



# TIAA Trust, N.A. Affidavit of Agent Under Power of Attorney

### IMPORTANT NOTICE: The USA PATRIOT Act

To help the government fight the funding of terrorism and money-laundering activities, federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account or is granted authority to act on an account.

What this means: Because you're named attorney-in-fact for the account shown below, we must ask for your name, address, date of birth, and other information that will allow us to identify you. This information will be verified to ensure your identity as required by the USA PATRIOT Act.

### ATTORNEY-IN-FACT (REQUIRED)

Please provide the following information for the attorney-in-fact.

Title	First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number	Date of Birth (mm/dd/yyyy)	Gender	Marital Status
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single

#### Citizenship Status

U.S. Citizen  Resident Alien  Nonresident Alien

Residence (if not U.S.)	Citizenship (if not U.S.)
<input type="text"/>	<input type="text"/>

U.S. Residential Street Address (no P.O. boxes)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Mailing Address (if different from U.S. Residential Street Address)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>

Email Address	Alternate Email Address
<input type="text"/>	<input type="text"/>

Home Phone	Work Phone	Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Employment Information for Attorney-In-Fact (Required)

Employed  Self-Employed  Retired  Other

Employer Name (if retired, last employer)	Occupation/Position	Years with Employer
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Business and Services if Self-Employed or a Consultant





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**Complete** (if applicable)

I am—or a person with interest in this account or an immediate family member of such person is—a senior military, governmental or political official in a non-U.S. country, or (2) closely associated with or an immediate family member of such an official.

State Name and Position

Country

I am an appointed or elected U.S. political official.

State Position

I am—or a person with interest in this account or an immediate family member of such person is—a director, a 10% shareholder, or a policymaking executive of a publicly traded company.

Title

First Name

Middle Name

Last Name

Suffix

Name of Company

I am—or a person with interest in this account or an immediate family member of such person is—affiliated with or working for TIAA, a member firm of a stock exchange, or the Financial Industry Regulatory Authority.

Title

First Name

Middle Name

Last Name

Suffix

Name of Firm





**Affidavit**

**Account Owner**

Title	First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Attorney-in-Fact/Agent**

Title	First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Domicile of Account Owner

Account Number

I, \_\_\_\_\_, upon being duly sworn, represent and agree as follows:

(Attorney-in-Fact)

I have been appointed agent for the Account Owner listed above under the attached Power of Attorney dated \_\_\_\_\_ (the "Power of Attorney"), which I certify to be a true and correct copy of the original. I am at least twenty-one (21) years of age. I represent that (a) I am the person identified as the agent for the Account Owner identified in the Power of Attorney; (b) I am authorized to act as the Account Owner's lawful agent and attorney-in-fact; and (c) to the extent that I authorize the following (i) the opening of accounts with TIAA Trust, N.A. ("TIAA Trust"), (ii) taking actions over accounts with regard to investments, including making or approving transactions in the accounts, (iii) withdrawing funds or transferring assets from the accounts, (iv) changing beneficiary designations or retitling of the accounts, or (v) any other action I take with regard to the accounts, I have authority under the terms of the Power of Attorney and applicable state law to authorize such actions and transactions.

To the best of my knowledge (a) the Account Owner is not deceased; (b) at the time the Account Owner signed the Power of Attorney, the Account Owner was competent, and was not under any undue influence to so sign the Power of Attorney, which was validly granted and executed; and (c) if I am serving as successor agent under the Power of Attorney, the original agent has failed, ceased, or is unable to serve, and I am empowered to act on the Account Owner's behalf.

I do not have actual knowledge of (a) the revocation, termination, limitation, or modification of the Power of Attorney or of my authority thereunder; and of (b) the existence of other circumstances that would limit, modify, revoke or terminate the Power of Attorney or my authority to take the actions I propose to take thereunder.

No proceeding to determine the incapacity of, or to appoint a guardian for, the Account Owner is pending. All events, if any, necessary to making the Power of Attorney effective have occurred.

If more than one attorney-in-fact is named in the Power of Attorney to act jointly with me thereunder, I represent that I am authorized to act severally or individually, and that my instructions may be followed independent of all other attorneys-in-fact, including the delivery of assets to me personally.

I agree that TIAA Trust may (but is not required to) restrict withdrawals, transfers or other activity relating to any of the accounts referred above, and where instructions may conflict among multiple agents named in the Power of Attorney, TIAA Trust may require joint instructions in a form and manner acceptable to it.

My relationship to the Account Owner is as follows: \_\_\_\_\_. [If I am the Account Owner's spouse, my marriage to the Account Owner has not been dissolved or annulled by any court of law, and as of the date of this Affidavit, I do not have actual knowledge that an action for dissolution of my marriage has been filed in any Court.]





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To induce TIAA Trust to act, I agree to indemnify and hold TIAA Trust, its affiliates, and their respective officers, employees, directors, shareholders, and agents harmless from and against any and all losses, liabilities, claims, costs and legal expenses (including expert witness fees, and reasonable attorneys' fees) resulting from transactions made in accordance with my instructions.

I represent that I have read the Power of Attorney provided to TIAA Trust, and that, absent a specific provision to the contrary in the Power of Attorney or under controlling state law, I will exercise my powers for the Account Owner's benefit, keep the Account Owner's assets separate from my assets, exercise reasonable care, caution and prudence, and keep full and accurate records of all actions, receipts and disbursements on the Account Owner's behalf. I agree that I will not exercise any power under the Power of Attorney that exceed those granted by the Power of Attorney, including where powers have been limited by the Account Owner's death or by operation of law. I will provide to TIAA Trust any document affecting in any way the Power of Attorney, including any modification or revocation thereof.

I agree that TIAA Trust may rely on the Power of Attorney until it receives written notification of modification or termination thereof and has had a reasonable opportunity to act on such notification. I am acting in good faith pursuant to the authority given to me under the Power of Attorney. I certify under penalty of perjury under the laws of the State of \_\_\_\_\_ that the foregoing is true and correct.

(State of Domicile of Attorney-in-Fact)

Attorney-in-Fact Signature

Today's Date (mm/dd/yyyy)

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### NOTARY SIGNATURE

This section must be completed by a notary public. TIAA accepts online notarization. You may notarize your documents online by visiting [proof.com/customers/tiaa](https://proof.com/customers/tiaa). Notarize.com is a third-party vendor that charges a fee for each notary transaction. If you reside outside the United States, you can go to a U.S. embassy/U.S. consulate or U.S. bank branch to obtain a notary public's signature.

**NOTE:** A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State County

 

Notary Expiration Date (mm/dd/yyyy)

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On the date noted below the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public's Signature

Today's Date (mm/dd/yyyy)

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### FOR NOTARY PUBLICS IN FLORIDA

The foregoing instrument was acknowledged before me, by means of:

Physical presence  Online notarization

In this space, the notary public must provide his/her notarial number and the date the appointment expires.





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

Please return **all** numbered pages, including any pages you didn't need to complete.

**OPTION 1: Use the TIAA mobile app to quickly upload your completed document(s). It's as simple as taking a picture.**  
Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Scan the **QR Code** to upload your documents.

**OR**

Tap the **Profile** icon in the lower-right corner of your screen, then tap **Upload files** and follow the step-by-step instructions.



**OPTION 2: Use your personal computer to quickly upload your completed document(s).**

Go to **tiaa.org/upload**, select **Upload files**, and follow the step-by-step instructions.

**OPTION 3: If you prefer to fax or mail your completed documents, use the information provided below.**

**FAX:**

**314-244-5012** (within U.S.)

**STANDARD MAIL:**

TIAA Trust  
Attn: Account Services  
211 N. Broadway, Suite 1000  
St. Louis, MO 63102-2733

**OVERNIGHT DELIVERY:**

TIAA Trust  
Attn: Account Services  
211 N. Broadway, Suite 1000  
St. Louis, MO 63102-2733

