



TIAA-CREF FUNDS
COVERDELL EDUCATION SAVINGS ACCOUNT
APPLICATION/ADOPTION AGREEMENT

To get started, simply complete the following sections. The terms of the account are contained in the document titled Coverdell Education Savings Account Disclosure Statement and Custodial Account Agreement. This form cannot be used to establish a TIAA-CREF Funds Traditional IRA or Roth IRA or to convert a Traditional IRA to a Roth IRA.

By signing this form, investor(s) acknowledges that neither TIAA-CREF Funds nor any Teachers Advisors, LLC affiliate or service provider to TIAA-CREF Funds has provided the investor(s) with advice, recommendations or suggestions as to any specific investment decisions. Investors in TIAA-CREF Funds are urged to consult their own advisors before making investment-related decisions, including but not limited to, those related to transfer or rollover from retirement plans, purchase or sale of investments, selection or retention of investment managers, or selection of account beneficiaries.

Please send your signed and completed form to TIAA-CREF Funds per Return Completed Forms section below or in the enclosed customer reply envelope. Please call 800-223-1200, enter prompt 1, then prompt 2, with any questions, weekdays, 8 a.m. - 10 p.m. (ET).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

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

What this means for you: When you open an account, we will ask for your name, address, date of birth, Social Security number and other information that will allow us to identify you (including a state-issued driver's license or other government-issued identification). This information will be verified to ensure the identity of all individuals opening a mutual fund account. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

1. ACCOUNT REGISTRATION (REQUIRED)

In Section A below, provide the requested information about the Student for whose benefit the Coverdell Education Savings Account (Coverdell ESA) is being opened. The Student must be under age 18 or a Special Needs Student for an Annual Contribution Coverdell ESA, or under age 30 or a Special Needs Student for a Rollover or Transfer from another Coverdell ESA. In Section B below, provide the requested information about the Parent or Legal Guardian who will control the account on behalf of the Student. In Section C below, provide the requested information about the Donor who is making the contribution to the account. The Student, Parent/Legal Guardian or anyone else who meets the applicable income limits can be the Donor.

A. Student Information

Prefix First Name MI Last Name
[Input boxes for name fields]

Social Security Number/ Taxpayer Identification Number Date of Birth (mm/dd/yyyy) Gender Male Female
[Input boxes for SSN, DOB, and gender]

Citizenship For foreign accounts, one of the following must be provided: Alien ID or passport number with country of issuance along with photocopy of ID. Alien ID or Passport Number
[Input boxes for citizenship and ID]

Student's Mailing Address

Address Street or P.O. Box (APO and FPO addresses will be accepted) City State Zip Code
[Input boxes for mailing address]

Address (If the above address is a P.O. Box, you must also provide a street address) City State Zip Code
[Input boxes for alternate address]

Email Address Daytime Phone Number Evening Phone Number
[Input boxes for contact information]



1. ACCOUNT REGISTRATION (REQUIRED) (CONTINUED)**B. Parent/Legal Guardian Information** (Only one person may be listed)

Parent Legal Guardian (If Legal Guardian, submit proof of guardianship)

Prefix First Name MI Last Name

Social Security Number/
Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

/ /

Gender

Male Female

Citizenship For foreign accounts, one of the following must be provided: Alien ID or passport number with country of issuance along with photocopy of ID.

U.S. Resident Alien Nonresident Alien (Specify country) Alien ID or Passport Number

Parent/Legal Guardian's Mailing Address

Address Street or P.O. Box (APO and FPO addresses will be accepted)

City

State

Zip Code

Address (If the above address is a P.O. Box, you must also provide a street address)

City

State

Zip Code

Email Address

Daytime Phone Number

Evening Phone Number

C. Donor Information (If Donor is the Parent/Legal Guardian set forth in Section B, do not complete this section.)

Prefix First Name MI Last Name

Social Security Number

Date of Birth (mm/dd/yyyy)

/ /

Gender

Male Female

Donor's Mailing Address

Address Street or P.O. Box (APO and FPO addresses will be accepted)

City

State

Zip Code

Address (If the above address is a P.O. Box, you must also provide a street address)

City

State

Zip Code

Email Address

Daytime Phone Number

Evening Phone Number



2. INVESTMENT ALLOCATION

Be sure to read the current prospectuses carefully before investing. The maximum annual investment under the law is \$2,000 and the minimum investment to open a Coverdell ESA is \$2,000. Please make check payable to TIAA-CREF Funds.

FUND NAMES AND FUND CODES ARE LISTED IN SECTION 3.

| | | |
|----------------------|---|-------------------------------|
| FUND NAME | FUND CODE | CONTRIBUTION FOR CURRENT YEAR |
| <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | \$ <input type="text"/> |

This contribution does not exceed the maximum permitted amount as described in the Coverdell ESA Disclosure Statement.

*As of October 2, 2017, the TIAA-CREF Quant Small-Cap Equity Fund is closed to new investors.

3. ROLLOVER OR TRANSFER OF EXISTING COVERDELL ESA

Be sure to read the current prospectuses carefully before investing.

Direct transfer of existing Coverdell ESA or Change of Beneficiary**
Complete the separate Coverdell ESA Direct Asset Transfer Form and return it with this form.

Rollover of distribution from existing Coverdell ESA within 60 days after distribution
The requirements for a valid rollover are complex. See the Coverdell ESA Disclosure Statement for additional information.

Check enclosed for \$

**Check the box below that describes the relationship between the Student in Section 1 above and the Student in the existing Coverdell ESA. The person in Section 1 is the:

Same Person Child or Stepchild Sibling
 Child of Sibling Parent First Cousin
 Stepparent Other
 Spouse of One of the Foregoing

For rollover distributions only. Please do not complete this section for a direct transfer of assets from another Coverdell ESA. Use the Direct Asset Transfer Form.

Please check here to set this allocation for future investments, unless other instructions are received.

RETAIL CLASS

| FUND NAME (FUND CODE) | AMOUNT | FUND NAME (FUND CODE) | AMOUNT |
|------------------------------------|-------------------------|---|-------------------------|
| Bond (66) | \$ <input type="text"/> | Lifestyle Growth (93) | \$ <input type="text"/> |
| Bond Index (91) | \$ <input type="text"/> | Lifestyle Income (77) | \$ <input type="text"/> |
| Bond Plus (96) | \$ <input type="text"/> | Lifestyle Moderate (79) | \$ <input type="text"/> |
| Emerging Markets Debt (2794) | \$ <input type="text"/> | Managed Allocation (99) | \$ <input type="text"/> |
| Emerging Markets Equity (67) | \$ <input type="text"/> | Mid-Cap Growth (86) | \$ <input type="text"/> |
| Emerging Markets Equity Index (69) | \$ <input type="text"/> | Mid-Cap Value (87) | \$ <input type="text"/> |
| Equity Index (65) | \$ <input type="text"/> | Money Market (63) | \$ <input type="text"/> |
| Green Bond (2608) | \$ <input type="text"/> | Quant International Small-Cap Equity (2966) [†] | \$ <input type="text"/> |
| Growth & Income (64) | \$ <input type="text"/> | Quant Small-Cap Equity (88) ^{*†} | \$ <input type="text"/> |
| High-Yield (95) | \$ <input type="text"/> | Quant Small/Mid-Cap Equity (2956) [†] | \$ <input type="text"/> |
| Inflation-Linked Bond (90) | \$ <input type="text"/> | Real Estate Securities (89) | \$ <input type="text"/> |
| International Bond (2957) | \$ <input type="text"/> | Short Duration Impact Bond (2609) | \$ <input type="text"/> |
| International Equity (61) | \$ <input type="text"/> | Short-Term Bond (97) | \$ <input type="text"/> |

(Continued)



3. ROLLOVER OR TRANSFER OF EXISTING COVERDELL ESA (CONTINUED)**RETAIL CLASS**

| FUND NAME (FUND CODE) | AMOUNT | FUND NAME (FUND CODE) | AMOUNT |
|----------------------------------|-------------------------|--|-------------------------|
| International Opportunities (49) | \$ <input type="text"/> | Short-Term Bond Index (2797) | \$ <input type="text"/> |
| Large-Cap Growth (68) | \$ <input type="text"/> | Social Choice Bond (45) | \$ <input type="text"/> |
| Large-Cap Value (85) | \$ <input type="text"/> | Social Choice Equity (62) | \$ <input type="text"/> |
| Lifecycle Retirement Income (70) | \$ <input type="text"/> | Social Choice International Equity (2762) | \$ <input type="text"/> |
| Lifestyle Aggressive Growth (94) | \$ <input type="text"/> | Social Choice Low Carbon Equity (2763) | \$ <input type="text"/> |
| Lifestyle Conservative (78) | \$ <input type="text"/> | 5-15 Year Laddered Tax-Exempt Bond (98) [†] | \$ <input type="text"/> |
| | | Total Amount | \$ <input type="text"/> |

*As of October 2, 2017, the TIAA-CREF Quant Small-Cap Equity Fund is closed to new investors.

[†]The following fund name changes are effective 8/1/18:

Formerly: International Small-Cap Equity; Renamed: Quant International Small-Cap Equity

Formerly: Small-Cap Equity; Renamed: Quant Small-Cap Equity

Formerly: Small/Mid-Cap Equity; Renamed: Quant Small/Mid-Cap Equity

Formerly: Tax-Exempt Bond; Renamed: 5-15 Year Laddered Tax-Exempt Bond

Please indicate payment method below (U.S. dollars only):

Check made payable to TIAA-CREF Funds.

Wire assets directly. (See prospectuses for wire instructions.)

Wire Date (mm/dd/yyyy)

/ /

Please Note: Third-party checks or any check not made payable to TIAA-CREF Funds can be accepted for subsequent purchases only and if less than \$10,000. Cashier's checks can be accepted if less than \$10,000. All purchases must be in U.S. dollars and all checks must be drawn on U.S. banks. TIAA-CREF Funds will not accept payment in the following forms: traveler's checks, money orders, credit card convenience checks, cash, counter checks or starter checks. TIAA-CREF Funds will not accept corporate checks for investment into non-corporate accounts.

4. TELEPHONE OPTIONS

This service allows you to make exchanges or purchases by telephone or web among your identically registered accounts. You will also have access to your account through the Automated Telephone Service (ATS) and the Internet. See prospectus for details. This service will be automatically added to your account unless you check **No** below.

Telephone Exchange **No**

This option permits exchanges among TIAA-CREF Funds with the same account registrations (\$50 minimum to an existing account/\$2,000 minimum to a new fund account).

Telephone Purchase **No**

This option lets you invest by telephone with payments transferred by Automated Clearing House (ACH) from your designated bank account to your existing mutual fund account (\$100 minimum).



5. AUTOMATIC INVESTMENT PLAN

If you would like to participate in the TIAA-CREF Funds Automatic Investment Plan, the minimum investment per fund is \$100. Please indicate below the amount to invest, the frequency, the first month to begin debiting your account and the time interval. Semimonthly investments occur on both the 1st and the 15th, while monthly investments occur on either the 1st OR 15th. It takes up to 10 days to initiate this service.

(Please also complete Section 6.)

FUND NAMES AND FUND CODES ARE LISTED IN SECTION 3.

| FUND NAME | FUND CODE | DOLLAR AMOUNT | SEMI/MONTHLY | START MONTH | 1 ST /15 TH MONTH |
|----------------------|---|-------------------------|----------------------|----------------------|---|
| <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"/> <input type="text"/> | \$ <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

*As of October 2, 2017, the TIAA-CREF Quant Small-Cap Equity Fund is closed to new investors.

6. BANK INFORMATION

You must complete this section if you requested Telephone Purchase or the Automatic Investment Plan.

Type of Account Checking Savings

Name of Primary Bank Account Owner

Name of Joint Bank Account Owner

Bank Name

ABA Routing Number

Bank Phone Number

Bank Account Number

ATTACH A VOIDED BANK CHECK OR PREPRINTED SAVINGS DEPOSIT SLIP.

This will ensure accurate bank information.



7. TRUSTED CONTACTS (OPTIONAL)

Trusted contacts are people you know and trust, who are at least 18 years of age and whom TIAA-CREF Funds may contact if we have questions about your account, your well-being, or if we suspect you are the victim of fraudulent activity. If this is a joint account, please add respective contacts for each individual. A co-owner of the account should not be a trusted contact. See Section 8 for more information.

FOR OWNER

| | | |
|--|----------------------|----------------------|
| First Name of Contact Person | Last Name | Relationship |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth (mm/dd/yyyy) | Phone Number | Email Address |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address | City | State |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | Zip Code |
| | | <input type="text"/> |

IF JOINT OWNER

| | | |
|--|----------------------|----------------------|
| First Name of Contact Person | Last Name | Relationship |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Date of Birth (mm/dd/yyyy) | Phone Number | Email Address |
| <input type="text"/> / <input type="text"/> / <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Mailing Address | City | State |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | | Zip Code |
| | | <input type="text"/> |

8. SIGNATURES – YOUR SIGNATURE(S) MUST APPEAR TO ESTABLISH THE ACCOUNT

By signing this form, I certify that I have received, read, and agree to the terms of the prospectuses for the TIAA-CREF Funds. I have the full authority and legal capacity to purchase shares of the TIAA-CREF Funds, am of legal age in my state to purchase such shares, and believe each investment is suitable.

I authorize TIAA-CREF Funds and their agents to act for any service authorized on this Account Application on any instructions that they believe to be genuine and that are received from me or any person claiming to act as my representative who can provide my account registration. The TIAA-CREF Funds use reasonable procedures (including Shareholder identity verification) to confirm that instructions given by telephone are genuine and are not liable for acting on these instructions. If these procedures are not followed, the TIAA-CREF Funds may be liable for losses due to unauthorized or fraudulent transactions.

PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT

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

Prospectuses and Product Disclosures for the investment options available to you (TIAA.org/public/prospectuses)

TIAA Privacy Policy (TIAA.org/public/support/privacy-policy)

TIAA Business Continuity Policy (TIAA.org/public/about-tiaa/business-continuity)

Please check this box ▶
to acknowledge
electronic receipt of
prospectuses and other
required documents

I acknowledge that I consent to receiving and have received the above-referenced documents through TIAA's website. I further acknowledge that I am able to access these documents on the website. I understand that this acknowledgment applies only to this initial account application.

To select this acknowledgment and consent, you must have access to the website noted above. 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 adobe.com to download a free copy. To request assistance with accessing these documents electronically, please contact us toll-free at 800-842-2273. 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.



8. SIGNATURES – YOUR SIGNATURE(S) MUST APPEAR TO ESTABLISH THE ACCOUNT (CONTINUED)

Paper versions of the above documents can be ordered, both now and in the future, by calling toll-free **877-518-9161** or by going to **TIAA.org**. If you are unable to acknowledge that you have received and accessed these documents on the website, 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.

- I agree that the TIAA-CREF Funds can redeem shares from my account(s) to reimburse a Fund for any loss due to nonpayment or lack of money.
- I understand that for joint tenant accounts, “I” refers to all Shareholders, and each of the Shareholders agrees that any Shareholder has authority to act on the account without notice to the other Shareholders. TIAA-CREF Funds, in its sole discretion, and for its protection, may require the written consent of all Shareholders prior to acting upon the instructions of any Shareholder.

Corporations or other entities must submit an original or certified resolution authorizing that the individual signing this form has the legal capacity to sign and act on behalf of the corporation/entity.

Trustee(s) Certification: I am/We are the currently acting Trustee(s) and am/are authorized by the trust agreement to purchase shares of the TIAA-CREF Funds. All services are subject to conditions set forth in the TIAA-CREF Funds Prospectuses.

Note: Trustee(s) must immediately notify TIAA-CREF Funds if the trust becomes a foreign trust.

This paragraph is only applicable if you added a Trusted Contact in Section 7. I hereby authorize TIAA-CREF Funds and its affiliates (“TIAA-CREF Funds”) to contact the person(s) I have listed above (“Contact”) in the event TIAA-CREF Funds has questions or concerns regarding my ability to handle my financial affairs (due to health-related matters or otherwise), potentially harmful financial transactions in my accounts or my whereabouts. In order to address any such questions or concerns, when speaking to my Contact, TIAA-CREF Funds is authorized to: i. Share with the Contact nonpublic information about me and all of my investments/accounts/products/contracts held at TIAA-CREF Funds and its affiliates now or in the future (or any other financial information I may have provided to TIAA-CREF Funds), regardless of any previous election I have made under federal, state or other law regarding the sharing of such information; ii. Share with the Contact any concerns and details surrounding my potential financial exploitation; iii. Confirm with the Contact the specifics of my current contact information and/or health status; iv. Discuss with the Contact whether any other person has been designated to act on my behalf (through power of attorney, Executor, Trustee or legal guardian or otherwise); and v. Share information obtained from the Contact with its affiliates. I understand this authorization will remain in effect until I notify TIAA-CREF Funds in writing that I am revoking or amending such authority and TIAA-CREF Funds acknowledges the receipt of such revocation and/or amendment. Except as may be required by FINRA Rule 2165, TIAA-CREF Funds is under no obligation to speak to, write to or otherwise interact with the Contact. TIAA-CREF Funds is not responsible for any action taken by the Contact, and TIAA-CREF Funds will not direct the Contact to take any particular action on my behalf. TIAA-CREF Funds suggests that the named Contact(s) not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above. By signing, I am affirming that the trusted contact person(s) listed in this form are at least 18 years old, and to the best of my knowledge, do not work for TIAA-CREF Funds or its affiliates.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Please Sign Here

Your Signature (Owner, Custodian or Trustee, etc.)

Today's Date (mm/dd/yyyy)

 / / 2 0

Your Signature (Joint Owner or Co-Trustee, etc.)

Today's Date (mm/dd/yyyy)

 / / 2 0


9. STUDENT'S RIGHTS

If the Student is a minor under the laws of the Student's state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the Parent's (identified above in Section 1) agreement to be responsible for all requirements of the Student, and to exercise the powers and duties of the Student with respect to the operation of the Account. Upon reaching the age of majority in the state in which the Student then resides, the Student may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by the Student, the Custodian shall have no responsibility to acknowledge the Student's exercise of such powers and duties of administration.

RETURN COMPLETED FORM(S) TO:

Please return **ALL** numbered pages, including any pages you did not need to complete.

STANDARD MAIL:

TIAA-CREF Funds
P.O. Box 219227
Kansas City, MO 64121-9227

OVERNIGHT:

TIAA-CREF Funds
430 W. 7th Street, Suite 219227
Kansas City, MO 64105-1407

