

Third-party distribution authorization

TIAA Trust account name: _____

TIAA Trust account number: _____

By signing this agreement, TIAA Trust, N.A. ("TIAA Trust") is authorized to make disbursement(s) from the above referenced account and credit the account listed below via electronic direct deposit, wire or check.

Distribution Method: ACH Wire Check Real Estate Closing (Title Company)

If Real Estate Closing, separate instructions can be included. Will you include? YES NO

Recipients name: _____

Recipients mailing address: _____

City: _____ State: _____ Zip: _____

Recipient's financial institution: _____

Recipient's account name (name of bank account owner): _____

Recipient's account number: _____ Routing number: _____

For further credit to (beneficiary name): _____ (use for wire, if applicable)

For further credit to (account number): _____ (use for wire, if applicable)

Select one: Checking Savings

If making a distribution request at this time, please complete the following:

Transaction amount (\$): _____

Frequency: _____

Request date (i.e., the date on which the (first) transfer is scheduled to occur): _____

Stop date for recurring transactions (if applicable): _____

By signing this form, I am providing direction and approval to transfer ownership of said funds to the individual(s) named above from the referenced TIAA Trust account. Upon disbursement of funds, the transfer is deemed irrevocable. Failure to provide accurate or correct information on this form, or modification(s) to the form, may result in a delay in processing or rejection and could impact any current or future transaction(s). Further, you agree to indemnify TIAA Trust from any liability for any losses TIAA Trust may sustain in relying on these instructions.

TIAA Trust will use reasonable procedures to verify the authenticity of these instructions. You understand that anyone who can properly identify your TIAA Trust account, and provide your user ID and password can change these instructions.

This authorization will remain in effect until I give written notice to cancel it.

Authorized signature: _____ Date: _____

Filing disposition: Original—Approval file