

SERFF Tracking Number: TCRE-127177251 State: Arkansas  
 Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: 49592  
 Company Tracking Number: TCL-MULTIAPP.1  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Life Insurance Multi-Product Life Insurance Application  
 Project Name/Number: Life Insurance Multi-Product Life Insurance Application/TCL-MULTIAPP.1

## Filing at a Glance

Company: TIAA-CREF Life Insurance Company

Product Name: Life Insurance Multi-Product SERFF Tr Num: TCRE-127177251 State: Arkansas

Life Insurance Application

TOI: L08 Life - Other

SERFF Status: Closed-Approved- State Tr Num: 49592  
 Closed

Sub-TOI: L08.000 Life - Other

Co Tr Num: TCL-MULTIAPP.1

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Author: Patrick McGroarty

Disposition Date: 09/08/2011

Date Submitted: 08/18/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Life Insurance Multi-Product Life Insurance Application

Status of Filing in Domicile: Pending

Project Number: TCL-MULTIAPP.1

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/08/2011

State Status Changed: 08/22/2011

Deemer Date:

Created By: Patrick McGroarty

Submitted By: Patrick McGroarty

Corresponding Filing Tracking Number: TCL-MULTIAPP.1

Filing Description:

Attached for your approval, please find the following new TIAA-CREF Life Insurance Company Individual Life Insurance applications: These applications will replace the applications noted below under Section 1.

Form numbers Description

TCL-MULTIAPP.1 Life insurance Application - Part 1

TCL-APP2.02 Application for Life Insurance Part II – Medical Report

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The flesch score for TCL-MULTIAPP.1 is 53 and for TCL-APP2.02 the score is 56.3

We intend to begin using these new applications by December 1, 2011 or as soon as possible thereafter which is when we expect to have sufficient approvals. Once introduced, we will discontinue the use of our applications presently being used (see Section 1) and begin providing these applications to applicants when applying for any of our previously approved Life Insurance products identified below (see Section 2):

## Section 1

Application Form # / Description / Approval Date

TCL-APP1.4 / Term Life Insurance Application Mar. 15, 2005  
IL-APPUL.1 / UL Life Insurance Application Nov. 12, 2008  
TCL-APP2.01 / Life Insurance Application – Part II

## Section 2

Policy Form # / Policy Description / Approval Date

TCL-RT.1 / Annual Renewable Term / March 14, 2000  
TCL-LPT.1(AR) /Multi-Year Level Term / Mar. 15, 2005  
AM-SUL.3 AR (2008) /Single Life UL / June 30, 2008  
AM-SVUL.3 AR (2008) / Single Life Variable UL / July 25, 2008  
AM-JUL.3 AR (2008) /Last Survivor UL / July 24, 2008  
AM-JVUL.3 AR (2008) /Last Survivor Variable UL / Nov. 12, 2008

## Extension of use

We will continue to use the following forms previously approved by your department in conjunction with these newly filed forms:

Supplemental Questionnaire / IL-SUPPAPP.1 / Nov. 12, 2008  
Amendment to Application / TCLF9764 / Mar. 14, 2000  
Statement of Health / 806.1 (06/07) / Aug. 2, 2007  
Aviation Questionnaire / F11218 / Sept. 20, 2007

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For your review, we have bracketed the variable text of the forms. The application will be generated with the identical language approved by your Department. TIAA-CREF Life reserves the right to change duplex printing, signature graphics, line location of sentences and words, and the type font (but not the point size) of the forms without resubmitting them for approval.

Thank you for your consideration of our filing.

Sincerely,

## Company and Contact

### Filing Contact Information

Pat McGroarty, Senior Contract Forms Specialist  
 730 Third Avenue  
 730/3/33  
 New York, NY 10017  
 pmcgroarty@tiaa-cref.org  
 212-913-3284 [Phone]  
 212-916-5903 [FAX]

### Filing Company Information

TIAA-CREF Life Insurance Company  
 730 Third Avenue  
 New York, NY 10017  
 (212) 490-9000 ext. [Phone]  
 CoCode: 60142  
 Group Code: 1216  
 Group Name: TIAA-CREF  
 FEIN Number: 13-3917848  
 State of Domicile: New York  
 Company Type: L&H  
 State ID Number:

## Filing Fees

Fee Required? Yes  
 Fee Amount: \$100.00  
 Retaliatory? No  
 Fee Explanation: \$50.00 X 2 forms = \$100.00  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
TIAA-CREF Life Insurance Company	\$100.00	08/18/2011	50748509

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/08/2011	09/08/2011
Approved-Closed	Linda Bird	08/22/2011	08/22/2011

### Amendments

Schedule	Schedule Item Name	Created By	Created On	Date Submitted
Form	LIFE INSURANCE APPLICATION – PART I	Patrick McGroarty	09/07/2011	09/07/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
We have made a modification to the form. Can this file be re-opened?	Note To Filer	Linda Bird	09/07/2011	09/07/2011
We have made a modification to the form.	Note To Reviewer	Patrick McGroarty	09/07/2011	09/07/2011

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Project Name/Number: Life Insurance Multi-Product Life Insurance Application/TCL-MULTIAPP.1

## Disposition

Disposition Date: 09/08/2011

Implementation Date:

Status: Approved-Closed

Comment: Company has made a modification on the original application.

Rate data does NOT apply to filing.

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 Product Name: Life Insurance Multi-Product Life Insurance Application  
 Project Name/Number: Life Insurance Multi-Product Life Insurance Application/TCL-MULTIAPP.1

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		No
Supporting Document	Statement of variability		Yes
Form (revised)	LIFE INSURANCE APPLICATION – PART I		Yes
Form	LIFE INSURANCE APPLICATION – PART I	Replaced	Yes
Form	LIFE INSURANCE APPLICATION - PART II		Yes

*SERFF Tracking Number:*      *TCRE-127177251*                      *State:*                      *Arkansas*  
*Filing Company:*              *TIAA-CREF Life Insurance Company*              *State Tracking Number:*      *49592*  
*Company Tracking Number:*      *TCL-MULTIAPP.1*  
*TOI:*                      *L08 Life - Other*                      *Sub-TOI:*                      *L08.000 Life - Other*  
*Product Name:*              *Life Insurance Multi-Product Life Insurance Application*  
*Project Name/Number:*      *Life Insurance Multi-Product Life Insurance Application/TCL-MULTIAPP.1*

## **Disposition**

Disposition Date: 08/22/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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Supporting Document	Application		No
Supporting Document	Statement of variability		Yes
Form (revised)	LIFE INSURANCE APPLICATION – PART I		Yes
Form	LIFE INSURANCE APPLICATION – PART I	Replaced	Yes
Form	LIFE INSURANCE APPLICATION - PART II		Yes

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**Amendment Letter**

Submitted Date: 09/07/2011

**Comments:**

We are attaching a revised application.

We have revised the Question to Section D Proposed Owner Information, number 1 (top of Page 3 of 12). This was omitted on our earlier application.

Thank you.

**Changed Items:**

**Form Schedule Item Changes:**

**Form Schedule Item Changes:**

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
TCL-MULTIAPP.1	Application/E LIFE Enrollment Form	INSURANCE APPLICATION – PART I	Initial				53.000	TCL-MULTIAPP.1 - Part 1.pdf

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Product Name: Life Insurance Multi-Product Life Insurance Application  
Project Name/Number: Life Insurance Multi-Product Life Insurance Application/TCL-MULTIAPP.1

**Note To Filer**

**Created By:**

Linda Bird on 09/07/2011 10:47 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

09/07/2011 10:47 AM

**Subject:**

We have made a modification to the form. Can this file be re-opened?

**Comments:**

Filing has been re-opened in order for modification of form to be submitted.

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**Note To Reviewer**

**Created By:**

Patrick McGroarty on 09/07/2011 07:45 AM

**Last Edited By:**

Patrick McGroarty

**Submitted On:**

09/07/2011 07:45 AM

**Subject:**

We have made a modification to the form.

**Comments:**

We have made a modification to the form. Can this file be re-opened?

Thank you in advance.

SERFF Tracking Number: TCRE-127177251 State: Arkansas  
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## Form Schedule

### Lead Form Number: TCL-MULTIAPP.1

Schedule Item Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	TCL-MULTIAPP.1	Application/Enrollment Form	LIFE INSURANCE APPLICATION – PART I	Initial		53.000	TCL-MULTIAPP.1 - Part 1.pdf
	TCL-APP2.02	Application/Enrollment Form	LIFE INSURANCE APPLICATION - PART II	Initial		56.300	TCL-APP2.02 Part 2.pdf



LIFE INSURANCE APPLICATION – PART I

Please Print in Black or Blue Ink

Section A: Policy Information

1. SELECT POLICY TYPE
Term Insurance
Permanent Insurance
2. FACE AMOUNT & PREMIUM
3. PAYMENT FREQUENCY
4. PAYMENT METHOD
5. Will any of the premiums required to pay for this policy be obtained through a premium financing or loan agreement?

Section B: Proposed Insured # 1

1. Full Legal Name
2. Maiden Name
3. Gender
4. Residential Address
5. Mailing Address
6. Date of Birth
7. Social Security #
8. United States Citizen?
9. Birthplace
10. Driver License No.
11. Marital Status

[XXXXX]
[(XX/11)]



Section B: Proposed Insured # 1 (Continued)			
12. Primary Telephone No.           -           -		13. Alternate Telephone No.           -           -	
14. E-Mail Address		15. Preferred Method of Contact <input type="checkbox"/> E-Mail <input type="checkbox"/> Primary Telephone No. <input type="checkbox"/> Alternate Telephone No.	
16. Employer's Name			
17. Occupation/Duties		18. Length of time (years)	
19. Annual Income \$		20. Net Worth \$	
21. Are you a current member of the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," are you receiving any supplemental or hazardous duty pay based on your duties? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Active Duty		<input type="checkbox"/> Reserve	

Section C: Proposed Insured # 2																				
1. Full Legal Name (Title, First, Middle, Last, Suffix)																				
2. Maiden Name											3. Gender <input type="checkbox"/> M <input type="checkbox"/> F									
4. Residential Address											Apt. No.									
City					State				Zip Code											
5. Mailing Address											Apt. No.									
City					State				Zip Code											
6. Date of Birth		m	m	d	d	y	y	y	y	7. Social Security #		x	x	x	x	x	x	x	x	x
8. United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF "Yes," PROCEED TO QUESTION # 9)																				
If "No," are you in possession of: Permanent Residency Card? <input type="checkbox"/> Yes <input type="checkbox"/> No    United States Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No																				
Residency Card or Visa No.							Expiration Date		m	m	d	d	y	y	y	y				
Number of years in United States																				
9. Birthplace		State		Country				10. Driver License No.				State of Issue								
11. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union																				
12. Primary Telephone No.           -           -		13. Alternate Telephone No.           -           -																		
14. E-Mail Address		15. Preferred Method of Contact <input type="checkbox"/> E-Mail <input type="checkbox"/> Primary Telephone No. <input type="checkbox"/> Alternate Telephone No.																		
16. Employer's Name																				
17. Occupation/Duties		18. Length of time (years)																		
19. Annual Income \$		20. Net Worth \$																		
21. Are you a current member of the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," are you receiving any supplemental or hazardous duty pay based on your duties? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
<input type="checkbox"/> Active Duty		<input type="checkbox"/> Reserve																		

[XXXXX]  
 [(XX/11)]

TCL-MULTIAPP.1



**Section D: Proposed Owner Information**1. Owner  Same as Insured #1  Same as Insured #2  Trusted  Business of Corporation  Other Person**If Owner is Same as Insured #1 or Same as Insured #2, Proceed to Section E.****If A Trust Will Own This Policy, Complete This Section.**

1. Full Name of Trust

2. Name of Trustee

Additional Trustees

3. Street Address

City

State

Zip Code

4. Telephone No. - -

5. E-Mail Address

6. Trust Taxpayer Identification No.

7. Date of Trust

m m d d y y y y

**NOTE:** The Trustee Declaration of Authority Form must also be completed if the owner is a Trust.**If A Business or Corporation Will Own This Policy, Complete This Section.**

1. Name of Business or Corporation

2. Name of Corporate Officer

3. Corporate Officer Title

4. Street Address

City

State

Zip Code

5. Telephone No. - -

6. E-Mail Address

7. Business Taxpayer Identification No.

**If A Person Other Than Proposed Insured # 1 or Proposed Insured # 2 Will Own This Policy, Complete This Section.**1. Full Legal Name  
(Title, First, Middle, Last, Suffix)

2. Relationship to Proposed Insured(s)

3. Gender  M  F

4. Residential Address

Apt. No.

City

State

Zip Code

5. Mailing Address

Apt. No.

City

State

Zip Code

6. Date of Birth

m m d d y y y y

7. Social Security #

x x x x x x x x x

8. United States Citizen?  Yes  No (IF "Yes," PROCEED TO QUESTION # 9)If "No," are you in possession of: Permanent Residency Card?  Yes  No United States Visa?  Yes  No

Residency Card or Visa No.

Expiration Date

m m d d y y y y

Number of years in United States

9. Birthplace

State

Country

10. Taxpayer Identification No.

11. Telephone No. - -

12. E-Mail Address

[XXXXX]  
[(XX/11)]

TCL-MULTIAPP.1





**Section F: Policy Provisions, Options and Riders (Continued)**

7. Waiver of Monthly Charges Rider (Not available on Last Survivor policies.)  Yes  No  
 (If unanswered, the Waiver of Monthly Charges Rider will not be added. Cannot be elected "Yes" if Overloan Protection Endorsement is elected "Yes.")

8. Overloan Protection Endorsement  Yes  No  
 (If unanswered, this endorsement will be added. Cannot elect "Yes" if the Waiver of Monthly Charges Rider or Cash Value Accumulation Test is elected "Yes.")

**Last Survivor Insurance Option Only**

9. Estate Transfer Protection Rider – Percent of Policy Death Benefit  35%  100%  125%  175%  
 (If unanswered, this rider will not be applied.)

**Section G: Existing Coverage – Potential Replacement**

If the answer to any question is "Yes," provide full details in the chart below. If none, state "None" in the chart below.

1. Does the Owner or Proposed Insured(s) have any existing life insurance?  Yes  No

2. Will any existing life insurance held by the owner or Proposed Insured(s) be replaced, changed, or used to pay for the insurance applied for in this application?  Yes  No

3. Will a policy loan be carried over via a 1035 Tax Free Exchange? If "Yes," Loan Amount \$  Yes  No

**Remarks – Existing Coverage – Potential Replacement** (If additional space is needed attach a separate page, signed and dated, to the application.)

Insured	Company	Policy #	Face Amount	Product	Year Issued	Replacing?	1035 Exchange?
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section H: Pending Insurance**

The following questions must be answered by the Proposed Insured(s). (If the answer to any question is "Yes," provide full details in the "Remarks" section below.)

	Proposed Insured #1	Proposed Insured #2
1. Do you have any other pending life insurance applications with another life insurance company? If "Yes," state companies and amounts in the "Remarks" section below.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Remarks – Pending Coverage** (If additional space is needed attach a separate page, signed and dated, to the application.)

Insured	Company	Policy #	Face Amount	Product	Date Applied
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					

[XXXXX]  
 [(XX/11)]



**Section I: Viatical Settlements**

The following questions must be answered by the Owner. (If the answer to any question is "Yes," provide full details in the "Remarks" section below.)

1. Do you, the owner, intend to use or transfer the policy for any type of pre-death financial settlement, such as viatical settlement, senior settlement, life settlement, or for any other secondary market?  Yes  No

2. Have you, the owner, in the past 5 years sold a policy to a life settlement, viatical, or other secondary market?  Yes  No

**Remarks - Viatical Settlements** (If additional space is needed attach a separate page, signed and dated, to the application.)

Insured	Company	Policy #	Face Amount	Product	Date of Sale
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					

**Section J: Juvenile (Complete this section only if Proposed Insured is a juvenile: 0 to 17 years)**

1. Total life insurance (including group coverage with employer) currently applied for, considered, or now in force on the insured's father, mother, and siblings or both of the insured's legal guardian(s) in all companies.

Relationship	Name	Age	Amount of Total Life Insurance
Father			
Mother			
Sibling			
Sibling			

If no coverage in force on Proposed Insured's parents and/or siblings, please explain why.

[XXXXX]  
[(XX/11)]

TCL-MULTIAPP.1



**Section K: Beneficiary Information**

It is important that your beneficiary designation be clear so that there will be no question as to your intent as to what each beneficiary will receive. It is also important that you name a primary and contingent beneficiary. If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. If percentages are indicated, total of percentages must equal 100%.

If a primary or contingent beneficiary predeceases you, the amount he or she would have received will be paid in equal amounts to the surviving primary or contingent beneficiary(ies). By checking the Lineal Descendant Per Stirpes (LDPS) box next to a beneficiary, this provides that should the beneficiary pre-decease you, the share percentage allotted to the deceased beneficiary will pass in equal shares to the first generation of the deceased beneficiary's living lineal descendants, which may be his or her children or grandchildren.

Full Legal Name of Beneficiary or Trust and Trustee(s)	Relationship to Insured(s)	Percentage (Whole Numbers Only) <sup>1</sup>	Date of Birth or Date of Trust (mm/dd/yyyy)	Primary(P) or Contingent (C) <sup>2</sup>	LDPS <sup>3</sup>
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Total = 100%</b>			

<sup>1</sup> Both Primary and Contingent (if applicable)

<sup>2</sup> If unanswered, beneficiary will be considered Primary.

<sup>3</sup> Lineal Descendants Per Stirpes - Indicate "Yes" or "No." If unanswered, it will be assumed the LDPS option does not apply to the associated beneficiary.

**Note:** Unless you state otherwise in the table above, the term "Descendants" includes individuals legally adopted or born after the signature date of this application and who are members of the class on the date of your death. Please consult your estate planning attorney prior to making any LDPS designation. TIAA-CREF Life Insurance Company does not, and cannot, provide you with legal advice.

**Spousal or Domestic Partner Consent-For-Community Property States Only**

(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)

I am aware that my spouse or domestic partner has designated someone other than me to be the Primary Beneficiary of this contract. I hereby consent to such designation and wish to waive any rights I may have to the proceeds of such contract under applicable community property laws.

X \_\_\_\_\_  
Signature of Spouse or Domestic Partner Date

X \_\_\_\_\_  
Signature of Witness (Signature must be witnessed by someone other than a designated or potential beneficiary.) Date

[XXXXX]  
[(XX/11)]



**Section L: Preliminary Underwriting Information**

**NON-MEDICAL**

The following questions must be answered by the Proposed Insured(s). (If the answer to any question is "Yes," provide full details in the "Remarks" section.)	Proposed Insured #1	Proposed Insured #2
1. In the last 5 years, have you been convicted of two or more moving violations, or driving under the influence of alcohol or drugs, or had a driver license suspended or revoked? If "Yes," provide full details including dates, types of violations, and reason for suspension or revocation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any plans to travel or reside outside the United States within the next 12 months? If "Yes," please provide destination, purpose and duration of travel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 5 years, have you flown as a pilot, student pilot, or crew member other than for a scheduled commercial airline, or within the next 2 years do you intend to fly as a pilot, student pilot, or crew member other than for a scheduled commercial airline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the last 5 years, have you operated or had any duties aboard a glider, hot air balloon, ultra light or similar device; or within the next 2 years do you plan to operate or have any duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the last 5 years, have you engaged in or within the next 2 years do you expect to engage in, any hazardous activities or sports such as but not limited to: cave exploration; mountain, rock or ice climbing, motor vehicle, motorcycle, snowmobile or boat racing, SCUBA or sky diving?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the last 5 years, have you smoked a cigarette, cigar or pipe, tobacco or used tobacco, nicotine, or nicotine-based products in any other form? If "Yes," provide the form of nicotine-based product, quantity, and month/year last used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? If "Yes," include details of conviction and sentencing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had an application for life, health, disability or long-term care insurance declined, postponed, charged an extra premium, or otherwise modified? If "Yes," include the name of company with details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you been disabled for any reason within the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. In the last 5 years, have you filed bankruptcy or defaulted on a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REMARKS** (If additional space is needed, attach a separate page, signed and dated, to the application. Please specify to which question number(s) remarks pertain.)

Question No.	Details

[XXXXX]  
[(XX/11)]





### Section M: Consent for Electronic Delivery

TIAA-CREF Life Insurance Privacy Policy	<a href="http://www.tiaa-cref.org/public/about/inside/topics/index.html?tc_Ink=bottomutility">http://www.tiaa-cref.org/public/about/inside/topics/index.html?tc_Ink=bottomutility</a>
Intelligent Life® Variable Universal Life	<a href="http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy.pdf">http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy.pdf</a>
Intelligent Life® Survivorship Variable Universal Life	<a href="http://www.tiaa-cref.org/pdf/prospectuses/isvul_policy.pdf">http://www.tiaa-cref.org/pdf/prospectuses/isvul_policy.pdf</a>
Variable Product Funds	<a href="http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy_productfunds.pdf">http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy_productfunds.pdf</a>

#### Complete This Section For Variable Universal Life (VUL) Products Only

In order to elect electronic acknowledgment and consent, you must have Internet access and be able to access the websites shown above. You must also have the ability to download, view and print the documents. [Adobe® Reader® software is necessary to view and print electronic PDF documents. If you don't have Adobe® Reader® software, go to [www.adobe.com](http://www.adobe.com) to download a free copy. If you need assistance with accessing these documents electronically, please call us toll-free at 800 842-2273.]

Paper versions of the above documents can be ordered anytime, free of charge, by calling toll-free [877 694-0305] or by visiting [tiaa-cref.org](http://tiaa-cref.org). If you are unable to acknowledge that you have received and accessed these documents on the website, call our toll-free number [877 694-0305] to receive your paper documents and prospectuses at no charge.

*Adobe and Reader are registered trademarks of Adobe Systems Incorporated in the United States and/or other countries.*

#### Check the box below to acknowledge electronic receipt of the applicable prospectuses and other required documents.

I acknowledge that I consent to receiving and have received the required, above-referenced documents for my policy through one or more of the TIAA-CREF Life website links listed above.

I further acknowledge that I am able to access these documents on the website. I understand that this acknowledgement applies to my initial application.

I understand and acknowledge that accessing documents electronically may involve additional costs, such as, but not limited to subscription access fees from an Internet service provider and printing costs.

**NOTE:** By not checking the box above, but still signing this application, I acknowledge that I have received paper copies of the above-referenced documents.

[XXXXX]  
[(XX/11)]

TCL-MULTIAPP.1





**FOR OFFICIAL USE ONLY – AGENT CERTIFICATION AND SIGNATURE**

1. I hereby certify that I have reviewed with the Owner and Proposed Insured(s): (1) the answers to the replacement questions, and (2) all of the information in the application.

2. I further certify that to the best of my knowledge and belief, the Proposed Owner.

DOES  
 DOES

DOES NOT  
 DOES NOT

Have existing life insurance policies.

Intend to replace coverage under an existing life insurance policy.

**FOR REPLACEMENT TRANSACTIONS ONLY**

3. Is the replacement exempt?  YES  NO

4. Who recommended the replacement?  AGENT  OWNER

5. Provide the reason for replacement.

**Conforming Illustration Statement (All Products, Excluding Level Term)**

I certify that the applicant whose signature appears on the previous page did not sign an illustration conforming to the policy as applied for. I have informed the applicant that an illustration conforming to the policy as issued will be provided at the time of policy delivery and that TIAA-CREF Life Insurance Company will require the applicant to sign that illustration if the applicant wishes to accept the policy as delivered.

Agent's Name \_\_\_\_\_  
Please Print

Agent's NPN # \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**HOME OFFICE USE ONLY**

AG	RF1
RF2	RF3

[XXXXX]  
[(XX/11)]





Financial Services

LIFE INSURANCE APPLICATION – PART II
MEDICAL REPORT

Please Print in Black or Blue Ink

INSTRUCTIONS TO EXAMINER

This examination, once begun, is the property of the TIAA-CREF Life Insurance Company and must not be destroyed, suppressed, or given to the Proposed Insured. Please weigh the applicant and answer all questions below. All positive findings should be explained in detail in the "Remarks" section.

Section A: Proposed Insured

Form fields for Section A: Proposed Insured including Full Legal Name, Residential Address, City, State, Zip Code, Gender, Date of Birth, and Social Security #.

Section B: Medical History

Form fields for Section B: Medical History including Primary Care Physician details (Name, Telephone No., Address, City, State, Zip Code) and consultation questions (a, b, c).

If the answer is "Yes" to any of the questions listed below, provide full details in the "Remarks" section.

Form fields for Section B: Medical History including diagnosis/treatment questions (a-f) with Yes/No checkboxes.

[XXXXX]
[(XX/11)]



**Section B: Medical History (Continued)**

If the answer is "Yes" to any of the questions listed below, provide full details in the "Remarks" section.

**2. IN THE PAST 10 YEARS HAVE YOU BEEN DIAGNOSED OR TREATED FOR:**

g. Hepatitis, cirrhosis, or any other liver disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
h. Ulcerative colitis, Crohn's disease, gastrointestinal bleeding, gastric or peptic ulcer, acid reflux disease, Barrett's esophagus, disorder of the stomach, pancreas, gall bladder, or any other intestinal disorder?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
i. Albumin, protein, blood or sugar in the urine or any disorder of the kidney, bladder, breasts, ovaries, prostate or other reproductive organs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
j. Any sexually transmitted diseases?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
k. Gout, arthritis, connective tissue disease, immune system disorder or any other disease of the joints, muscles, nerves or bones?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
l. Anemia, clotting or platelet disorder, chronic infections, or any other disorder of the blood?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
m. Any disorder of the eyes, ears, nose, or throat?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
3. Are you currently pregnant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
If "Yes," what is the expected date of delivery?	m	m	d	d	y	y	y	y
4. Has your weight changed by more than 10 lbs during the past 12 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
If "Yes," please provide reason for the weight change; if you gained or lost weight; and how much.								
5. Has the Proposed Insured ever tested positive for antibodies to the AIDS (Acquired Immune Deficiency Syndrome) Human T-Cell Lymphotropic Human Immunodeficiency Virus (HIV)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
6. Have you ever been advised by a licensed medical professional to reduce or discontinue the use of alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
7. Other than as noted above, have you ever been counseled or treated because of alcohol, controlled substance or drug use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
8. Have you ever used narcotics, amphetamines, barbiturates, heroin, cocaine, marijuana, or other habit-forming drugs, except as prescribed by a licensed medical professional?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
9. OTHER THAN AS PREVIOUSLY DESCRIBED, HAVE YOU EVER:								
a. Consulted with a physician, healthcare provider, counselor, therapist, or had any illness, injury, surgery, diagnostic test or treatment, or been advised to have any diagnostic test, surgery or treatment not yet completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
b. Been an inpatient or outpatient in a hospital, clinic, medical or mental health facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
c. Had surgery or biopsy, received treatment by a healthcare provider, or received treatment at a medical facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
d. Had any electrocardiograms, x-rays, blood studies, scans, or other diagnostic tests?	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
10. Are you presently taking any medication(s), including nonprescription/over-the-counter medication or supplements? If "Yes," list all medications and dosages you are currently taking or have taken in the last 30 days, including prescriptions, over-the-counter drugs, aspirin and herbal supplements in the chart below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No						

[XXXXX]  
 [(XX/11)]

TCL-APP2.02



REMARKS (Complete this section if you answered "Yes" to any of the questions above.) If more space is needed, an additional blank sheet may be attached. Any Proposed Insured(s) or Owner(s) should sign and date additional pages.

Question No. and Letter	Name and Address of Health Professional	Date/Duration of Illness	Diagnosis/Treatment/Medication

**Section C: Family History** (Please provide details in the chart below.)

1. Has a parent or sibling ever had: heart disease, coronary artery disease, vascular disease, stroke, cerebrovascular disease, diabetes, cancer, or kidney disease? If "Yes," please provide details in the table below.  Yes  No

Relationship to Proposed Insured	Age of Onset	Age if Living	Age at Death	State of Health (Specific Conditions) or Cause of Death
Father				
Mother				
Sibling				
Sibling				
Sibling				

**Agreement**

I, the Proposed Insured, have read the above answers and statements and they: (a) are true and complete to the best of my knowledge and belief and (b) were correctly recorded before I signed this LIFE INSURANCE APPLICATION - PART II. These answers, together with those provided in Part I of the Application and any additional supplements to this application constitutes the entire Application. I understand TIAA-CREF Life Insurance Company will rely upon the information provided in the Application to determine whether it will issue the life insurance policy applied for in this Application.

**Fraud Warning**

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits.

X \_\_\_\_\_ Signed at (City, State) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Proposed Insured

X \_\_\_\_\_ Signed at (City, State) \_\_\_\_\_ Date \_\_\_\_\_  
 Signature of Witness

[XXXXX]  
 [(XX/11)]





**Section D (TO BE COMPLETED BY PARAMEDIC OR PHYSICIAN) (Continued)**

9. a. How long have you known the Proposed Insured?

b. Are you related to the Proposed Insured or to the agent?  Yes  No

c. Are you the Proposed Insured's Primary Care Physician?  Yes  No

d. Was the examination conducted in a language other than English?  Yes  No

If "Yes," indicate language used and provide name, address and relation to Proposed Insured of person acting as interpreter.

Language Used

Name of Interpreter                      Relation to Proposed Insured

Address

City    State    Zip Code

10. How did you identify the Proposed Insured?  Driver License No.  Passport  Visa  Other \_\_\_\_\_  
 Photo identification required.

**Section E (COMPLETE THIS SECTION ONLY IF THE EXAMINATION IS DONE BY A PHYSICIAN)**

1. After physical examination and inquiry, did you find any abnormality of the following:

a. Skin (incl. Scars), thyroid, lymph nodes, veins, peripheral arteries?  Yes  No

b. Brain, nervous system (include reflexes, gait, coordination, paralysis)?  Yes  No

c. Respiratory system?  Yes  No

d. Stomach, abdominal organs?  Yes  No

e. Enlarged liver?  Yes  No

f. Genitourinary system?  Yes  No

g. Heart or blood vessels?  Yes  No

2. Complete question # 2 if you answered "Yes" to any part of question # 1, if there is a history of rheumatic fever, heart murmur, or if you found any abnormality in heart size, rhythm, or sounds.

a. Is there evidence of cardiac enlargement or abnormal location of the apical impulse?  Yes  No

b. Are there any abnormalities of the first (S1) or second (S2) heart sounds?  Yes  No

c. Are there gallops (S3 or S4)  Yes  No

d. Is/are there ejection sound(s) or systolic click(s)?  Yes  No

e. Is/are there murmur(s) present?  Yes  No

If "Yes" to any part of question # 2, please fully describe in the "Remarks" section including timing (systolic or diastolic), intensity (grade 1-6), location, transmission, or radiation.

[XXXXX]  
 [(XX/11)]

TCL-APP2.02





SERFF Tracking Number: TCRE-127177251 State: Arkansas  
 Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: 49592  
 Company Tracking Number: TCL-MULTIAPP.1  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Life Insurance Multi-Product Life Insurance Application  
 Project Name/Number: Life Insurance Multi-Product Life Insurance Application/TCL-MULTIAPP.1

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification		
<b>Comments:</b>		
<b>Attachment:</b>		
Generic Readability certification 811.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Bypassed - Item:</b> Application		
<b>Bypass Reason:</b> This is an application filing.		
<b>Comments:</b>		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Statement of variability		
<b>Comments:</b>		
<b>Attachment:</b>		
Generic Statement of Variability.pdf		

TIAA-CREF Life Insurance Company  
("TIAA-CREF Life")

Form numbers:

TCL-MULTIAPP.1

TCL-APP2.02

This is to certify that the attached applications meet the minimum readability laws and regulations of your jurisdiction.



---

Jeffrey S. Goldin, FSA, MAAA  
Actuary  
TIAA-CREF Life Insurance Company

Date: August 17, 2011

Statement of Variability

August 17, 2011

Application Form numbers:  
TCL-MULTIAPP.1 &  
TCL-APP2.02

**Application Form number: TCL-MULTIAPP.1**

Page 1 of 12 Form Heading - Addresses

Office location addresses subject to change.

Pages 1 of 12

**[XXXXX] = WPID (Internal)**

The WPID is used during the indexing stage in the Imaging Services area to drive it to the insurance workflow system. The elements of the WPID determine the business area and the type of transaction that the document represents.

**[(XX/11)]** This will include the month and year that this form will be placed into production.

The bar code identifies the form, by form number and the page number for scanning purposes. This is to assure when they scan it that they have the correct form and all of the page numbers.

**Page 9 of 12 – Section M**

We have bracketed the following in the event we will be modifying the forms available for Electronic delivery

TIAA-CREF Life Insurance Privacy Policy	<a href="http://www.tiaa-cref.org/public/about/inside/topics/index.html?tc_Ink=bottomutlity">http://www.tiaa-cref.org/public/about/inside/topics/index.html?tc_Ink=bottomutlity</a>
Intelligent Life® Variable Universal Life	<a href="http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy.pdf">http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy.pdf</a>
Intelligent Life® Survivorship Variable Universal Life	<a href="http://www.tiaa-cref.org/pdf/prospectuses/isvul_policy.pdf">http://www.tiaa-cref.org/pdf/prospectuses/isvul_policy.pdf</a>
Variable Product Funds	<a href="http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy_productfunds.pdf">http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy_productfunds.pdf</a>

**We have bracketed the entire text under “Complete This Section For Variable Universal Life (VUL) Products Only” in anticipation of possible changes to the method of electronic delivery in the future.**

**Application Form number: TCL-APP2.02**

Pages 1 of 6

**Form heading**

**Office location addresses subject to change.**

**[XXXXX] = WPID (Internal)**

The WPID is used during the indexing stage in the Imaging Services area to drive it to the insurance workflow system. The elements of the WPID determine the business area and the type of transaction that the document represents.

**[(XX/11) ]** This will include the month and year that this form will be placed into production.

The bar code identifies the form, by form number and the page number for scanning purposes. This is to assure when they scan it that they have the correct form and all of the page numbers.

SERFF Tracking Number: TCRE-127177251 State: Arkansas  
 Filing Company: TIAA-CREF Life Insurance Company State Tracking Number: 49592  
 Company Tracking Number: TCL-MULTIAPP.1  
 TOI: L08 Life - Other Sub-TOI: L08.000 Life - Other  
 Product Name: Life Insurance Multi-Product Life Insurance Application  
 Project Name/Number: Life Insurance Multi-Product Life Insurance Application/TCL-MULTIAPP.1

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
05/23/2011	Form	LIFE INSURANCE APPLICATION - PART I	09/07/2011	TCL-MULTIAPP.1 - Part 1.pdf (Superseded)



Financial Services

LIFE INSURANCE APPLICATION – PART I

Please Print in Black or Blue Ink

Section A: Policy Information

1. SELECT POLICY TYPE
Term Insurance
Permanent Insurance
2. FACE AMOUNT & PREMIUM
3. PAYMENT FREQUENCY
4. PAYMENT METHOD
5. Will any of the premiums required to pay for this policy be obtained through a premium financing or loan agreement?

Section B: Proposed Insured # 1

1. Full Legal Name
2. Maiden Name
3. Gender
4. Residential Address
5. Mailing Address
6. Date of Birth
7. Social Security #
8. United States Citizen?
9. Birthplace
10. Driver License No.
11. Marital Status

[XXXXX]
[(XX/11)]



Section B: Proposed Insured # 1 (Continued)	
12. Primary Telephone No. - -	13. Alternate Telephone No. - -
14. E-Mail Address	15. Preferred Method of Contact <input type="checkbox"/> E-Mail <input type="checkbox"/> Primary Telephone No. <input type="checkbox"/> Alternate Telephone No.
16. Employer's Name	
17. Occupation/Duties	18. Length of time (years)
19. Annual Income \$	20. Net Worth \$
21. Are you a current member of the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," are you receiving any supplemental or hazardous duty pay based on your duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve	

Section C: Proposed Insured # 2	
1. Full Legal Name (Title, First, Middle, Last, Suffix)	
2. Maiden Name	3. Gender <input type="checkbox"/> M <input type="checkbox"/> F
4. Residential Address	
Apt. No.	
City	State Zip Code
5. Mailing Address	
Apt. No.	
City	State Zip Code
6. Date of Birth m m d d y y y y	7. Social Security # x x x x x x x x x
8. United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF "Yes," PROCEED TO QUESTION # 9)	
If "No," are you in possession of: Permanent Residency Card? <input type="checkbox"/> Yes <input type="checkbox"/> No United States Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Residency Card or Visa No.	Expiration Date m m d d y y y y
Number of years in United States	
9. Birthplace State Country	10. Driver License No. State of Issue
11. Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Civil Union	
12. Primary Telephone No. - -	13. Alternate Telephone No. - -
14. E-Mail Address	15. Preferred Method of Contact <input type="checkbox"/> E-Mail <input type="checkbox"/> Primary Telephone No. <input type="checkbox"/> Alternate Telephone No.
16. Employer's Name	
17. Occupation/Duties	18. Length of time (years)
19. Annual Income \$	20. Net Worth \$
21. Are you a current member of the Military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," are you receiving any supplemental or hazardous duty pay based on your duties? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve	

[XXXXX]  
 [(XX/11)]

TCL-MULTIAPP.1



**Section D: Proposed Owner Information**

**If A Trust Will Own This Policy, Complete This Section.**

1. Full Name of Trust														
2. Name of Trustee														
Additional Trustees														
3. Street Address														
City					State			Zip Code						
4. Telephone No. - -				5. E-Mail Address										
6. Trust Taxpayer Identification No.					7. Date of Trust		m	m	d	d	y	y	y	y

**NOTE:** The Trustee Declaration of Authority Form must also be completed if the owner is a Trust.

**If A Business or Corporation Will Own This Policy, Complete This Section.**

1. Name of Business or Corporation									
2. Name of Corporate Officer									
3. Corporate Officer Title									
4. Street Address									
City					State			Zip Code	
5. Telephone No. - -				6. E-Mail Address					
7. Business Taxpayer Identification No.									

**If A Person Other Than Proposed Insured # 1 or Proposed Insured # 2 Will Own This Policy, Complete This Section.**

1. Full Legal Name (Title, First, Middle, Last, Suffix)																			
2. Relationship to Proposed Insured(s)							3. Gender <input type="checkbox"/> M <input type="checkbox"/> F												
4. Residential Address																			
City					State			Zip Code											
5. Mailing Address							Apt. No.												
City					State			Zip Code											
6. Date of Birth		m	m	d	d	y	y	y	y	7. Social Security #		x	x	x	x	x	x	x	x
8. United States Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (IF "Yes," PROCEED TO QUESTION # 9)																			
If "No," are you in possession of: Permanent Residency Card? <input type="checkbox"/> Yes <input type="checkbox"/> No United States Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No																			
Residency Card or Visa No.					Expiration Date		m	m	d	d	y	y	y	y					
Number of years in United States																			
9. Birthplace		State		Country		10. Taxpayer Identification No.													
11. Telephone No. - -				12. E-Mail Address															
13. Employer's Name																			
14. Annual Income \$					15. Net Worth \$														

[XXXXX]  
[(XX/11)]

TCL-MULTIAPP.1



### Section E: Third Party Notification – Protection Against Intended Lapse In Coverage

Although the election of this option only authorizes TIAA-CREF Life Insurance Company to send an additional notice to a designated third party advising that the policy is in danger of lapse, it does not mean that the third party is responsible for preventing such a lapse. In addition, certain circumstances and provisions in the policy may govern procedure, thereby preventing the policy from any kind of lapse.

1. I elect to have an additional notice regarding any lapse in premium payment sent to a third party of my choosing.  Yes  No  
If "Yes," please provide Name and Residential Address below.

(A separate form must be completed and signed by the designated Third Party in the states of Florida, Hawaii, New Jersey and New York.)

2. Full Legal Name  
(Title, First, Middle, Last, Suffix)

3. Street Address Apt. No.

City State Zip Code

4. Telephone No. - - 5. E-Mail Address

### Section F: Policy Provisions, Options and Riders

#### Institutional Charitable Benefit Rider

The Institutional Charitable Benefit Rider pays, upon the death of the insured, a supplemental death benefit, over and above the base policy death benefit, equal to one percent (1%) of the base policy's face amount. The rider must be elected at or before policy issue and cannot be added after the date of policy issue. The designated beneficiary of this rider must be an accredited, nonprofit, United States Institution of higher learning or research institution whose primary purpose is pursuing scientific and medical research. TIAA-CREF Life Insurance Company will pay the institution in the name of the deceased insured. The costs and benefits of this rider are paid in their entirety by TIAA-CREF Life Insurance Company. Regardless of whether the policy owner elects or declines this optional rider, there is no additional cost. If this rider is elected, the Institutional Charitable Benefit Rider Form must also be completed. (This rider may not be available in all states.)

1. Institutional Charitable Benefit Rider  Yes  No  
(If unanswered, this rider will not be added to the policy and cannot be added after issue.)

2. Name of Qualified Institution

#### Term Life Insurance Option Only

3. Waiver of Premium Rider  Yes  No  
(If unanswered, the Waiver of Premium Rider will not be added to the base policy.)

#### Universal and Variable Universal Life Insurance Options Only

4. Death Benefit Option  Option A – Level (benefit equals face amount)  Option B – Increasing (benefit equals face amount plus policy cash value)  Option C – Face Amount + Premium (benefit equals face amount plus premiums paid)  
(If unanswered, Option A will be applied.)

5. Definition of Life Insurance Test  Guideline Premium Test  Cash Value Accumulation Test

(If unanswered, the Guideline Premium Test will be applied.) (This election cannot be changed after issue.)

6. Insurance Cost Options – Not available on Last Survivor policies  
(If unanswered, the Traditional Age-Based cost will apply.)

Traditional Age-Based  10-Year Level Endorsement  20-Year Level Endorsement

7. Waiver of Monthly Charges Rider (Not available on Last Survivor policies.)  Yes  No

(If unanswered, the Waiver of Monthly Charges Rider will not be added. Cannot be elected "Yes" if Overloan Protection Endorsement is elected "Yes.")

8. Overloan Protection Endorsement  Yes  No

(If unanswered, this endorsement will be added. Cannot elect "Yes" if the Waiver of Monthly Charges Rider or Cash Value Accumulation Test is elected "Yes.")

[XXXXX]  
[(XX/11)]

TCL-MULTIAPP.1



**Section F: Policy Provisions, Options and Riders (Continued)**

**Last Survivor Insurance Option Only**

9. Estate Transfer Protection Rider – Percent of Policy Death Benefit     35%     100%     125%     175%

(If unanswered, this rider will not be added to the policy and cannot be added after issue.)

**Section G: Existing Coverage – Potential Replacement**

If the answer to any question is “Yes,” provide full details in the chart below. If none, state “None” in the chart below.

1. Does the Owner or Proposed Insured(s) have any existing life insurance?     Yes     No

2. Will any existing life insurance held by the owner or Proposed Insured(s) be replaced, changed, or used to pay for the insurance applied for in this application?     Yes     No

3. Will a policy loan be carried over via a 1035 Tax Free Exchange? If “Yes,” Loan Amount \$     Yes     No

**Remarks – Existing Coverage – Potential Replacement** (If additional space is needed attach a separate page, signed and dated, to the application.)

Insured	Company	Policy #	Face Amount	Product	Year Issued	Replacing?	1035 Exchange?
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner						<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section H: Pending Insurance**

The following questions must be answered by the Proposed Insured(s). (If the answer to any question is “Yes,” provide full details in the “Remarks” section below.)

Proposed Insured #1    Proposed Insured #2

1. Do you have any other pending life insurance applications with another life insurance company?     Yes     Yes  
If “Yes,” state companies and amounts in the “Remarks” section below.     No     No

**Remarks – Pending Coverage** (If additional space is needed attach a separate page, signed and dated, to the application.)

Insured	Company	Policy #	Face Amount	Product	Date Applied
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					

[XXXXX]  
[(XX/11)]

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**Section I: Viatical Settlements**

The following questions must be answered by the Owner. (If the answer to any question is "Yes," provide full details in the "Remarks" section below.)

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| 1. Do you, the owner, intend to use or transfer the policy for any type of pre-death financial settlement, such as viatical settlement, senior settlement, life settlement, or for any other secondary market? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Have you, the owner, in the past 5 years sold a policy to a life settlement, viatical, or other secondary market?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

**Remarks - Viatical Settlements** (If additional space is needed attach a separate page, signed and dated, to the application.)

Insured	Company	Policy #	Face Amount	Product	Date of Sale
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					
<input type="checkbox"/> #1 <input type="checkbox"/> #2 <input type="checkbox"/> Owner					

**Section J: Juvenile (Complete this section only if Proposed Insured is a juvenile: 0 to 17 years)**

1. Total life insurance (including group coverage with employer) currently applied for, considered, or now in force on the insured's father, mother, and siblings or both of the insured's legal guardian(s) in all companies.

Relationship	Name	Age	Amount of Total Life Insurance
Father			
Mother			
Sibling			
Sibling			

If no coverage in force on Proposed Insured's parents and/or siblings, please explain why.

[XXXXX]  
[(XX/11)]

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**Section K: Beneficiary Information**

It is important that your beneficiary designation be clear so that there will be no question as to your intent as to what each beneficiary will receive. It is also important that you name a primary and contingent beneficiary. If more than one primary or contingent beneficiary is named without a percentage indicated, the proceeds will be divided equally. If percentages are indicated, total of percentages must equal 100%.

If a primary or contingent beneficiary predeceases you, the amount he or she would have received will be paid in equal amounts to the surviving primary or contingent beneficiary(ies). By checking the Lineal Descendant Per Stirpes (LDPS) box next to a beneficiary, this provides that should the beneficiary pre-decease you, the share percentage allotted to the deceased beneficiary will pass in equal shares to the first generation of the deceased beneficiary's living lineal descendants, which may be his or her children or grandchildren.

Full Legal Name of Beneficiary or Trust and Trustee(s)	Relationship to Insured(s)	Percentage (Whole Numbers Only) <sup>1</sup>	Date of Birth or Date of Trust (mm/dd/yyyy)	Primary(P) or Contingent (C) <sup>2</sup>	LDPS <sup>3</sup>
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> P <input type="checkbox"/> C	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<b>Total = 100%</b>			

<sup>1</sup> Both Primary and Contingent (if applicable)

<sup>2</sup> If unanswered, beneficiary will be considered Primary.

<sup>3</sup> Lineal Descendants Per Stirpes - Indicate "Yes" or "No." If unanswered, it will be assumed the LDPS option does not apply to the associated beneficiary.

**Note:** Unless you state otherwise in the table above, the term "Descendants" includes individuals legally adopted or born after the signature date of this application and who are members of the class on the date of your death. Please consult your estate planning attorney prior to making any LDPS designation. TIAA-CREF Life Insurance Company does not, and cannot, provide you with legal advice.

**Spousal or Domestic Partner Consent-For-Community Property States Only**

(Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington, Wisconsin)

I am aware that my spouse or domestic partner has designated someone other than me to be the Primary Beneficiary of this contract. I hereby consent to such designation and wish to waive any rights I may have to the proceeds of such contract under applicable community property laws.

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Spouse or Domestic Partner

X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Witness (Signature must be witnessed by someone other than a designated or potential beneficiary.)

[XXXXX]  
[(XX/11)]



**Section L: Preliminary Underwriting Information**

**NON-MEDICAL**

The following questions must be answered by the Proposed Insured(s). (If the answer to any question is "Yes," provide full details in the "Remarks" section.)	Proposed Insured #1	Proposed Insured #2
1. In the last 5 years, have you been convicted of two or more moving violations, or driving under the influence of alcohol or drugs, or had a driver license suspended or revoked? If "Yes," provide full details including dates, types of violations, and reason for suspension or revocation.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any plans to travel or reside outside the United States within the next 12 months? If "Yes," please provide destination, purpose and duration of travel.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the past 5 years, have you flown as a pilot, student pilot, or crew member other than for a scheduled commercial airline, or within the next 2 years do you intend to fly as a pilot, student pilot, or crew member other than for a scheduled commercial airline?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. In the last 5 years, have you operated or had any duties aboard a glider, hot air balloon, ultra light or similar device; or within the next 2 years do you plan to operate or have any duties?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. In the last 5 years, have you engaged in or within the next 2 years do you expect to engage in, any hazardous activities or sports such as but not limited to: cave exploration; mountain, rock or ice climbing, motor vehicle, motorcycle, snowmobile or boat racing, SCUBA or sky diving?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. In the last 5 years, have you smoked a cigarette, cigar or pipe, tobacco or used tobacco, nicotine, or nicotine-based products in any other form? If "Yes," provide the form of nicotine-based product, quantity, and month/year last used.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever been convicted of a felony or misdemeanor, other than a minor traffic violation? If "Yes," include details of conviction and sentencing.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Have you ever had an application for life, health, disability or long-term care insurance declined, postponed, charged an extra premium, or otherwise modified? If "Yes," include the name of company with details.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Have you been disabled for any reason within the last 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. In the last 5 years, have you filed bankruptcy or defaulted on a student loan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

**REMARKS** (If additional space is needed, attach a separate page, signed and dated, to the application. Please specify to which question number(s) remarks pertain.)

Question No.	Details

[XXXXX]  
[(XX/11)]

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**Section M: Consent for Electronic Delivery**

TIAA-CREF Life Insurance Privacy Policy	<a href="http://www.tiaa-cref.org/public/about/inside/topics/index.html?tc_Ink=bottomutility">http://www.tiaa-cref.org/public/about/inside/topics/index.html?tc_Ink=bottomutility</a>
Intelligent Life® Variable Universal Life	<a href="http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy.pdf">http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy.pdf</a>
Intelligent Life® Survivorship Variable Universal Life	<a href="http://www.tiaa-cref.org/pdf/prospectuses/isvul_policy.pdf">http://www.tiaa-cref.org/pdf/prospectuses/isvul_policy.pdf</a>
Variable Product Funds	<a href="http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy_productfunds.pdf">http://www.tiaa-cref.org/pdf/prospectuses/ivul_policy_productfunds.pdf</a>

**Complete This Section For Variable Universal Life (VUL) Products Only**

In order to elect electronic acknowledgment and consent, you must have Internet access and be able to access the websites shown above. You must also have the ability to download, view and print the documents. [Adobe® Reader® software is necessary to view and print electronic PDF documents. If you don't have Adobe® Reader® software, go to [www.adobe.com](http://www.adobe.com) to download a free copy. If you need assistance with accessing these documents electronically, please call us toll-free at 800 842-2273.]

Paper versions of the above documents can be ordered anytime, free of charge, by calling toll-free [877 694-0305] or by visiting [tiaa-cref.org](http://tiaa-cref.org). If you are unable to acknowledge that you have received and accessed these documents on the website, call our toll-free number [877 694-0305] to receive your paper documents and prospectuses at no charge.

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**Check the box below to acknowledge electronic receipt of the applicable prospectuses and other required documents.**

I acknowledge that I consent to receiving and have received the required, above-referenced documents for my policy through one or more of the TIAA-CREF Life website links listed above.

I further acknowledge that I am able to access these documents on the website. I understand that this acknowledgement applies to my initial application.

I understand and acknowledge that accessing documents electronically may involve additional costs, such as, but not limited to subscription access fees from an Internet service provider and printing costs.

**NOTE:** By not checking the box above, but still signing this application, I acknowledge that I have received paper copies of the above-referenced documents.

[XXXXX]  
[(XX/11)]

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**FOR OFFICIAL USE ONLY – AGENT CERTIFICATION AND SIGNATURE**

1. I hereby certify that I have reviewed with the Owner and Proposed Insured(s): (1) the answers to the replacement questions, and (2) all of the information in the application.

2. I further certify that to the best of my knowledge and belief, the Proposed Owner.

- |                               |                                   |   |
|-------------------------------|-----------------------------------|---|
| <input type="checkbox"/> DOES | <input type="checkbox"/> DOES NOT | Have existing life insurance policies.                              |
| <input type="checkbox"/> DOES | <input type="checkbox"/> DOES NOT | Intend to replace coverage under an existing life insurance policy. |

**FOR REPLACEMENT TRANSACTIONS ONLY**

3. Is the replacement exempt?  YES  NO

4. Who recommended the replacement?  AGENT  OWNER

5. Provide the reason for replacement.

**Conforming Illustration Statement (All Products, Excluding Level Term)**

I certify that the applicant whose signature appears on the previous page did not sign an illustration conforming to the policy as applied for. I have informed the applicant that an illustration conforming to the policy as issued will be provided at the time of policy delivery and that TIAA-CREF Life Insurance Company will require the applicant to sign that illustration if the applicant wishes to accept the policy as delivered.

Agent's Name \_\_\_\_\_  
Please Print

Agent's NPN # \_\_\_\_\_

Agent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**HOME OFFICE USE ONLY**

AG	RF1
RF2	RF3

[XXXXX]  
[(XX/11)]

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