TIAA-CREF FUNDS
ROTH IRA CONVERSION FORM/ADOPTION AGREEMENT (RETAIL CLASS ONLY)

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 ☐

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** 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 ☐ Male ☐ Female

Citizenship For foreign accounts, one of the following must be provided: alien ID or passport number with country of issuance along with photocopy of ID.

☐ U.S. ☐ Resident Alien ☐ Nonresident Alien ☐ (Specify country) Alien ID or Passport 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 ☐

(Continued)

1. ACCOUNT REGISTRATION (REQUIRED) (CONTINUED)

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

TIAA Wealth Management Advisor (Name)

Dealer Number

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
			$
			$
			$
			$
			$

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)			$
Quant International Small-Cap Equity (2966)			$
Quant Small-Cap Equity (88)			$
Quant Small/Mid-Cap Equity (2956)			$
Real Estate Securities (89)			$
Short Duration Impact Bond (2609)			$
Short-Term Bond (97)			$
Short-Term Bond Index (2797)			$
Social Choice Equity (62)			$
Social Choice International Equity (2762)			$
	Total		$

*The following fund name changes are effective 3/1/20:
Formerly: Bond; Renamed Core Bond
Formerly: Bond Plus; Renamed Core Plus Bond
Formerly: Social Choice Bond; Renamed Core Impact Bond

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 aliens. (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.)

☐ Do not withhold federal income tax from my conversion amount. I understand that I will be liable for payment of federal tax on the taxable part of my conversion and that I may incur penalties under the estimated tax payment rules.

☐ I want federal income tax withheld and understand that the withholding will be done at a minimum rate of 10% unless a different withholding percentage greater than 10% is specified: ____ %. (State withholding also may apply.) You may change this election by written request prior to the conversion.

NOTE: If you are a nonresident alien, you must check the box below.

☐ As a nonresident alien, I understand that special withholding rules apply to a conversion of my Traditional IRA to a Roth IRA.

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) / /

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) / /

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) / /

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) / /

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 1st and 15th, while monthly investments occur on either the 1st or 15th. 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	1ST/15TH MONTH
		$			
		$			
		$			
		$			
		$			

*As of October 2, 2017, the TIAA-CREF Quant Small-Cap Equity Fund is closed to new investors.

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)**
- 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 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** 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, 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) __ __ / __ __ / 2 0 __ __

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) __ __ / __ __ / 2 0 __ __

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