



OPEN YOUR RETIREMENT ACCOUNT

NEED HELP?

Call **800-842-2252**
Weekdays, 8 a.m. to
10 p.m. (ET), or visit
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

LIST ANY EXISTING CONTRACTS

See instructions to determine if applicable.

STEP 4

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 5

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. State regulations require that you provide information on any existing annuity or life insurance contracts that would be replaced by the TIAA account for which you are applying. If your new TIAA account is going to replace more than one existing contract, please include that information. **FOR ARIZONA RESIDENTS ONLY:** 30-Day Right to Examine Your Contract. TIAA is required, upon written request, to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of the annuity contract. You have 30 days from the day you receive the contract to examine it and to cancel it if you decide not to keep it. To cancel the contract, return it to us at the address shown below. Upon receipt of such request, TIAA will refund all premiums allocated to the Traditional Annuity plus the current accumulated value of all premiums allocated to the TIAA Variable Annuity Separate account, plus any expense charges or premium taxes deducted from premiums. The contract will be void as of the date of issue and no benefits will be provided.

*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 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.

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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 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 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 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
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1 0 0 %	TOTAL



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

- 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 Alternatives or otherwise applicable default investment, which can be located in the plan's Summary Plan Description available from your employer.

Important Information



ENROLLMENT FORM
FOR TIAA & CREF SUPPLEMENTAL RETIREMENT ANNUITY (SRA) CONTRACTS

Regulations require that we ask if you are replacing an existing annuity contract / certificate or life insurance policy with this enrollment.

LIST ANY EXISTING CONTRACTS /CERTIFICATES (IF APPLICABLE)

Do you own any annuity contracts /certificates or life insurance policies?

☐ Yes ☐ No

Does this enrollment replace, discontinue or change an existing annuity contract /certificate or life insurance policy?

- If yes, provide contract /certificate number and company name below.
- If no, skip this step and proceed to 'Name Your Beneficiaries'.

Contract /Certificate Number

Company Name

NAME YOUR BENEFICIARIES

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%.

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



ENROLLMENT FORM

FOR TIAA & CREF SUPPLEMENTAL RETIREMENT ANNUITY (SRA) CONTRACTS

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

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.

Contingent 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

You only need to have your spouse complete this section if:

1. you are married, **AND**
2. you wish to name a person or entity other than your spouse as primary beneficiary for more than 50% of the death benefit.

The date of your spouse's signature must be the same or later than the date you sign your enrollment form. Your spouse's signature must be notarized or witnessed by a plan representative.

WAIVER OF SPOUSE'S RIGHT TO PRERETIREMENT DEATH BENEFITS (IF APPLICABLE)

PLEASE NOTE: If you're married and you name a person or entity other than your spouse as primary beneficiary for more than 50% of the death benefit or the percent specified by your employer plan, then your spouse must properly consent to waive his/her preretirement survivor death benefit under your employer plan and/or ERISA in order to put your nonspousal beneficiary designation into effect. Generally, waiving spousal rights is available if you are age 35 or older. If you're under age 35 and wish to designate someone other than your spouse as beneficiary, please contact your benefits office.

CONSENT BY SPOUSE (MUST BE WITNESSED)

I am voluntarily and irrevocably giving up my right to a qualified preretirement survivor death benefit. I recognize that any preretirement death benefit payable under these annuities and/or mutual funds held under my spouse's employer plan will be paid to the beneficiaries as described in this form.

Signature of Spouse

Date (mm/dd/yyyy)

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Signature of Notary Public or Plan Representative

Date (mm/dd/yyyy)



SIGN YOUR FORM

Your employer's plan may offer mutual funds as an investment choice in addition to the TIAA and CREF annuities.

All contributions must be remitted under the terms of your employer's plan. Under federal law, distributions before age 59½ or before termination of employment may be prohibited, limited, and/or subject to substantial tax penalties. The TIAA and CREF contracts and amounts in any of the mutual funds do not provide for loans and cannot be assigned. **The amount and value of any accumulation units transferred from any account within a TIAA Variable Annuity Separate account may be affected by redemption charges imposed by the investments in which the account invests. The accumulations in and benefit payments from the CREF accounts, the TIAA Variable Annuity Separate accounts, and the mutual funds are *variable* and *not guaranteed*; they depend on the investment performance of these accounts.**

Your beneficiary designation will apply to your TIAA and CREF annuities and to the mutual fund accounts. Under your employer's plan, your spouse has the right to a death benefit. If the plan is subject to ERISA, your spouse is entitled to at least 50% of the death benefit specified by the plan. If the plan is not subject to ERISA, your spouse is entitled to the percentage stipulated by the plan. Your spouse must consent to any beneficiary designation that doesn't meet this requirement by completing the "Waiver of Spouse's Right to Preretirement Death Benefits."

PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT

Please check the box below acknowledging your receipt of the following documents:

- Prospectuses for the investment options available to you
- 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 (ttaa.org), the website from which this form was downloaded, a CD accompanying my enrollment form, or at the special web address www.ttaa.org/PRO using the **Prospectus Access Code** provided in my enrollment materials. I further acknowledge that I am able to access these documents via one of these sources. I understand that this acknowledgment applies only to this initial enrollment.

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. If you don't have Adobe Reader, go to www.adobe.com to download a free copy. To request assistance with accessing these documents electronically, please contact us toll-free at **800 842-2252**. You understand and acknowledge that accessing documents electronically may involve additional costs, including but not limited to, subscription access fees from an Internet service provider and printing costs.

Paper versions of the above documents can be ordered free of charge, both now and in the future, by calling toll-free **877 518-9161** or go to ttaa.org. If you are unable to acknowledge that you have received and accessed these documents on the website or CD, please call **877 518-9161** for paper prospectuses at no charge.

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)



ENROLLMENT FORM

FOR TIAA & CREF SUPPLEMENTAL RETIREMENT ANNUITY (SRA) CONTRACTS

FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE / WARNING REQUIRED BY MANY STATES

This notice/warning does not apply in New York.

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. Also:

CO: Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC, VA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FOR TIAA AGENT USE, IF APPLICABLE

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

Agent CRD Number

Replacement requirements:

☐

Exempt

☐

Subject to Replacement Requirements

To the best of my knowledge and belief, the applicant owns existing life insurance policies or annuity contracts.

☐

Yes

☐

No

To the best of my knowledge and belief, the applicant is replacing, discontinuing, or changing existing life insurance policies or annuity contracts.

☐

Yes

☐

No

For contracts to be issued in North Carolina

☐

I did not record the applicant's information on the enrollment form. The information on the enrollment form was recorded by the applicant.

☐

I recorded the information on the enrollment form and certify that the information I recorded completely and accurately represents the information provided by the applicant.

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

Date (mm/dd/yyyy)