

You should use this form to convert an existing TIAA-CREF Funds Traditional IRA to a Roth IRA. If you are converting a Traditional IRA from another custodian, you must complete both this *IRA Conversion Form* and the *IRA Asset Transfer Form*.

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 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)

Please print or type. Please complete this section if you are converting an existing TIAA-CREF Funds Traditional IRA to a TIAA-CREF Funds Roth IRA, or if you are converting a Traditional IRA held at another institution. Please provide the information exactly as you want it to appear on your account.

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

Name of Entity

If you are establishing an entity account as beneficiary due to the 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. If this applies, please go to [TIAA.org/public/pdf/F40214.pdf](http://TIAA.org/public/pdf/F40214.pdf) to fill out and return the TIAA-CREF Funds Legal Entity Beneficial Ownership Certification Form along with this form.

Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

**Citizenship** For foreign accounts, one of the following must be provided: non-U.S. citizen 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)

Non-U.S. Citizen ID or Passport Number

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)**

Primary Phone Number <input type="text"/>	Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	Secondary Phone Number <input type="text"/>	Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business
Alternate Phone Number <input type="text"/>	Phone Number Type <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	Email Address <input type="text"/>	
TIAA Wealth Management Advisor (Name) <input type="text"/>		Dealer Number <input type="text"/>	

**2. ACCOUNT INFORMATION**

Please complete this section if you are converting all or part of an existing TIAA-CREF Funds Traditional IRA to a TIAA-CREF Funds Roth IRA. FUND NAMES ARE LISTED IN SECTION 4.

Fund Name	Existing IRA Fund and Account Number You Wish to Convert	Convert % of Assets	Dollar Amount
<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"/>

**3. CONVERSIONS FROM ANOTHER INSTITUTION**

(For New or Existing Accounts) Please complete a separate IRA Asset Transfer Form for each Traditional IRA being converted from another institution. Check the box corresponding to the source of the money now being transferred.

Traditional Contributory IRA     Traditional Rollover IRA



#### 4. INVESTMENT ALLOCATION

If you are converting a Traditional IRA from another institution, please indicate below the funds in which you would like to invest. The minimum initial investment in any fund is \$2,000.

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

Fund Name (Fund Code)	Existing IRA Account Number You Wish to Convert	Convert % of Assets	Dollar Amount
Bond Index (91)			\$
Core Bond (66)			\$
Core Bond Impact (45)			\$
Core Plus Bond (96)			\$
Emerging Markets Debt (2794)			\$
Emerging Markets Equity (67)			\$
Emerging Markets Equity Index (69)			\$
Equity Index (65)			\$
Green Bond (2608)			\$
Growth and Income (64)			\$
High-Yield (95)			\$
Inflation-Linked Bond (90)			\$
International Bond (2957)			\$
International Equity (61)			\$
International Opportunities (49)			\$
Large-Cap Growth (68)			\$
Large-Cap Value (85)			\$
Lifecycle Retirement Income (70)			\$
Lifestyle Aggressive Growth (94)			\$
Lifestyle Conservative (78)			\$
Lifestyle Growth (93)			\$
Lifestyle Income (77)			\$
Lifestyle Moderate (79)			\$
Managed Allocation (99)			\$
Mid-Cap Growth (86)			\$
Mid-Cap Value (87)			\$

(Continued)



**4. INVESTMENT ALLOCATION (CONTINUED)**

Fund Name (Fund Code)	Existing IRA Account Number You Wish to Convert	Convert % of Assets	Dollar Amount
Money Market (63)	<input type="text"/>	<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"/>	\$ <input type="text"/>
Quant Small-Cap Equity (88)	<input type="text"/>	<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"/>	\$ <input type="text"/>
Real Estate Securities (89)	<input type="text"/>	<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"/>	\$ <input type="text"/>
Short-Term Bond (97)	<input type="text"/>	<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"/>	\$ <input type="text"/>
Social Choice Equity (62)	<input type="text"/>	<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"/>	\$ <input type="text"/>
		<b>Total</b>	\$ <input type="text"/>

**5. WITHHOLDING REQUIREMENTS**

If you're transferring assets from another custodian, you must complete only the withholding section on the IRA Asset Transfer Form.

**Important income tax information:** We are required to withhold federal income taxes (at a rate of 10%) on the amount you convert unless you elect not to have withholding apply. **These rules do not apply to nonresident, non-U.S. citizens. (See NOTE below.)**

**You must make a withholding election. If you do not check a box, taxes will be withheld at a rate of 10% on your conversion.** (State withholding also may apply.)

I hereby notify TIAA that I decline to provide a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I understand that federal withholding will be withheld at the default rate of 10%.

I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am making a federal withholding election as indicated on my substitute federal form W-4R Withholding Certificate by entering a rate between 0% and 100% on line 2.

I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am choosing to have no federal income tax withheld by entering "-0-" on line 2.

Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including 0%) on payments to be delivered outside of the United States and its possessions.

**NOTE: If you are a nonresident, non-U.S. citizen, you must check the box below.**

Notwithstanding the above, as a nonresident, non-U.S. citizen, I understand that special withholding rules apply to a conversion of my Traditional IRA to a Roth IRA.

If you are a nonresident, non-U.S. citizen, you must certify your foreign tax status by providing IRS Form W-8BEN prior to requesting a distribution. A W-8BEN is maintained on file for a three-year period. To print the W-8BEN form, go to [TIAA.org/forms](https://www.tiaa.org/forms) and scroll to 'Find tax information.'

**STATE TAX WITHHOLDING ELECTION**

State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note that the state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on state tax withholding, go to [TIAA.org/public/tax-withholding](https://www.tiaa.org/public/tax-withholding). Call TIAA if you have any questions at 800-842-2252.



### 6. DESIGNATE YOUR BENEFICIARIES

Please complete this section to 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. In addition, 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 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.

**Primary Beneficiary**

First Name or Name of Entity  MI  Last Name

Relationship	Percentage	Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)
<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"/>

**Primary Beneficiary**

First Name or Name of Entity  MI  Last Name

Relationship	Percentage	Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)
<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"/>

**Contingent Beneficiary**

First Name or Name of Entity  MI  Last Name

Relationship	Percentage	Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)
<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"/>

**Contingent Beneficiary**

First Name or Name of Entity  MI  Last Name

Relationship	Percentage	Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)
<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"/>

**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.



### 7. TELEPHONE OPTIONS

Please select from the services below. 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 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 mutual fund account. (\$100 minimum.

Please complete Section 9.)

Telephone Exchange  No

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

### 8. 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, frequency, the first month to begin debiting your account and the time interval of your investments. Semimonthly investments occur on both the 1<sup>st</sup> and 15<sup>th</sup>, while monthly investments occur on either the 1<sup>st</sup> or 15<sup>th</sup>. All automatic investments are considered current year contributions. It takes up to 10 days to initiate this service. (Please also complete Section 9.)

FUND NAMES AND FUND CODES ARE LISTED IN SECTION 4.

FUND NAME (See Section 4)	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"/>

### 9. 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.



## 10. SIGNATURES

By signing this form, I certify that:

I have received, read, and agree to the terms of the prospectus for each fund in which I am investing. I have the authority and legal capacity to establish this custodial (Conversion and/or Contribution) Roth IRA, and to direct the purchase of mutual fund shares, am of legal age in my state, and believe each investment is a suitable one for me.

I received, read, and agree to both the TIAA-CREF Funds Individual Retirement Accounts Disclosure Statement and UMB Bank, n.a. Universal Individual Retirement Account Custodial Agreement.

I understand I may revoke this Agreement by notifying the Custodian in writing within seven days if I did not receive the Disclosure Statement at least seven days prior to today's date.

I authorize TIAA-CREF Funds, UMB Bank, n.a. or their designees to act on any instructions believed to be genuine for any service authorized in the Custodial Agreement and on this form. The TIAA-CREF Funds use reasonable procedures (including Shareholder identity verification) to confirm that instructions given by telephone/computer are genuine and are not liable for acting on these instructions. (However, if these procedures are not followed, it is the opinion of certain regulatory agencies that the TIAA-CREF Funds may be liable for any losses that may result from acting on instructions given.) All services are subject to conditions set forth in the TIAA-CREF Funds prospectus. I elect under paragraph 9(a) of the Custodial Agreement not to have life expectancy recalculated for minimum distribution purposes unless I notify the Custodian otherwise prior to my required beginning date.

### 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 the website from which this form was downloaded. 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, I acknowledge that I have received paper copies of the above-referenced documents.

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.

Please Sign Here

Owner's Signature

Today's Date (mm/dd/yyyy)

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### 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**

Owner's Signature

Today's Date (mm/dd/yyyy)

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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







A TIAA Company

**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

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**IMPORTANT INFORMATION**

PLEASE READ BEFORE FILLING OUT FORM

This substitute form W-4R applies to non-rollover eligible payments that are nonperiodic and rollover-eligible payments.

Federal laws may require mandatory federal income tax be withheld from cash withdrawals. Our records indicate that you are a U.S. person (U.S. citizen or resident non-U.S. citizen), and may, therefore, be subject to federal tax withholding from your cash distribution. If you claim residence AND citizenship outside the United States, you must complete Form W-8BEN instead of this form W-4R to certify your foreign tax status. To print the W-8BEN form, go to [TIAA.org/forms](https://www.tiaa.org/forms) and scroll to Find tax forms. U.S. citizens living abroad, except in any U.S. territories, must elect to have taxes withheld. Distributions from retirement plans are subject to a federal default withholding rate depending on the type of payment. If you want the federal default rate applied, you do not need to submit this form as the federal default rate will be applied automatically. If you want a rate other than the federal default rate for either a non-periodic payment or an eligible rollover distribution or want no withholding on a non-periodic payment, please submit this form.





A TIAA Company

**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS**  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

**1. PROVIDE YOUR INFORMATION**

**STEP 1A.**

Title	First Name	Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>

Last Name	Suffix
<input type="text"/>	<input type="text"/>

Mailing Address

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact Telephone Number	Extension
<input type="text"/>	<input type="text"/>

**STEP 1B.**

Social Security Number/  
Taxpayer Identification Number

**STEP 1C.**

Account Number



Your withholding rate is determined by the type of payment you will receive.

- For nonperiodic payments, the default withholding rate is 10%. You can choose to have a different rate by entering a rate between 0% and 100% on line 2. Generally, you can't choose less than 10% for payments to be delivered outside the United States and its territories.
- For an eligible rollover distribution, the default withholding rate is 20%. You can choose a rate greater than 20% by entering the rate on line 2. You may not choose a rate less than 20%.

See IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Instructions attached at the end of this form for more information.

### Step 2

Complete this line if you would like a rate of withholding that is different from the default withholding rate. See the IRS Form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions Instructions and the Marginal Rate Tables attached at the end of this form for additional information.

Enter the rate as a whole number (no decimals) \_\_\_\_\_ Line 2 \_\_\_\_\_ %

### STEP 3. YOUR SIGNATURE

The form will become effective with your next available payment. You may revoke this election at any time by filing a new federal income tax withholding election form with TIAA.

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.

Please sign your full legal name with suffix, if applicable, using black ink, or online using TIAA's digital signing experience.

Your Signature

Today's Date (mm/dd/yyyy)

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A TIAA Company

**WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS  
AND ELIGIBLE ROLLOVER DISTRIBUTIONS  
SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS**

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**OPTIONS TO RETURN COMPLETED FORM(S)**

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 DELIVERY:**

TIAA-CREF Funds  
430 W. 7th Street, Suite 219227  
Kansas City, MO 64105-1407



**IRS FORM W-4R WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS INSTRUCTIONS**

**GENERAL INSTRUCTIONS**

Section references are to the Internal Revenue Code.

**Future developments.** For the latest information about any future developments related to Form W-4R, such as legislation enacted after it was published, go to [www.irs.gov/FormW4R](http://www.irs.gov/FormW4R).

**Purpose of form.** Complete Form W-4R to have payers withhold the correct amount of federal income tax from your nonperiodic payment or eligible rollover distribution from an employer retirement plan, annuity (including a commercial annuity), or individual retirement arrangement (IRA). See page 2 for the rules and options that are available for each type of payment. Don't use Form W-4R for periodic payments (payments made in installments at regular intervals over a period of more than 1 year) from these plans or arrangements. Instead, use Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

**Caution:** If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. Your withholding choice (or an election not to have withholding on a nonperiodic payment) will generally apply to any future payment from the same plan or IRA. Submit a new Form W-4R if you want to change your election.

**2023 MARGINAL RATE TABLES**

You may use these tables to help you select the appropriate withholding rate for this payment or distribution. Add your income from all sources and use the column that matches your filing status to find the corresponding rate of withholding. See the next page for more information on how to use this table.

Single or Married filing separately		Married filing jointly or Qualifying surviving spouse		Head of Household	
Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more	Total income over—	Tax rate for every dollar more
\$0	0%	\$0	0%	\$0	0%
13,850	10%	27,700	10%	20,800	10%
24,850	12%	49,700	12%	36,500	12%
58,575	22%	117,150	22%	80,650	22%
109,225	24%	218,450	24%	116,150	24%
195,950	32%	391,900	32%	202,900	32%
245,100	35%	490,200	35%	252,050	35%
591,975*	37%	721,450	37%	598,900	37%

\* If married filing separately, use \$360,725 instead for this 37% rate.

**GENERAL INSTRUCTIONS (CONTINUED)**

**Nonperiodic payments—10% withholding.** Your payer must withhold at a default 10% rate from the taxable amount of nonperiodic payments unless you enter a different rate on line 2. Distributions from an IRA that are payable on demand are treated as nonperiodic payments. Note that the default rate of withholding may not be appropriate for your tax situation. You may choose to have no federal income tax withheld by entering “-0-” on line 2. See the specific instructions below for more information. Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including “-0-”) on any payments to be delivered outside the United States and its territories.

**Note:** If you don't give Form W-4R to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer must withhold 10% of the payment for federal income tax and can't honor requests to have a lower (or no) amount withheld. Generally, for payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a Form W-4R.

**Eligible rollover distributions—20% withholding.** Distributions you receive from qualified retirement plans (for example, 401(k) plans and section 457(b) plans maintained by a governmental employer) or tax-sheltered annuities that are eligible to be rolled over to an IRA or qualified plan are subject to a 20% default rate of withholding on the taxable amount of the distribution. You can't choose withholding at a rate of less than 20% (including “-0-”). Note that the default rate of withholding may be too low for your tax situation. You may choose to enter a rate higher than 20% on line 2. Don't give Form W-4R to your payer unless you want more than 20% withheld.



## WITHHOLDING CERTIFICATE FOR NONPERIODIC PAYMENTS AND ELIGIBLE ROLLOVER DISTRIBUTIONS SUBSTITUTE FORM W-4R FOR CASH WITHDRAWALS

Note that the following payments are **not** eligible rollover distributions: (a) qualifying “hardship” distributions, and (b) distributions required by federal law, such as required minimum distributions. See Pub. 505 for details. See also Nonperiodic payments—10% withholding above.

**Payments to nonresident aliens and foreign estates.** Do not use Form W-4R. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

**Tax relief for victims of terrorist attacks.** If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, enter “-0-” on line 2. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

### SPECIFIC INSTRUCTIONS

#### LINE 1B

For an estate, enter the estate’s employer identification number (EIN) in the area reserved for “Social security number.”

#### LINE 2

**More withholding.** If you want more than the default rate withheld from your payment, you may enter a higher rate on line 2.

**Less withholding (nonperiodic payments only).** If permitted, you may enter a lower rate on line 2 (including “-0-”) if you want less than the 10% default rate withheld from your payment. If you have already paid, or plan to pay, your tax on this payment through other withholding or estimated tax payments, you may want to enter “-0-”.

**Suggestion for determining withholding.** Consider using the Marginal Rate Tables on the previous page to help you select the appropriate withholding rate for this payment or distribution. The tables are most accurate if the appropriate amount of tax on all other sources of income, deductions, and credits has been paid through other withholding or estimated tax payments. If the appropriate amount of tax on those sources of income has not been paid through other withholding or estimated tax payments, you can pay that tax through withholding on this payment by entering a rate that is greater than the rate in the Marginal Rate Tables.

The marginal tax rate is the rate of tax on each additional dollar of income you receive above a particular amount of income. You can use the table for your filing status as a guide to find a rate of withholding for amounts above the total income level in the table.

To determine the appropriate rate of withholding from the table, do the following. Step 1: Find the rate that corresponds with your total income not including the payment. Step 2: Add your total income and the taxable amount of the payment and find the corresponding rate.

If these two rates are the same, enter that rate on line 2. (See Example 1 below.)

If the two rates differ, multiply (a) the amount in the lower rate bracket by the rate for that bracket, and (b) the amount in the higher rate bracket by the rate for that bracket. Add these two numbers; this is the expected tax for this payment. To get the rate to have withheld, divide this amount by the taxable amount of the payment. Round up to the next whole number and enter that rate on line 2. (See Example 2 below.)

If you prefer a simpler approach (but one that may lead to overwithholding), find the rate that corresponds to your total income including the payment and enter that rate on line 2.

**Examples.** Assume the following facts for Examples 1 and 2. Your filing status is single. You expect the taxable amount of your payment to be \$20,000. Appropriate amounts have been withheld for all other sources of income and any deductions or credits.

**Example 1.** You expect your total income to be \$60,000 without the payment. Step 1: Because your total income without the payment, \$60,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Step 2: Because your total income with the payment, \$80,000, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. Because these two rates are the same, enter “22” on line 2.

**Example 2.** You expect your total income to be \$42,500 without the payment. Step 1: Because your total income without the payment, \$42,500, is greater than \$24,850 but less than \$58,575, the corresponding rate is 12%. Step 2: Because your total income with the payment, \$62,500, is greater than \$58,575 but less than \$109,225, the corresponding rate is 22%. The two rates differ. \$16,075 of the \$20,000 payment is in the lower bracket (\$58,575 less your total income of \$42,500 without the payment), and \$3,925 is in the higher bracket (\$20,000 less the \$16,075 that is in the lower bracket). Multiply \$16,075 by 12% to get \$1,929. Multiply \$3,925 by 22% to get \$863.50. The sum of these two amounts is \$2,792.50. This is the estimated tax on your payment. This amount corresponds to 14% of the \$20,000 payment (\$2,792.50 divided by \$20,000). Enter “14” on line 2.



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



### 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Social Security Number/ Taxpayer Identification Number	Date of Birth (mmddyyyy)	Entity Role
<input type="text"/>	<input type="text"/>	<input type="text"/>

Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Name of Entity

Entity's Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**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.

<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Nonresident Alien	<input type="text"/>	(Specify country)	<input type="text"/>
					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)

 /  / 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).

