



Use this form to request normal or premature distributions from either your Traditional or Roth IRA. Please refer to the disclosure statement for more details on whether any tax or penalty applies to your distribution. Of course, you should consult your tax advisor before making a decision.

You cannot use a single form to take distributions from BOTH Traditional/Rollover IRAs and Roth IRAs. Please use a separate IRA Distribution Form for each type of IRA from which you are taking distributions.

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.

Send your signed and completed Form to TIAA-CREF Funds per Return Completed Forms section below or in the enclosed customer reply envelope. Please call 800-223-1200, enter prompt 1, prompt 2, with any questions, weekdays, 8 a.m. – 10 p.m. (ET).

1. ACCOUNT REGISTRATION (REQUIRED)

Please print or type. Attach a copy of your current IRA statement to help expedite this process.

Prefix First Name MI Last Name

Social Security Number/
Taxpayer Identification Number Date of Birth (mm/dd/yyyy) Gender Male Female

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

Email Address Day Time Phone Number Evening Phone Number

2. DEATH BENEFIT PAYOUT (MUST BE COMPLETED IF DEATH DISTRIBUTION IS ELECTED IN SECTION 3)

Prefix First Name MI Last Name

Name of Entity

If you are opening an entity account as beneficiary due to 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.

Address Street or P.O. Box (APO and FPO addresses will be accepted) City State Zip Code

Day Time Phone Number Social Security Number



3. IRA DISTRIBUTION

Traditional IRA

- Normal** (You are age 59½ or older.)
- Premature** (You are under age 59½. If you believe an exception to the early distribution penalty may apply, speak with your tax advisor on how to report on your tax return.)
- Premature Exempt** (You are under age 59½ and you know an exception to the early distribution penalty applies.)
- Death**
- Disability**
- Remove excess contribution** of \$ made for the tax year. If the corrective distribution is made by or before the filing deadline for the tax year of the excess contribution, earnings (gains or losses) attributable to the contribution(s) will also be returned.

Roth IRA(s)

- Qualified** (You are age 59½ or older, and have owned a Roth IRA for at least 5 years.)
- Premature** (You are under age 59½. If you believe an exception to the early distribution penalty may apply, speak with your tax advisor on how to report on your tax return.)
- Exception Applies** (You have reached age 59½ or you know an exception to the early distribution penalty applies.)
- Death**
- Disability**
- Remove excess contribution** of \$ made for the tax year. If the corrective distribution is made by or before the filing deadline for the tax year of the excess contribution, earnings (gains or losses) attributable to the contribution(s) will also be returned.

Please be advised that effective January 1, 2015, you may only complete one 60-day rollover between any of your IRAs in any 365-day period. This new IRS rule does not impact direct trustee to trustee transfers between IRAs. For more information, please visit, irs.gov/Retirement-Plans/IRA-One-Rollover-Per-Year-Rule.

4. DISTRIBUTION AMOUNTS

- Fixed Amount** Please distribute \$ from my TIAA-CREF Mutual Funds IRA(s).
- Entire Balance**
- Dividend and Capital Gains Earnings** (You must be age 59½ or older.) Any earnings on your IRAs will be sent to you.
- Required Minimum Distribution (RMD)** Please select life expectancy factor:
- Single Life Expectancy
- Calculate my Required Minimum Distribution based on the Uniform Life Expectancy Table.
- My spouse is my sole primary beneficiary and is more than 10 years younger than I am. Calculate my Required Minimum Distribution based on the Joint Life Expectancy Table.

5. DISTRIBUTION INSTRUCTIONS

- | | FUND ACCOUNT NUMBER | PERCENTAGE |
|--|----------------------|--|
| <input type="checkbox"/> Withdraw my distributions from all of my TIAA-CREF Mutual Funds IRAs on a prorated basis. | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |
| <input type="checkbox"/> Withdraw my distributions from all my TIAA-CREF Mutual Funds IRAs listed on right. | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |
| | <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> % |

Systematic RMD distributions must pull from all Fund accounts.

If you wish to aggregate all of your Fund balances, you will need to manually recalculate your distribution each year.



6. CHARITABLE DISTRIBUTIONS

Account Number

How much would you like to distribute? (Please select only one)

I would like to distribute \$ proportionately from all available investments to all Nonprofit Organizations. (Enter the dollar amount here and leave the specific investment section below blank.)

I would like to distribute the following amount(s) to Nonprofit Organizations. Indicate either the dollar amount OR percentage from each account. Percentages must be in whole numbers.

In the event you plan on making distributions to multiple charities using this form, another party or the amount indicated in this section will be treated as the total distribution. Distributions will be taxed for the year in which they are received. You can allocate how much each charity is to receive in Section 9 option F of this form.

Investment Account/Fund Name	Withdrawal Amount		Percent of Fund Value
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	\$ <input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %

IMPORTANT: Please be sure to complete Section 9 option F.

7. TAX WITHHOLDING

We are required to withhold federal income taxes at a rate of 10% on your taxable IRA distributions, unless you elect to not have withholding apply. If you do not check a box, taxes will be withheld at a rate of 10% (except for Roth IRAs). The withholding election will remain in effect on your systematic withdrawal plan until revoked by you. You may change your election at any time by sending a written request prior to the distribution. (State withholding also may apply.)

Do not withhold federal income tax from my IRA distribution. I understand that I will be liable for payments of federal tax on the taxable portion of my distribution 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 at a rate of 10% unless a different withholding percentage % is specified. (State withholding also may apply.)

8. DISTRIBUTION SCHEDULE

Please indicate the beginning month, date and frequency of your distributions.

One-time Distribution Systematic Distribution: Beginning Month of Distributions:

Distribution Frequency:

Monthly Quarterly Annually

Distribution Date:

1st of the month 15th of the month

Check here if this is a change to an existing systematic withdrawal plan. An existing systematic withdrawal plan based on life expectancy cannot be changed.



9. DISTRIBUTION INSTRUCTIONS (CHOOSE ONE ONLY.)

Please indicate how you would like to receive your distribution payments. A medallion signature guarantee is required for option B, D or F.

A. Mail my distribution check to the address on my IRA account. If you have had an address change within the last 30 days, we require a medallion signature guarantee.

B. Deposit my distribution directly into my checking or savings account using the Automated Clearing House. A medallion signature guarantee is required if banking information is not on file. *Attach a voided bank check or savings deposit slip. This will ensure accurate bank information.*

Bank Name

ABA Routing Number

Type of Account:

Checking Savings

Bank Account Number

Name of Primary Bank Account Owner

C. Please deposit my distribution directly into my TIAA-CREF Mutual Funds non-IRA account(s), registered in my name, listed below.

Fund Name	Fund Code	Account Number	Allocation/Percentage
<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"/> %

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

D. Mail my distribution check to an address other than the address on record or to my current address which has changed within the last 30 days. A medallion signature guarantee is required. Mail to:

Street Address

City

State

Zip Code

E. Designate all or \$ of the excess contribution to a current year contribution.

F. Charitable Distributions: A medallion signature guarantee is required in Section 11.

1. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

2. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

3. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code



10. SIGNATURE

For your protection, TIAA may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of the steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within five days, this transaction may be canceled.

Note: This paragraph only applies if you completed Section 6. I acknowledge that it is my responsibility to ensure the distribution(s) complies with the requirements of Sec. 1201 of the Pension Protection Act of 2006 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended. I assume full responsibility for any adverse tax consequences that may arise as a result of the distribution(s). I have consulted with my own tax advisor and understand the federal and state tax consequences of distribution(s). I have provided a current mailing address to the charitable organization(s). I understand that this is required in order for the charitable organization(s) to provide me with a proper receipt for my contribution. I further acknowledge that TIAA has not provided me with legal or tax advice about the distribution(s).

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.

Note: There are no FATCA code entries on this form, so please disregard item 4.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Please sign exactly as your name appears on your account confirmation statement. I certify that the statements made on this IRA Distribution Form are true, complete and accurate.

Your Signature

Today's Date (mm/dd/yyyy)

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11. MEDALLION SIGNATURE GUARANTEE

To deposit your distribution directly into your checking or savings account not on file (Section 9, option B), or to receive your distribution at an address other than on your account or your address has been changed within the last 30 days (Section 9, option D), or if you have opted for a Charitable Distribution (Section 9, option F), you must have the signature in Section 10 guaranteed.*

* A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange which participates in the medallion signature guarantee program.

RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

TIAA-CREF Funds
P.O. Box 55081
Boston, MA 02205-5081

OVERNIGHT:

TIAA-CREF Funds
30 Dan Road
Canton, MA 02021-2809





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, prompt 2, weekdays, 8 a.m. – 10 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 percent 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, 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 55081
Boston, MA 02205-5081

OVERNIGHT:
TIAA-CREF Funds
30 Dan Road
Canton, MA 02021-2809





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 (mm/dd/yyyy)	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"/>

If there are additional trustees/signers, check this box and include the same information for Individual(s) on a separate sheet.

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"/>

Citizenship (For non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Nonresident Alien <input style="width: 100px;" type="text"/>	Alien ID or Passport Number <input style="width: 150px;" type="text"/>
		(Specify country.)	



3. BENEFICIAL OWNER INFORMATION (REQUIRED)

Any individual, who directly or indirectly, owns 25 percent 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 non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

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 non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

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 non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

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 non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

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.

Note: There are no FATCA code entries on this form, so please disregard item 4.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

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, prompt 2, weekdays, 8 a.m. - 10 p.m. (ET).

