

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





A TIAA Company

1. INDIVIDUAL OPENING THE ACCOUNT ON BEHALF OF THE LEGAL ENTITY (REQUIRED)

A. NAME AND TITLE OF NATURAL PERSON OPENING THE ACCOUNT (Must provide signature in box under Certification Section 4)

Prefix First Name MI Last Name

Social Security Number/ Taxpayer Identification Number Date of Birth (mmddyyyy) Entity Role

Mailing Address City State Zip Code

B. LEGAL ENTITY INFORMATION (for which the Account is being opened)

Name of Entity

Entity's Mailing Address City State Zip Code

Please check this box if you are updating the information in Section 2 or Section 3, and fill in the existing account number. Account Number

2. CONTROL PERSON (REQUIRED)

An individual must be named here.

Name of Control Person (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



### 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)

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**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).

