are automatically deducted from all investment accounts in proportion to the policy value in each investment option (pro-rata) including the Fixed account. Deduct the fees from the Fixed account (Intelligent Life VUL only) and/or the following investment accounts (allocation percentages must be in whole numbers and must total 100%): Account Account \$



**TIUIFA** F11446 (06/13)



#### **ADVISORY FEES WITHDRAWAL AUTHORIZATION**

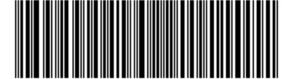
AND PAYMENT INSTRUCTION

TIAA-CREF Life Insurance Company

Page 2 of 3

# **POLICY OWNER AUTHORIZATION AND SIGNATURE SECTION** Please check if this is an address change Contract Owner Residential Address — Number and Street Apt./Suite/Floor City State Zip Contract Owner Mailing Address — Number and Street Apt./Suite/Floor City State Zip Signature of Contract Owner Today's Date (mm/dd/yyyy) 20 Signature of Corporation Officer, Partner, or Trustee Title Today's Date (mm/dd/yyyy) 20 **ADVISOR ACKNOWLEDGEMENT AND SIGNATURE SECTION** SSN Adviser Name Adviser Address - Number and Street Apt./Suite/Floor City State Zip Are you affiliated with a Broker/Dealer? No Broker/Dealer Name

CONTINUED ON NEXT PAGE



E11446-0612-07



## **ADVISORY FEES WITHDRAWAL AUTHORIZATION**

AND PAYMENT INSTRUCTION

TIAA-CREF Life Insurance Company

Page 3 of 3

| Check here if you want the check made payable to the autho  | rized entity's affiliated  | firm or broker/dealer's address of record       |      |
|---|--|---|------|
| Broker/Dealer or Affiliated Firm Name   |  |   |      |
| FBO (Name of financial adviser)   |  |   |      |
| Address — Number and Street   |  |   |      |
| City  | State  | Zip   |      |
| understand that this letter authorizes TIAA-CREF Life Insurance Cadvisory services I have provided to the Contract Owner. If not autwith the calculated fee amount if applicable in order for me to bil | thorized to pay my fees  | s, TIAA-CREF Life Insurance Company will        |      |
| acknowledge and agree that this authorization must be signed by   |  |   |      |
| acknowledge and agree that the Contract Owner is solely liable for<br>f there is insufficient accumulation value in the Contract at any tin<br>nsurance Company will not provide the fee payment.       |  | •   | •    |
| acknowledge and agree that this Authorization will remain in effect   | ct until the Contact Own   | ner terminates it in writing.                   |      |
| Signature of Adviser  |  | Today's Date (mm/dd/yy                          | ууу) |
|   |  |   | 20   |
| FOR NEW BUSINESS APPLICATIONS SEND TO:  | TC LIFE NEW B<br>PO. BOX 1291  | E INSURANCE COMPANY<br>BUSINESS<br>C 28201-1291 |      |
| FOR IN-FORCE CONTRACTS SEND TO:   | TIAA-CREF LIFE INSURANCE COMPANY<br>INSURANCE SERVICE CENTER<br>P.O. BOX 724508<br>ATLANTA, GA 31139 |   |      |



**TIUIFA** F11446 (06/13)

F11446-0612-03