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

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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.

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. Please call 800-223-1200, enter prompt 1, then prompt 2, with any questions, weekdays, 8 a.m. – 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)

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, 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 I	nformation							
Prefix	First Name		MI	Last Name				
Taxpayer Ide	rity Number/ ntification Number	Date of Birth (mm/dd/yyyy)		sport number with	ale	Female	nhotocony of ID	
U.S.	Resident Non-U.S. Citizen	Nonresident ID or Pass	tizen		01133001		(Specify country	r.)
Student's M	ailing Address							
Address Stre	eet or P.O. Box (APO and FPO addres	ses will be accepted.)	Cit	ý		State	Zip Code	
Address (If th	ne above address is a P.O. Box, you mus	t also provide a street address.)	Cit	y		State	Zip Code	
Daytime Pho	ne Number Evening	g Phone Number	Ema	il Address	 			

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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/ Date of Birth (mm/dd/yyyy) Taxpayer Identification Number Gender Female Male Citizenship For foreign accounts, one of the following must be provided: nonresident ID or passport number with country of issuance along with photocopy of ID. U.S. Resident Non-U.S. Citizen Nonresident Non-U.S. Citizen (Specify country) Nonresident ID or Passport Number TIAA Wealth Management Advisor (Name) **Dealer Number** Parent/Legal Guardian's Mailing Address City State Address Street or P.O. Box (APO and FPO addresses will be accepted.) Zip Code City State Zip Code Address (If the above address is a P.O. Box, you must also provide a street address.) **Primary Phone Number** Phone Number Type Secondary Phone Number Phone Number Type Mobile **Business** Mobile Home **Business** Home Alternate Phone Number Email Address Phone Number Type Mobile Home Business C. Donor Information (If Donor is the Parent/Legal Guardian set forth in Section B, do not complete this section.) First Name Prefix MI Last Name Date of Birth (mm/dd/yyyy) Social Security Number Gender Female Male **Donor's Mailing Address** Address Street or P.O. Box (APO and FPO addresses will be accepted.) City Zip Code State Address (If the above address is a P.O. Box, you must also provide a street address.) City State Zip Code **Daytime Phone Number Evening Phone Number Email Address**



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		
		b		

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

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.

 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

Check the box below that describes the relationship between the

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Child of Sibling	Parent	First Cousin
Stepparent	Other	
 Spouse of One of the	Foregoing	

Check enclosed for \$

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 CLA

FUND NAME (FUND CODE)	AMOUNT	PERCENT		FUND NAME (FUND CODE)	AMOUNT	PERCENT	Г
Bond Index (91)	\$		%	International Equity (61)	\$		%
Core Bond (66)	\$		%	International Opportunities (49)	\$		%
Core Impact Bond (45)	\$		%	Large-Cap Growth (68)	\$		%
Core Plus Bond (96)	\$		%	Large-Cap Value (85)	\$		%
Emerging Markets Debt (2794)	\$		%	Lifecycle Retirement Income (70)	\$		%
Emerging Markets Equity (67)	\$		%	Lifestyle Aggressive Growth (94)	\$		%
Emerging Markets Equity Index (69)	\$		%	Lifestyle Conservative (78)	\$		%
Equity Index (65)	\$		%	Lifestyle Growth (93)	\$		%
Green Bond (2608)	\$		%	Lifestyle Income (77)	\$		%
Growth & Income (64)	\$		%	Lifestyle Moderate (79)	\$		%
High-Yield (95)	\$		%	Managed Allocation (99)	\$		%
Inflation-Linked Bond (90)	\$		%	Mid-Cap Growth (86)	\$		%
International Bond (2957)	\$		%	Mid-Cap Value (87)	\$		%

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

RETAIL CLASS

FUND NAME (FUND CODE)	AMOUNT	PERCENT	FUND NAME (FUND CODE)	AMOUNT	PERCENT
Money Market (63)	\$	%	Short-Term Bond (97)	\$	%
Quant International Small-Cap Equity (2966)	\$	%	Short-Term Bond Index (2797)	\$	%
Quant Small-Cap Equity (88)	\$	%	Social Choice Equity (62)	\$	%
Quant Small/Mid-Cap Equity (2956)	\$	%	Social Choice International Equity (2762)	\$	%
Real Estate Securities (89)	\$	%	Social Choice Low Carbon Equity (2763)	\$	%
Short Duration Impact Bond (2609)	\$	%	5-15 Year Laddered Tax-Exempt Bond (98)	\$	%
			Total Amount or Percentage	\$	

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

The services below allow you to invest or exchange by telephone or web among your identically registered accounts. These services are automatically included unless you opt out by checking No below. You will also have access to your account through the Automated Telephone Service (ATS) and the internet. See the TIAA-CREF Funds prospectuses for details.

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 the 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	$1^{\text{st}}/15^{\text{th}}$ Month
		\$			
		\$			
		\$			
		\$			
		\$			

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. See Section 8 for more information.

FOR OWNER

First Name of Contact Person	Last Name		Rela	tionship	
Date of Birth (mm/dd/yyyy) / /	Phone Number		Email Address		
Mailing Address		City		State	Zip Code

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.

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.



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

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. 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 professional 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.

If I am a nonresident, noncitizen of the United States, 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.

Substitute W-9 Request for Taxpayer Identification Number and Certification

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 (as defined in the form W-9 instructions); 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

Signature (Responsible Individual)

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.



Today's Date (mm/dd/yyyy)

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

