

3. Relationship of the Authorized Party to You (Check one of the following.)

- | | |
|--|---|
| <input type="checkbox"/> Spouse | <input type="checkbox"/> Family Member/Friend |
| <input type="checkbox"/> Financial Advisor | <input type="checkbox"/> Attorney |
| <input type="checkbox"/> Accountant | <input type="checkbox"/> Court-appointed Representative (e.g., guardian, conservator, etc.) |
- Please submit the appropriate documents.

4. Level of Authorization (Check one only. Please add any additional instructions below.)

- Inquiry Only**
This includes the right to receive specific information from TIAA-CREF about any of your existing (and future) accounts, view information online or via download, request forms, and general information about TIAA-CREF products.
- Limited Rights Plus Inquiry**
This includes the right to receive specific information from TIAA-CREF about any of your existing (and future) accounts, view information online or via download, request forms, and general information about TIAA-CREF products, in addition to:
- change premium allocations;
 - transfer/exchange funds among like accounts within TIAA-CREF; and
 - cancel transfers/exchanges of funds among like accounts within TIAA-CREF.
- Full Power of Attorney/Fiduciary Rights**
Please attach an executed TIAA-CREF Power of Attorney form or its legal equivalent. This authorization level will apply for all court-appointed representatives for whom TIAA-CREF has received appropriate evidence of authority.

Do you want the authorized person/firm to receive duplicate quarterly statements of your existing (and future) TIAA-CREF accounts, i.e., retirement annuities and mutual funds (after-tax annuities are not currently available)?
(If you don't make a selection, we will assume "No.") Yes No

5. Duration

TIAA-CREF will assume that this authorization is in effect until we are notified in writing of an expiration date, unless you indicate a specific expiration date here: _____

6. Directions For Authorizations Currently in Effect

We will continue any existing authorization(s) unless you indicate otherwise, below:

Replace **all** Authorized Parties with the Authorized Party specified on this form.

Replace the following Authorized Party with the Authorized Party specified on this form: _____

7. Participant/Account Holder's Signature

Signature of Participant/Account Holder Date