



You should use this IRA 60-Day Rollover Request form to roll over qualified retirement funds received from an alternative financial services provider to TIAA-CREF Funds. Be sure to complete the IRA New Account Form/Adoption Agreement if you are opening a new IRA with TIAA-CREF Funds. Please complete a separate IRA 60-Day Rollover for each different type of account being rolled over.

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, prompt 2, with any questions, weekdays, 8 a.m. – 10 p.m. (ET).

1. ACCOUNT REGISTRATION (REQUIRED)

Please print or type.

Owner's Name

Prefix First Name MI Last Name

Social Security Number/

Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

/ /

Gender

Male Female

Nonresident Aliens: Enter your Social Security Number/Individual Taxpayer Identification Number.

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

Day Time Phone Number

Evening Phone Number

2. HOW WOULD YOU LIKE TO APPLY YOUR ROLLOVER?

I am rolling over funds to a new TIAA IRA:*

Traditional IRA

ROTH IRA

OR

I am rolling over funds to an existing TIAA IRA:*

Traditional IRA Account Number

ROTH Account Number

* Please be advised that effective January 1, 2015, you may only complete one 60-day rollover between any of your IRAs in any 365-day period. This new IRS rule does not impact direct trustee-to-trustee transfers between IRAs. For more information, please see irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule.

If you have questions or need help locating your account numbers, call us at 800-223-1200.



3. YOUR ACCOUNT AT CURRENT CUSTODIAN

Please confirm the address below with your current custodian. TIAA-CREF Funds will forward this IRA 60-Day Rollover Request to the address below to initiate the rollover process. Please attach a copy of your current statement to help expedite this request.

Name of Current Custodian

Account Representative (If applicable)

Contact Telephone Number

Account Number

Address

Address

City

State

Zip Code

Rollover Amount

\$

SOURCE OF MONEY BEING TRANSFERRED

Please check the box that corresponds to the source of funds being rolled over. TIAA-CREF Funds will establish the same type of IRA for you.

- | | | | | |
|---|----------------------------------|--------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> 401(a) | <input type="checkbox"/> 401(k) | <input type="checkbox"/> 403(b) | <input type="checkbox"/> 403(b)(7) | <input type="checkbox"/> 414(h) |
| <input type="checkbox"/> 457(b) Public | <input type="checkbox"/> Keogh | <input type="checkbox"/> Roth IRA | <input type="checkbox"/> SIMPLE IRA | <input type="checkbox"/> Traditional IRA |
| <input type="checkbox"/> Defined Benefit Plan | <input type="checkbox"/> SEP IRA | <input type="checkbox"/> Roth 401(k) | <input type="checkbox"/> Roth 403(b) | <input type="checkbox"/> Roth 457(b) |



4. INVESTMENT ALLOCATION

Please indicate the funds in which you are investing. Note, if you are opening a new fund with the allocations given below, please check the box for acknowledgment in the signature section.† If you are investing in an existing TIAA-CREF Funds IRA, please fill in your IRA Fund Account number. If you would like to invest in multiple existing IRAs, please attach a separate sheet with the additional information. The minimum investment per new fund is \$2,000 and \$100 for existing funds.

Account Number

RETAIL CLASS

FUND NAME (FUND CODE)	DOLLAR AMOUNT	FUND NAME (FUND CODE)	DOLLAR AMOUNT
Bond (66)	\$ <input type="text"/>	Lifestyle Conservative (78)	\$ <input type="text"/>
Bond Index (91)	\$ <input type="text"/>	Lifestyle Moderate (79)	\$ <input type="text"/>
Bond Plus (96)	\$ <input type="text"/>	Lifestyle Growth (93)	\$ <input type="text"/>
Emerging Markets Debt (2794)	\$ <input type="text"/>	Lifestyle Aggressive Growth (94)	\$ <input type="text"/>
Emerging Markets Equity (67)	\$ <input type="text"/>	Managed Allocation (99)	\$ <input type="text"/>
Emerging Markets Equity Index (69)	\$ <input type="text"/>	Mid-Cap Growth (86)	\$ <input type="text"/>
Equity Index (65)	\$ <input type="text"/>	Mid-Cap Value (87)	\$ <input type="text"/>
Global Natural Resources (92)	\$ <input type="text"/>	Money Market (63)	\$ <input type="text"/>
Growth & Income (64)	\$ <input type="text"/>	Real Estate Securities (89)	\$ <input type="text"/>
High-Yield (95)	\$ <input type="text"/>	Short-Term Bond (97)	\$ <input type="text"/>
Inflation-Linked Bond (90)	\$ <input type="text"/>	Short-Term Bond Index (2797)	\$ <input type="text"/>
International Bond (2957)	\$ <input type="text"/>	Small-Cap Equity (88)	\$ <input type="text"/>
International Equity (61)	\$ <input type="text"/>	Small/Mid-Cap Equity (2956)	\$ <input type="text"/>
International Opportunities (49)	\$ <input type="text"/>	Social Choice Bond (45)	\$ <input type="text"/>
International Small-Cap Equity (2966)	\$ <input type="text"/>	Social Choice Equity (62)	\$ <input type="text"/>
Large-Cap Growth (68)	\$ <input type="text"/>	Social Choice International Equity (2762)	\$ <input type="text"/>
Large-Cap Value (85)	\$ <input type="text"/>	Social Choice Low Carbon Equity (2763)	\$ <input type="text"/>
Lifecycle Retirement Income (70)	\$ <input type="text"/>	Tax-Exempt Bond (98)	\$ <input type="text"/>
Lifestyle Income (77)	\$ <input type="text"/>	Total Amount	\$ <input type="text"/>



5. SIGNATURE

I hereby authorize TIAA to complete my 60-Day Rollover Request as indicated on this form.

PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT

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

Prospectus 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.

Paper versions of the above documents can be ordered, both now and in the future, by calling toll-free **877-518-9161** or go 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.

Please Sign Here

Owner's Signature (Exactly as it appears in Section 1)

Today's Date (mm/dd/yyyy)

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	2	0	<input type="text"/>	<input type="text"/>
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RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

TIAA-CREF Funds
P.O. Box 55081
Boston, MA 02205-5081

OVERNIGHT:

TIAA-CREF Funds
30 Dan Road
Canton, MA 02021-2809

Thank you for investing with TIAA-CREF Funds. You will receive confirmation of your account shortly.

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