



Financial Services

ADVISORY FEES WITHDRAWAL AUTHORIZATION AND PAYMENT INSTRUCTION

TIAA-CREF Life Insurance Company

Page 1 of 3

Insured's/Annuitant's Last Name

First Name

MI

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	%	\$



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)

 / /

Signature of Corporation Officer, Partner, or Trustee

Title

Today's Date (mm/dd/yyyy)

 / /

ADVISOR ACKNOWLEDGEMENT AND SIGNATURE SECTION

Adviser Name

SSN

Adviser Address – Number and Street

Apt./Suite/Floor

City

State

Zip

Are you affiliated with a Broker/Dealer? ☐ Yes ☐ No

Broker/Dealer Name

CONTINUED ON NEXT PAGE





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 authorized 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

I understand that this letter authorizes TIAA-CREF Life Insurance Company to pay my fees, as directed by the Contract Owner for investment advisory services I have provided to the Contract Owner. If not authorized to pay my fees, TIAA-CREF Life Insurance Company will provide me with the calculated fee amount if applicable in order for me to bill the Contract Owner directly.

I acknowledge and agree that this authorization must be signed by the Contract Owner before it can take effect.

I acknowledge and agree that the Contract Owner is solely liable for the cost of services that I provide to him/her. I understand and agree that if there is insufficient accumulation value in the Contract at any time to pay the full amount as specified by this authorization, TIAA-CREF Life Insurance Company will not provide the fee payment.

I acknowledge and agree that this Authorization will remain in effect until the Contract Owner terminates it in writing.

Signature of Adviser

Today's Date (mm/dd/yyyy)

 / /

20

FOR NEW BUSINESS APPLICATIONS SEND TO:

TIAA-CREF LIFE INSURANCE COMPANY
TC LIFE NEW BUSINESS
P.O. BOX 1291
CHARLOTTE, NC 28201-1291

FOR IN-FORCE CONTRACTS SEND TO:

TIAA-CREF LIFE INSURANCE COMPANY
INSURANCE SERVICE CENTER
P.O. BOX 724508
ATLANTA, GA 31139

