

## OPEN YOUR RETIREMENT ACCOUNT

### NEED HELP?

Call 800-842-2252  
Weekdays, 8 a.m. to  
10 p.m. (ET), or visit  
[TIAA.org](http://TIAA.org).

### ¿HABLA ESPAÑOL?\*

Llame al 800-842-2252  
y marque 9 si desea  
atención en español,  
días hábiles son de  
lunes a viernes de  
8:00 am a 10:00 pm  
(hora del Este).

### FILL OUT YOUR ENROLLMENT FORM

#### STEP 1

#### CHOOSE YOUR INVESTMENTS

Select from the list of investment choices available under your employer's plan. Please review the prospectuses for the investment choices before making your selections. See next page for how to access the prospectuses.

#### STEP 2

#### TELL US ABOUT YOURSELF

Provide basic information to establish your account.

#### STEP 3

#### NAME YOUR BENEFICIARIES

#### SPOUSAL WAIVER (IF APPLICABLE)

This section may or may not appear on your form, depending on the provisions of your employer's plan. If it does appear on your form, and if you are married and name someone other than your spouse as beneficiary for more than 50% of the death benefit, your spouse will need to complete and sign this section.

#### STEP 4

#### SIGN YOUR FORM

If you need to make a change please initial and date next to the correction.

#### RETURN YOUR COMPLETED FORM

Return your completed form to your employer's HR/Benefits office. You may need to complete a salary deferral agreement with your employer.

### IMPORTANT INFORMATION

Whenever a new account is opened, federal law requires all financial institutions to help the government fight the funding of terrorism and prevent money laundering activities by obtaining, verifying and recording information that identifies each person who opens an account. For this reason, we request your name, physical address (a P.O. Box alone is insufficient), date of birth, Social Security number (or taxpayer identification number), telephone number and other information that will allow us to identify you. Without this information, we may not be able to open an account or process any transactions for you.

\*Todos los contratos están redactados en inglés. Al hacer cualquier trato con nosotros, usted declara comprender nuestros documentos si los lee en inglés o que cuenta con algún asesor de su confianza que se los interprete. All contract documents are in English. When you do business with us, you represent that you can read and understand our English documents or have your own trusted advisor who can interpret them for you.

**You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877-518-9161 or log on to [TIAA.org](http://TIAA.org) for paper copies of the product and fund prospectuses that contain this and other information. Please read the prospectus carefully before investing.** To have copies of paper prospectuses sent to you at no charge, please call TIAA at 877-518-9161. TIAA-CREF Individual & Institutional Services, LLC and Teachers Personal Investors Services, Inc. distribute securities products. TIAA (Teachers Insurance and Annuity Association of America) and CREF (College Retirement Equities Fund), 730 Third Avenue, New York, NY 10017 issues annuities.

©2020 Teachers Insurance and Annuity Association of America-College Retirement Equities Fund (TIAA-CREF).



## CHOOSE YOUR ALLOCATION

### NEED HELP?

For assistance in choosing an allocation or filling out your form, please call us at **800 842-2252**.

### YOUR INVESTMENT CHOICES

Use this form to make your investment choices. For detailed descriptions and performance information, please go to [tiaa.org](http://tiaa.org) or read the prospectus. To have copies of paper prospectuses sent to you at no charge, please call TIAA at **877 518-9161**. Pick your own investments to build a diversified mix that's right for you. If your employer's plan offers mutual funds as an investment choice, participants with non-U.S. addresses may be subject to certain investment restrictions, including restrictions on purchases of mutual funds.

Please use only whole numbers and make sure your total allocation equals 100%. **HELPFUL TOOL:** Visit [www.tiaa.org/calcs](http://www.tiaa.org/calcs) to use our Asset Allocation Evaluator to help you create an allocation.

Before making your investment choices and completing your enrollment form, please read the prospectuses and investment-related information, including plan fees and expenses and current investment performance, go to [www.tiaa.org/PRO](http://www.tiaa.org/PRO) and enter your six digit prospectus access code or plan number. You can obtain this by calling TIAA at **800 842-2252** or from your Benefits Office. If you prefer, you can obtain paper copies of the product and fund prospectuses by calling **877 518-9161**. Please note that on your enrollment form, you will be asked to confirm that you have received and accessed the relevant prospectus(es) and/or product literature for your investment choices. Please read the prospectuses carefully before investing.

Percentage	Investment Name
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/>
<b>1 0 0 %</b>	<b>TOTAL</b>



Please print in capital letters and only use black or dark blue ink.

**TELL US ABOUT YOURSELF**

Title  First Name  Middle Name

Last Name

Social Security or Tax ID Number  Gender  Male  Female Birth Date (mm/dd/yyyy)

Your Spouse's Name  E-mail Address

Daytime Phone  Evening Phone

**Residential Address** (No PO Boxes please.)

Address

City  State  Zip Code  Country

**Mailing Address** (If different from your residential address.)

Address

City  State  Zip Code  Country

**Employment Information**

Employer

Campus/Branch  Plan ID

**Your Investment Allocation**

**Important Information**

- Please be sure to provide instructions on how to allocate your contributions to the investments offered under the retirement plan on the "Choose Your Allocation" form. If your asset allocation is missing or incomplete in any way, your contributions will be automatically invested in accordance with the plan's Qualified Default Investment Alternative or otherwise applicable default investment, which can be located in the plan's Summary Plan Description available from your employer.





**DEFINITION:** Primary beneficiaries are individuals who are entitled to receive the benefits of your plan if you die.

Make sure the percentages for your primary and contingent beneficiaries each totals 100%.

## NAME YOUR BENEFICIARIES

### Primary Beneficiaries

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship

CONTINUED ON NEXT PAGE



**DEFINITION:** Contingent beneficiaries are individuals who are entitled to receive the benefits of your plan if the primary beneficiary(ies) die(s) before you.

### Contingent Beneficiaries

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship

To choose more than two primary or contingent beneficiaries, include an additional page with your name, Social Security or Tax ID number, and the information for the additional beneficiaries.

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship



SIGN YOUR FORM

By completing this form, you are directing your employer to allocate funds under your employer's plan to TIAA or CREF group annuities and/or to mutual funds and other investment options offered by TIAA-CREF or by other investment providers.

If your plan offers the TIAA Traditional Annuity, then subject to the terms of your employer's plan, within 120 days after the later of termination of employment or the specific date stipulated by your employer's plan, withdrawals and transfers from the TIAA Traditional Annuity may be made available in a lump sum.

If your plan offers TIAA Stable Value or TIAA Stable Return Annuity, these funding options are offered pursuant to the terms of separate group annuity contracts.

Your beneficiary designation will apply to your TIAA and CREF annuities and to the mutual funds and other investment options for which TIAA keeps records.

In accordance with the terms of your employer's plan, fees associated with the administration of the plan may be deducted from accumulations held on your behalf in the TIAA or CREF annuities or in any of the mutual funds and other investment options.

PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT

Please check the box below acknowledging access to the following documents:

- Prospectuses for the investment options
TIAA Business Continuity Policy
TIAA Privacy Policy
Intermediary Frequent Trading Policy

Please check the box below to acknowledge electronic receipt of prospectuses and other required documents.

I acknowledge that I consent to receiving and have received the above-referenced documents for my plan by means of either the TIAA website (tiaa.org), the website from which this form was downloaded, a CD accompanying my enrollment form, or at the special web address www.tiaa.org/PRO using the Prospectus Access Code provided in my enrollment materials.

To select this acknowledgment and consent, you must either have access to the websites noted above or a computer with a CD drive and Internet access. In either case, you must also be able to download, view and print the documents. You will need Adobe Reader to view and print electronic PDF documents.

Paper versions of the above documents, and the Statement of Additional Information for the investment options available to you, can be ordered free of charge, both now and in the future, by calling toll-free 877 518-9161 or go to tiaa.org.

Note: Unless indicated above, I acknowledge that I have received paper copies of the above-referenced documents.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number. The Internal Revenue Service does not require your consent to any provision of this document.

I have read and acknowledge all provisions of this form.

Please sign in only black or dark blue ink. Signature [ ] Date (mm/dd/yyyy) [ ]



**INFORMATION FORM**  
FOR TIAA & CREF RETIREMENT CHOICE (RC) ANNUITY (A GROUP ANNUITY)

**FOR TIAA AGENT USE, IF APPLICABLE**

Agent Name (Title, First Name, Middle Name, Last Name)

Agent CRD Number