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## INSTRUCTIONS

Please use this form to re-register a custodial account in instances when a listed minor reaches the legal age of maturity or when there is a change in custodian due to a change of appointment, a resigning custodian, or death of a custodian. The former minor's age of maturity is determined by his or her state.

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.

This form is to be used to re-register custodial accounts and not used for any other type of account. Some requests may require additional documentation. Complete all sections of this form. To establish a new account registration, you must complete an account application. You can download the forms from [TIAA.org](https://www.tiaa.org) through the Support tab and the Open an Account link. Otherwise, you can obtain the forms directly by going to the appropriate link below.

### LINKS\*:

TIAA-CREF Funds Account Application [TIAA.org/public/pdf/mf-app.pdf](https://www.tiaa.org/public/pdf/mf-app.pdf)

Traditional and Roth IRAs New Account Application [TIAA.org/public/pdf/F11153.pdf](https://www.tiaa.org/public/pdf/F11153.pdf)

Coverdell Education Savings Account Application [TIAA.org/public/pdf/A11751.pdf](https://www.tiaa.org/public/pdf/A11751.pdf)

### YOUR ACCOUNTS:

**UTMA/UGMA accounts and Custodial IRAs:** Please complete this form along with the appropriate new account application. The new account owner will be issued a new account number and the funds transferred. The new account owner must complete the TIAA-CREF Funds Account Application\* for UTMA/UGMA accounts to consent to the account terms. The Traditional and Roth IRAs New Account Form/Adoption Agreement\* should be completed for Custodial IRAs to consent to the account terms.

**Coverdell Education Savings Account (CESA):** A minor determined of legal age based upon their state of residence will not be issued a new account number, as they will only replace the Responsible Individual ("RI") on the account. The CESA Account Application/Adoption Agreement\* for a Coverdell Education Savings Account should be completed by the new owner to consent to the account terms.

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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



Please send your signed and completed form to TIAA-CREF Funds per the instructions found in the Return Completed Forms section on the previous page 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. – 6 p.m. (ET).

### INSTRUCTIONS:

Sections 1 & 2 - To be completed by the current minor, custodian or guardian

Section 3 - To be completed by the beneficial owner of the UTMA/UGMA account

Section 4 - To be completed by the new owner of the account

Section 5 - To be completed by the notary officer

### 1. ACCOUNT INFORMATION

Please fill out this section with your account number and current registration. Please print in capital letters and only use black or dark blue ink.

Account Number

Account Type (Please select one)

Uniform Gifts to Minors Act (UGMA) and the Uniform Transfers to Minors Act (UTMA)

Custodial Traditional or Roth IRA

Coverdell Education Savings Account (CESA)

#### A. Current Minor/Beneficial Owner

First Name

MI

Last Name

Social Security Number

Date of Birth (mm/dd/yyyy)

 /  / 

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

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



**1. ACCOUNT INFORMATION (CONTINUED)****B. Current Custodian**

Parent  Grandparent  Court-Appointed Fiduciaries

First Name  MI  Last Name

Social Security Number/  
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

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. REASON FOR REGISTRATION CHANGE**

Beneficial owners of UTMA/UGMA accounts must also provide signature certification in Section 3.\*\*

**A. Re-registration of Accounts Listed with Minor that Comes of Age (Notarized Signature Required - Section 5)**

I am a former minor requesting control of the account, or I am a parent or guardian listed on the account providing instructions to remove the current custodian from the account and turn control over to the minor. To establish a new account with new registration, please complete the new account application applicable (links on the cover page) to consent to the account terms.\* I am providing instructions to re-register the account to:

Print Name

First Name  MI  Last Name  Today's Date (mm/dd/yyyy)  /  / 20

**B. Change of Custodian (UTMA/UGMA, CESA, or Custodial IRA) (Notarized Signature Required - Section 5)**

Current or successor custodian signature is required in Section 4. A court-certified document or a resignation letter appointing the successor custodian below is required. Please complete the applicable new Account Application (links on the cover page) to consent to the account terms.

Print Name

First Name  MI  Last Name  Today's Date (mm/dd/yyyy)  /  / 20

**Current custodian is deceased. New custodian is appointed. (Notarized Signature Required - Section 5)**

Print Name of Decedent (Current Custodian)  Date of Death of Current Custodian Listed (mm/dd/yyyy)  /  / 20 (Please include certified copy of Death Certificate)

In all cases, please complete the applicable New Account Application (links on the cover page) to consent to the account terms. If written instructions are already on file, or if there is a current document previously completed by the custodian appointing a successor custodian, the notarized signature from that successor custodian in Section 4 alone is sufficient.



**3. UTMA/UGMA CERTIFICATION\*\* (REQUIRED)**

By signing below, I certify under penalties of perjury that:

- (a) I am the beneficial owner of the assets contained in the account(s) listed on this form;
- (b) I have attained the legal age required by the laws of the state under which the assets were gifted or transferred to me;
- (c) No designation was made by the donor that requires termination of custodianship for my assets be delayed until I reach a later age;
- (d) I have not already received equivalent gifts or transfers of money from the custodian that would reduce the value of the assets due to me in the custodial account(s);
- (e) I am not aware of any competing claims from the custodian or a successor custodian that would prevent me from receiving the assets in the custodial account(s);
- (f) The custodian or successor custodian has declined to release the assets to me as required by applicable state law;

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.

I understand that if I do not supply a taxpayer identification number or certify I am not subject to backup withholding will apply to my reportable dividends or interest and/or redemptions and my account may be closed. If I am not a U.S. citizen or resident alien, I understand that I must also supply a completed Form W-8BEN. I also understand that the Internal Revenue Service does not require my consent to any provision of this document other than the certifications required to avoid backup withholding.

This form must be completed and will be verified as required by the USA PATRIOT Act. 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 and other information that allows us to identify you. This information will be verified to ensure the identity of all individuals opening a mutual fund account.

Print Name of Beneficial Owner

Signature (Beneficial Owner)

Today's Date (mm/dd/yyyy)

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(If signing here, please skip Section 4. Notary's signature required in Section 5 only.)



#### 4. NEW ACCOUNT SIGNATURE AUTHORIZATION (REQUIRED)

Please provide the signature requested in Section 2 for the new Account Owner, Custodian or Guardian below, along with the completed new Account Application. **Note:** If the Beneficial Owner has signed in Section 2, then a signature below is not required.

Please print or type in black or dark blue ink. Please sign here in the appropriate capacity.

1. Print Name	New Owner and Former Minor's Signature	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>
2. Print Name	Current Custodian or Guardian's Signature	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>
3. Print Name	Newly Appointed Successor Custodian or Guardian's Signature	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

#### 5. NOTARY CERTIFICATION - TO BE COMPLETED BY NOTARY OFFICER

This section must be completed by a Notary Public. If you reside outside the United States then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature. Please sign using black or dark blue ink.

Print here all names of the corresponding signature(s) that you are notarizing.

1. Print Name	2. Print Name	3. Print Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### NOTARY SIGNATURE

State	County	Notary Expiration Date (mm/dd/yyyy)
<input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.

On the date noted below, the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public's Signature	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

**NOTE:** A Notary Public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

#### CHECKLIST

Did you remember to:

- Complete Section 1 with current Account Registration and Account Number.
- Be sure the correct checkbox in Section 2 is checked off and filled in as requested.
- Ensure the new account owner, current custodian or guardian's signature is authorized in Section 4.
- Obtain notary certification to validate signatures in Section 5.
- Complete the appropriate new Account Application 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) with any questions, weekdays, 8 a.m. – 6 p.m. (ET).

