

You should use this form to establish a new TIAA-CREF Fund by making a contribution to a Traditional or Roth IRA or a transfer or rollover from an existing Traditional or Roth IRA. To transfer assets to open a new account, you must also complete an *IRA Asset Transfer Form*. You can open only one IRA per *New Account Form/Adoption Agreement*. Please note the following:

- Do not use this form to transfer assets to an existing TIAA-CREF Funds Traditional or Roth IRA. Complete only the *IRA Asset Transfer Form*.
- Do not use this form if you are converting a Traditional IRA to a Roth IRA. Complete the *Roth IRA Conversion Form/Adoption Agreement*.

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 application to TIAA-CREF Funds per the Return Completed Forms section below or in the enclosed postage-paid business-reply envelope. Please call 800-223-1200, enter prompt 1, then prompt 2, with any questions, weekdays, 8 a.m. to 6 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)

Owner's Name Please print or type.

Prefix	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Entity

If you are opening an entity account as beneficiary due to death of the owner in this section and you are an authorized signer, you must complete the TIAA-CREF Funds Legal Entity Beneficial Ownership Certification Form included in order for the account to be established.

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.

<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Nonresident Alien	<input type="text"/>	(Specify country)	<input type="text"/>
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Address Street or P.O. Box (APO and FPO addresses will be accepted)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address (If the above address is a P.O. Box, you must also provide a street address)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(Continued)



**1. ACCOUNT REGISTRATION (REQUIRED) (CONTINUED)****Owner's Name (Continued)**

Primary Phone Number  Phone Number Type  Mobile  Home  Business Secondary Phone Number  Phone Number Type  Mobile  Home  Business

Alternate Phone  Phone Number Type  Mobile  Home  Business Email Address

Broker/Dealer  Branch Number (if known)  Representative Number (if known)

**For Custodial IRAs Only****Custodian's 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

Address if different than above.  City  State  Zip Code

Primary Phone Number  Phone Number Type  Mobile  Home  Business Secondary Phone Number  Phone Number Type  Mobile  Home  Business

Alternate Phone  Phone Number Type  Mobile  Home  Business Email Address

**2. TYPE OF IRA**

Please check the appropriate boxes in 2A, 2B or 2C, and provide the information specified for your investment type.

**A. TRADITIONAL IRA ONLY**

New Contribution to a TIAA-CREF Funds Traditional IRA for tax year

Transfer from an existing Traditional IRA or a direct rollover from a retirement plan

Indirect Rollover

For indirect IRA rollovers, please check the box that corresponds to the source of money now being rolled over:

Traditional Contributory IRA

Roth Contributory IRA

Roth Conversion IRA (not included under SECURE Act)

Traditional Rollover IRA (established only with funds received from retirement plan distributions)

Retirement Plan

(Continued)



**2. TYPE OF IRA (CONTINUED)**

Please be advised that you can make only one rollover from an IRA to another (or the same) IRA in any 12-month period, regardless of the number of IRAs you own. Exceptions are trustee-to-trustee transfers and Roth IRA conversions. For more information, please see [irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule](https://www.irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule).

Please check the appropriate boxes in 2A (see prior page), 2B or 2C, and provide the information specified for your investment type.

**B. INHERITED FUNDS (CHECK ONE BOX IN SECTION 1 AND 2):****1. Opening the Following Account Type:**

Traditional IRA OR  Roth IRA

**2. Beneficiary (you are):**

Surviving Spouse beneficiary treating IRA as own

Surviving Spouse beneficiary registering account as a Decedent (DCD) IRA

Non-Spouse beneficiary registering account as a Decedent (DCD) IRA

**Note:** The SECURE Act now requires most non-spouse beneficiaries to receive the balance in an inherited IRA by the end of the 10th year after the year of death of the IRA owner. You should discuss your account opening with your tax adviser.

**3. Complete if opening a Decedent (DCD) IRA:**

Name of Decedent

Decedent's Date  
of Birth (mm/dd/yyyy)

 /  / 

Decedent's Date  
of Death (mm/dd/yyyy)

 /  / 

Value of account as of  
12/31 of prior year

\$

PIN (TIAA Clients Only)

**C. ROTH IRA ONLY**

New Contribution to a TIAA-CREF Funds Roth IRA for tax year

Transfer from an existing Roth IRA

Rollover from a designated Roth account

Indirect Rollover

For indirect Roth IRA rollovers, please check the box that corresponds to the source of money now being rolled over. TIAA-CREF Funds will establish the same type of IRA for you.

Roth Contributory IRA  Roth Conversion IRA

**3. TELEPHONE OPTIONS**

These services allow you to invest or exchange by telephone or web among your identically registered TIAA-CREF Funds IRAs. You will also have access to your IRA through the Automated Telephone Service (ATS) and the internet. See the TIAA-CREF Funds prospectuses for details. These services will be automatically added to your account unless you check **No** below.

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 IRA. (\$100 minimum. **Please complete Section 5.**)

Telephone Exchange  No

This option permits exchanges among your identically registered TIAA-CREF Funds IRAs (\$2,000 minimum to a new fund account, \$50 minimum to an existing fund account).



### 4. INVESTMENT ALLOCATION

For transfers from an existing Traditional IRA held by another institution or a direct rollover from a retirement plan, please fill out only the Investment Allocation section on the IRA Asset Transfer Form. The minimum investment per fund is \$2,000 unless you're electing to make contributions through the Automatic Investment Plan. **(Please complete Sections 5 and 6.)** Please enclose a check payable to: TIAA-CREF Funds.

**Please note:** Third-party checks or any check not made payable to TIAA-CREF Funds can be accepted for subsequent purchases only and if \$10,000 or less. Cashier's checks can be accepted if \$10,000 or less. 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 virtual currency (such as Bitcoin), or starter checks. TIAA-CREF Funds will not accept corporate checks for investment into non-corporate accounts.

**Payment from a Transfer:** (Please complete form A11745 for transfers. Note: A separate transfer form is required for each transfer.)

Existing Mutual Fund IRA Account Number

Existing other TIAA IRA Account

Transfer from a Non-TIAA Account. (Please include a copy of the current custodian's statement.)

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

#### RETAIL CLASS

FUND NAME (FUND CODE)	AMOUNT	PERCENT	FUND NAME (FUND CODE)	AMOUNT	PERCENT
Bond Index (91)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Large-Cap Value (85)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Core Bond (66)*	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifecycle Retirement Income (70)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Core Impact Bond (45)*	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Aggressive Growth (94)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Core Plus Bond (96)*	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Conservative (78)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Emerging Markets Debt (2794)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Growth (93)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Emerging Markets Equity (67)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Income (77)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Emerging Markets Equity Index (69)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Moderate (79)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Equity Index (65)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Managed Allocation (99)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Green Bond (2608)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Mid-Cap Growth (86)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth & Income (64)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Mid-Cap Value (87)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
High-Yield (95)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Money Market (63)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Inflation-Linked Bond (90)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Quant International Small-Cap Equity (2966)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
International Bond (2957)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Quant Small-Cap Equity (88)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
International Equity (61)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Quant Small/Mid-Cap Equity (2956)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
International Opportunities (49)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Real Estate Securities (89)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Large-Cap Growth (68)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Short Duration Impact Bond (2609)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %



#### 4. INVESTMENT ALLOCATION (CONTINUED)

##### RETAIL CLASS

FUND NAME (FUND CODE)	AMOUNT	PERCENT	FUND NAME (FUND CODE)	AMOUNT	PERCENT
Short-Term Bond (97)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Social Choice International Equity (2762)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Short-Term Bond Index (2797)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Social Choice Low Carbon Equity (2763)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Social Choice Equity (62)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>Total Amount or Percentage</b>	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

\*The following fund name changes are effective 3/1/20:  
 Formerly: Bond; Renamed Core Bond  
 Formerly: Bond Plus; Renamed Core Plus Bond  
 Formerly: Social Choice Bond; Renamed Core Impact Bond

#### 5. BANK INFORMATION

You must complete this section if you request the Telephone Purchase Privileges in Section 3 or the Automatic Investment Plan in Section 6.

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.**

#### 6. 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 1<sup>st</sup> and the 15<sup>th</sup>, while monthly investments occur on either the 1<sup>st</sup> OR 15<sup>th</sup>. It takes up to 10 days to initiate this service. (Please also complete Section 5.)

FUND NAMES AND FUND CODES ARE LISTED IN SECTION 4

FUND NAME	FUND CODE	DOLLAR AMOUNT	SEMI/MONTHLY	START MONTH	1 <sup>ST</sup> /15 <sup>TH</sup> 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"/>



**7. DUPLICATE STATEMENTS**

Please complete this section if you wish someone else to receive copies of your statements.

Please send a duplicate copy of my statement to the address below:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	<input type="text"/>	

**8. DESIGNATE YOUR BENEFICIARIES**

We will transfer ownership of your IRA to your primary beneficiaries upon your death. Your primary beneficiaries will share equally in your IRA unless you specify different percentages below. If a primary beneficiary predeceases you, his or her share of your IRA shall be divided proportionately among the surviving primary beneficiaries. We will transfer ownership of your IRA to your contingent beneficiaries only if there are no surviving primary beneficiaries at the time of your death. If this happens, your contingent beneficiaries will share equally in your IRA unless you specify different percentages below. If there are no surviving primary or contingent beneficiaries at the time of your death, we will transfer ownership of your IRA to your estate. All percentages must total 100%.

**Note:** If more than one primary and/or contingent beneficiary is designated, and no percentages are indicated, equal percentages totaling 100% will be allocated to each beneficiary. Your choice of beneficiaries will affect their options for taking required minimum distributions after your death. The distribution period for non-spouse beneficiaries is generally limited to 10 years after the year of death. You should consult a tax adviser before choosing your beneficiaries.

**Primary Beneficiary**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Primary Beneficiary**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contingent Beneficiary**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Contingent Beneficiary**

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship Percentage
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Note:** If you reside in a community property state, you may need your spouse's consent to your beneficiary designation. You may wish to seek legal advice.



## 9. 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. See Section 9 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"/>

## 10. 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](http://TIAA.org/public/prospectuses))

TIAA Privacy Policy ([TIAA.org/public/support/privacy-policy](http://TIAA.org/public/support/privacy-policy))

TIAA Business Continuity Policy ([TIAA.org/public/about-tiaa/business-continuity](http://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](http://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.

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](http://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.

(Continued)



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

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 8. 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.

If I am a non-resident alien individual, I acknowledge that the below tax certifications do not apply to me. I have provided TIAA with an IRS Form W-8BEN within the last three years or will submit a W-8BEN prior to requesting a distribution from this account. I acknowledge that I must have a W-8BEN on file to request a distribution. (If you need to print IRS Form W-8BEN, go to [TIAA.org/forms](http://TIAA.org/forms) and scroll to Find tax information.) (If you need to print IRS Form W-8BEN, go to [TIAA.org/forms](http://TIAA.org/forms) and scroll to Find tax information.)

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.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

**Please Sign Here**

Signature (Owner, Custodian, Trustee or Entity (Authorized Signer))

Today's Date (mm/dd/yyyy)

 /  /  2  0  

**CUSTODIAN ACCEPTANCE**

UMB Bank, n.a. will accept appointment as Custodian of the Depositor's IRA. Receipt by the Depositor of a confirmation of the purchase of the fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as Custodian of the Depositor's Account.

**UMB BANK, N.A., CUSTODIAN**

By

Date (mm/dd/yyyy)

 /  /  2  0  




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**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



To get started, simply complete the following sections, and return with the appropriate documentation as listed below. Please send your signed and completed form to TIAA-CREF Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. If you have any questions regarding completion of this form, please call 800-223-1200, enter prompt 1, then prompt 2, weekdays, 8 a.m. – 6 p.m. (ET).

#### IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ENTITY 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 about the “beneficial owners” of business applicants. Businesses can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

**What this means for you:** This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the such individuals (i.e., the **beneficial owners**). 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.

#### DEFINING OWNERSHIP

- **Beneficial owner:** Any natural person who, directly or indirectly, owns 25% or more of the legal entity customer.
- **Control person:** An individual with significant responsibility to control, manage, or direct the legal entity. This includes a member of the organization with control (including chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer) and a controlling stake in the organization.

This form requires you to provide the information mentioned above for all of the entity’s beneficial owners, including individuals in a control role in the organization.

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under Section 3, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under Section 3, you must provide the identifying information of one individual under Section 2. It is possible that in some circumstances, the same individual might be identified under both sections (e.g., the president of Acme, Inc., who is a controlling person may also be a beneficial owner by holding 30% equity interest in the company). Thus, a completed form will contain the identifying information of at least one individual under Section 2, and up to four individuals in Section 3.

Please note this form must be completed along with the appropriate TIAA-CREF Funds Account Application or Adoption Agreement.

**Please contact 800-223-1200, enter prompt 1, then prompt 2, if you need assistance obtaining one of these forms:**

- TIAA-CREF Funds Account Application (F11154)
- TIAA-CREF Funds Account Application (Non-Retail Class Only) (F11488)
- TIAA-CREF Funds Account Application Advisor Funds (F11624)
- TIAA-CREF Funds Traditional and Roth IRAs New Account Form/Adoption Agreement (F11153)

#### 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





### 3. BENEFICIAL OWNER INFORMATION (REQUIRED)

Any individual who, directly or indirectly, owns 25% or more of the equity interest of the legal entity named above. (If no individual meets this definition, please write "Not Applicable.")

A. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /  Social Security Number

Residential Address  City  State  Zip Code

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

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

B. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /  Social Security Number

Residential Address  City  State  Zip Code

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

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

C. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /  Social Security Number

Residential Address  City  State  Zip Code

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

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

D. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /  Social Security Number

Residential Address  City  State  Zip Code

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

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



**4. CERTIFICATION (REQUIRED)**

I  hereby certify, as the natural person opening the account, to the best of my knowledge, that the information provided above is complete and correct. Further, I agree to notify TIAA-CREF Funds immediately in writing of any changes in the beneficial ownership interest of the above referenced organization.

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.

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.

**PRIMARY AUTHORIZED INDIVIDUAL**

Your Signature

Today's Date (mm/dd/yyyy)

 /  / 20  
**CHECKLIST**

Remember to:

- Complete Section 1 with individual and entity information.
- Complete Section 2 with controlling party information.
- Complete Section 3 with beneficial owner information.
- Complete the certification in Section 4.
- Complete the appropriate new Account Application and Adoption Agreement and mail in with this form.
- Include any supporting documentation required.
- Make a copy of this form for your records.
- Please contact TIAA-CREF Funds with any questions, at 800-223-1200, enter prompt 1, then prompt 2, weekdays, 8 a.m. - 6 p.m. (ET).

