



Use this form to add beneficiaries to your taxable Brokerage account. Do not use this form to add beneficiaries to your retirement account. **Questions? Please call 800-927-3059, Monday - Friday, 8 a.m. - 7 p.m. (ET).**

AUTHORIZATION AND AGREEMENT (PLEASE RETAIN FOR YOUR RECORDS)

I authorize TIAA-CREF Individual & Institutional Services, LLC (“Broker”), through its clearing firm Pershing LLC (“Pershing”), to open a transfer on death account according to the terms and conditions set forth herein. This Agreement neither supersedes nor affects any other agreement(s) executed by me for my account, and I agree that I continue to be bound by any such agreements.

1. During my lifetime I shall retain full ownership of the securities held in my account. Only I may give instructions to transfer, purchase, or sell securities, money, or other property for my account.
2. Upon receipt of notice of my death, as defined hereunder, Broker and/or Pershing shall, without requiring any further instruction from any other person or entity, transfer all money, securities, and other property from my account to separate new account(s) opened for the person (“Beneficiary”) or persons (“Beneficiaries”) named in Step 2 below or, if permitted by applicable law, Contingent Beneficiary or Contingent Beneficiaries named in Step 2 below, subject to the terms and conditions set forth herein. In keeping therewith, the terms Beneficiary and Beneficiaries shall include Contingent Beneficiary and Contingent Beneficiaries, if applicable. If more than one Beneficiary is named and no percentages are indicated, payment shall be made in equal shares to the Beneficiaries or, in the event of death of a Beneficiary, the respective Contingent Beneficiary(ies) that survive me. Each Contingent Beneficiary listed below a beneficiary shall be treated as Beneficiary in the event that the Beneficiary named above him or her should predecease me. Any such transfer of money, securities and other property from my account is subject to any and all existing liens, pledges, mortgages, securities account control agreements or equivalents or other security interests granted against the money, securities and other property to Pershing, my broker/dealer or other third party. Any such liens, etc. must be satisfied prior to transfer to a Beneficiary unless otherwise agreed to by Pershing.
3. In the event that any Beneficiary is a minor in the relevant jurisdiction at the time of receipt of notice of my death and Broker or Pershing is notified of such fact, the shares shall be transferred to a custodial account or other fiduciary or guardianship account for the benefit of the minor Beneficiary upon receipt of appropriate documentation.
4. Broker and Pershing shall be considered to be on notice of any changes in Beneficiary, my death, or other information regarding my account on the date on which the respective entity receives a copy, sent by mail, fax, or other acceptable means, of the required documentation. In the case of my death, Pershing and Broker must receive a copy of the death certificate and any other documentation required to complete the distribution of the proceeds of my account. In the event of any changes in Beneficiary, Pershing and Broker must receive a new Transfer on Death Account Agreement executed by the account holder. Neither Pershing nor Broker is obligated to accept change(s) and/or revocation of beneficiary designation by the account owner by the provisions of a Will or a codicil to a Will.
5. During my lifetime, the securities in my account are to be registered and held in the name of Pershing LLC or other street or nominee name. However, if necessary to facilitate delivery or transfer of the securities, Pershing and/or Broker have the right at any time, and without further authorization, to register the securities held in my account in my name, otherwise in accordance with transfer agent requirements, without the names of any of the Beneficiaries therein. I understand that such right is necessary as not all issuers, states, transfer agents, or financial organizations recognize transfer on death registration.
6. If any of the Beneficiaries should predecease me, then my account will pass only to the surviving Beneficiary or Beneficiaries, including the respective Contingent Beneficiary(s), if applicable. I understand that Pershing LLC will use the “per capita” method of beneficiary designation, in which a particular beneficiary’s rights end with the death of that Beneficiary and Contingent Beneficiary unless I have designated “per stirpes” as the distribution method. If I choose per capita and Beneficiary A and Contingent Beneficiary A both predecease the account holder then the beneficiary interest is transferred in equal shares to the remaining Beneficiaries B and C or their respective Contingent Beneficiaries. A predeceased Beneficiary’s or Contingent Beneficiary’s estate shall have no claim to or interest in my account. If no Beneficiary survives me, then the proceeds of my account shall pass to my estate. If I choose per stirpes, and the Beneficiary and Contingent Beneficiary predecease me, the portion of the account designated for the deceased Beneficiary shall pass to his or her heirs in equal parts.





7. In the event that any securities or other property in my account, for any reason, be partitioned and transferred to any of the Beneficiaries equally, Pershing shall, to the extent necessary, liquidate securities or other property and transfer the proceeds of that sale equally among the Beneficiaries.
8. If any Beneficiary hereunder is or becomes married to me, then the dissolution of our marriage shall have no effect on the designation of Beneficiary unless and until Pershing or Broker receives notice to the contrary by receipt of a new Transfer on Death Account Agreement. Neither Pershing nor Broker shall be obligated to change a beneficiary designation by the provisions of a Divorce Agreement, except where ordered by a court of competent jurisdiction.
9. In the event that, upon my death, my Account reflects a debit balance, Pershing or Broker may liquidate any securities, at its discretion, required to satisfy that debit prior to distribution of any money, securities, or other property to the Beneficiary or Beneficiaries.
10. Pershing and Broker shall have the right to require execution of further documents by any Beneficiary or the legal representative of any Beneficiary, including but not limited to a Margin Agreement, prior to any distribution of the money, securities, or other property in the Survivor Account.
11. In connection with Pershing and Broker acting in compliance with this Agreement, or any document Pershing or Broker reasonably believe amends this Agreement, I and my estate agree to indemnify and hold Pershing, Broker and their respective affiliates, directors, officers, agents, and employees, and their heirs, executors, administrators, successors, and assigns, harmless against any loss, claim, suit, damage or expense (including reasonable attorney's fees), including but not limited to: the Beneficiary or Beneficiaries and/or my heirs, successors, spouse(s), and offspring from any actions taken in opening and maintaining my account, registering my securities or other property, or making the distributions upon receipt of notice of my death; any conflicting designation of Beneficiary or Beneficiaries and their respective Contingent Beneficiary or Contingent Beneficiaries made in my Will or codicil of my Will, revocable living trust, or any other document signed by me.
12. Neither Pershing nor Broker has an obligation to: locate Beneficiaries; question or investigate the circumstances of my death as it is reported to them; determine the age or any other facts about a Beneficiary as per FINRA Rule(s) 2090, 2111 or the applicable "Know Your Customer" rules; appoint, if applicable, a custodian or guardian for any minor Beneficiary; locate or notify any spouse(s), children, or other heirs of mine upon my death; verify the legality of any distribution under the applicable probate, estate and transfer on death laws of any state where transfer takes place; or determine which state's law is applicable.
13. Not all states recognize transfer on death registration, and I acknowledge that neither Pershing nor Broker makes any representation as to the validity of this registration as a means of transferring on death in my case. I also acknowledge that I am not relying upon Pershing or Broker for any assurance of the validity of the Transfer on Death registration and will consult with my own attorney or advisor with respect to its appropriateness for me. If I live in a state which does not recognize Transfer on Death registration, the assets in the account shall be transferred in accordance with the laws of the State of New Jersey. If I am a non-U.S. individual establishing this account, I acknowledge and agree that neither Pershing nor Broker are responsible for compliance with the laws of succession or forced heirship, if any, in my country or domicile and the assets in this account shall be transferred in accordance with the laws of the state of New Jersey. I acknowledge and understand that this account may be subject to the U.S. Non-Resident Alien Estate Tax and agree that neither Pershing nor Broker are responsible for my compliance with U.S. tax laws.

14. ARBITRATION DISCLOSURES

THIS AGREEMENT CONTAINS A PREDISPUTE ARBITRATION CLAUSE. BY SIGNING AN ARBITRATION AGREEMENT THE PARTIES AGREE AS FOLLOWS: ALL PARTIES TO THIS AGREEMENT ARE GIVING UP THE RIGHT TO SUE EACH OTHER IN COURT, INCLUDING THE RIGHT TO A TRIAL BY JURY, EXCEPT AS PROVIDED BY THE RULES OF THE ARBITRATION FORUM IN WHICH A CLAIM IS FILED.

- ARBITRATION AWARDS ARE GENERALLY FINAL AND BINDING; A PARTY'S ABILITY TO HAVE A COURT REVERSE OR MODIFY AN ARBITRATION AWARD IS VERY LIMITED.
- THE ABILITY OF THE PARTIES TO OBTAIN DOCUMENTS, WITNESS STATEMENTS AND OTHER DISCOVERY IS GENERALLY MORE LIMITED IN ARBITRATION THAN IN COURT PROCEEDINGS.
- THE ARBITRATORS DO NOT HAVE TO EXPLAIN THE REASON(S) FOR THEIR AWARD. UNLESS, IN AN ELIGIBLE CASE, A JOINT REQUEST FOR AN EXPLAINED DECISION HAS BEEN SUBMITTED BY ALL PARTIES TO THE PANEL AT LEAST 20 DAYS PRIOR TO THE FIRST SCHEDULED HEARING DATE.





- THE PANEL OF ARBITRATORS WILL TYPICALLY INCLUDE A MINORITY OF ARBITRATORS WHO WERE OR ARE AFFILIATED WITH THE SECURITIES INDUSTRY.
- THE RULES OF SOME ARBITRATION FORUMS MAY IMPOSE TIME LIMITS FOR BRINGING A CLAIM IN ARBITRATION. IN SOME CASES, A CLAIM THAT IS INELIGIBLE FOR ARBITRATION MAY BE BROUGHT IN COURT.
- THE RULES OF THE ARBITRATION FORUM IN WHICH THE CLAIM IS FILED, AND ANY AMENDMENTS THERETO, SHALL BE INCORPORATED INTO THIS AGREEMENT.

15. ARBITRATION AGREEMENT

ANY CONTROVERSY BETWEEN PERSHING OR BROKER AND ME SHALL BE SUBMITTED TO ARBITRATION BEFORE ANY NATIONAL SECURITIES EXCHANGE ON WHICH A TRANSACTION GIVING RISE TO THE CLAIM TOOK PLACE (AND ONLY BEFORE SUCH EXCHANGE), OR THE FINANCIAL INDUSTRY REGULATORY AUTHORITY.

NO PERSON SHALL BRING A PUTATIVE OR CERTIFIED CLASS ACTION TO ARBITRATION, NOR SEEK TO ENFORCE ANY PREDISPUTE ARBITRATION AGREEMENT AGAINST ANY PERSON WHO HAS INITIATED IN COURT A PUTATIVE CLASS ACTION; OR WHO IS A MEMBER OF A PUTATIVE CLASS WHO HAS NOT OPTED OUT OF THE CLASS WITH RESPECT TO ANY CLAIMS ENCOMPASSED BY THE PUTATIVE CLASS ACTION UNTIL; (I) THE CLASS CERTIFICATION IS DENIED; (II) THE CLASS IS DECERTIFIED; OR (III) THE CUSTOMER IS EXCLUDED FROM THE CLASS BY THE COURT. SUCH FORBEARANCE TO ENFORCE AN AGREEMENT TO ARBITRATE SHALL NOT CONSTITUTE A WAIVER OF ANY RIGHTS UNDER THIS AGREEMENT EXCEPT TO THE EXTENT STATED HEREIN.

THE LAWS OF THE STATE OF NEW YORK GOVERN.

THE BROKERAGE AGREEMENT IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE, WHICH APPEARS ON PAGES 2 AND 3, PARAGRAPH 13 OF THE BROKERAGE AGREEMENT.





STEP 1: BROKERAGE ACCOUNT INFORMATION (REQUIRED)

Brokerage Account Number
(leave blank if new account)

Brokerage Account Owner's Name

STEP 2: BENEFICIARIES

Complete the beneficiaries section with your Primary Beneficiary(s) first and assign percentages. Blank percentage fields will be split evenly between the beneficiaries. The total of all primary beneficiaries must equal 100%. If not specifically or correctly assigned, we will assign the first primary with the rounded up value. Example, 3 beneficiaries with a 1/3 would be 33.34%, 33.33% and 33.33%. Beneficiary name, and date of birth are required fields, but the more information you are able to provide ensures a more accurate and timely distribution process.

Please only select one - either "per stirpes" or contingent beneficiary.

1. You have the option to assign a "per stirpes" designation to each primary beneficiary. This means should that beneficiary predecease you their portion of the funds would be passed to their living descendants in equal shares. Unlike other designations where if a beneficiary predeceases you and that beneficiaries shares are split evenly amongst the remaining beneficiaries, the shares would be split evenly to the deceased beneficiaries closest class of descendants.
2. The second option is to name contingent beneficiaries. Each Contingent Beneficiary listed below a beneficiary shall be treated as Beneficiary in the event that the Beneficiary named above him or her should predecease you. If more than one contingent beneficiary is named, they will be paid in equal shares. Contingent beneficiaries are identified as 1A, 2A, etc.

Primary Beneficiary 1

Beneficiary Name (First, Middle, Last Name/Trust Title)

Percentage

 %

Social Security Number/
Taxpayer Identification Number

Date of Birth/
Date of Trust (mm/dd/yyyy)

 / /

Telephone Number

Address

City

State

Zip Code

CHOOSE ONE OF THE FOLLOWING FOR THE PRIMARY BENEFICIARY LISTED ABOVE – "PER STIRPES" OR NAME A CONTINGENT BENEFICIARY (OPTIONAL)

Select this box if you wish to designate "per stirpes" and assign the beneficiary's lineal descendants as contingent beneficiaries.

Contingent Beneficiary 1A

Beneficiary Name (First, Middle, Last Name/Trust Title)

Social Security Number/
Taxpayer Identification Number

Date of Birth/
Date of Trust (mm/dd/yyyy)

 / /

Telephone Number

Address

City

State

Zip Code





STEP 2: BENEFICIARIES (CONTINUED)

Primary Beneficiary 2

Beneficiary Name (First, Middle, Last Name/Trust Title) Percentage
 %

Social Security Number/ Taxpayer Identification Number	Date of Birth/ Date of Trust (mm/dd/yyyy)	Telephone Number
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>

Address	City	State	Zip Code
<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>

CHOOSE ONE OF THE FOLLOWING FOR THE PRIMARY BENEFICIARY LISTED ABOVE – "PER STIRPES" OR NAME A CONTINGENT BENEFICIARY (OPTIONAL)

Select this box if you wish to designate "per stirpes" and assign the beneficiary's lineal descendants as contingent beneficiaries.

Contingent Beneficiary 2A

Beneficiary Name (First, Middle, Last Name/Trust Title)

Social Security Number/ Taxpayer Identification Number	Date of Birth/ Date of Trust (mm/dd/yyyy)	Telephone Number
<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> / <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>

Address	City	State	Zip Code
<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>





STEP 2: BENEFICIARIES (CONTINUED)

Primary Beneficiary 3

Beneficiary Name (First, Middle, Last Name/Trust Title) Percentage %

Social Security Number/
Taxpayer Identification Number
Date of Birth/
Date of Trust (mm/dd/yyyy) / /
Telephone Number

Address City State Zip Code

CHOOSE ONE OF THE FOLLOWING FOR THE PRIMARY BENEFICIARY LISTED ABOVE – "PER STIRPES" OR NAME A CONTINGENT BENEFICIARY (OPTIONAL)

Select this box if you wish to designate "per stirpes" and assign the beneficiary's lineal descendants as contingent beneficiaries.

Contingent Beneficiary 3A

Beneficiary Name (First, Middle, Last Name/Trust Title)

Social Security Number/
Taxpayer Identification Number
Date of Birth/
Date of Trust (mm/dd/yyyy) / /
Telephone Number

Address City State Zip Code





STEP 2: BENEFICIARIES (CONTINUED)

Primary Beneficiary 4

Beneficiary Name (First, Middle, Last Name/Trust Title)	Percentage
<input type="text"/>	<input type="text"/> %

Social Security Number/ Taxpayer Identification Number	Date of Birth/ Date of Trust (mm/dd/yyyy)	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

CHOOSE ONE OF THE FOLLOWING FOR THE PRIMARY BENEFICIARY LISTED ABOVE – "PER STIRPES" OR NAME A CONTINGENT BENEFICIARY (OPTIONAL)

Select this box if you wish to designate "per stirpes" and assign the beneficiary's lineal descendants as contingent beneficiaries.

Contingent Beneficiary 4A

Beneficiary Name (First, Middle, Last Name/Trust Title)

Social Security Number/ Taxpayer Identification Number	Date of Birth/ Date of Trust (mm/dd/yyyy)	Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Note: If you need to add additional beneficiaries, please attach a separate letter with all of the information requested above. The attachment letter must also be signed, dated and submitted with this agreement. Label additional Primary Beneficiaries with the next available number, such as Primary Beneficiary 5. The Contingent Beneficiaries should be assigned a primary number and their own letter such as 5A, 6A, etc.





STEP 3: SPOUSAL CONSENT (REQUIRED)

Are you married, residing in a community property or marital property state, including: AZ, CA, ID, LA, NV, NM, TX, WA, WI, and you have designated someone other than your spouse as your sole Beneficiary in Step 2 above?

YES (If you have checked "Yes", your spouse must sign this form.)

NO (If you have checked "NO", please skip to Step 4.)

By signing below, I (spouse of the Account Owner) hereby consent to any designation of Beneficiary(ies) made above and I waive any community and marital property rights to the assets in this account after the death of the Account Owner.

Spouse Signature	Spouse Printed Name	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

STEP 4: ACCOUNT OWNER SIGNATURE (REQUIRED)

The Account Owner whose signature appears below hereby requests that Pershing LLC on behalf of TIAA Brokerage establish a Transfer on Death account and understands that the beneficiary designation is governed by the Transfer on Death agreement, client account agreement, and any other applicable written agreements including the predispute arbitration clause. The Account Owner below designates the listed persons/entities as Beneficiary(ies) of this Transfer on Death Account and agrees to be bound to the Terms and Conditions set forth within.

This form must be signed by the Account Owner and cannot be signed by a Power of Attorney (POA).

Account Owner's Signature	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/> <input type="text"/>

RETURN COMPLETED FORM(S)

Upload your documents easily from your mobile device or computer.

Use the TIAA mobile app to quickly upload your completed documents. It's as simple as taking a picture:

- Tap the **Message Center** icon in the upper-right corner of your main screen.
- Select the **Files** header and tap **Upload**. That's it!

Haven't downloaded the TIAA mobile app? Get it today in the **App Store** or **Google Play**.

Don't have a smartphone? It's still easy. From your personal computer, here's what you'll need to do:

- Log in to your **TIAA.org** account and select the **Actions** tab.
- Choose **Upload documents** from the options presented.
- Select **Upload Files** and follow the step-by-step instructions.

Faxing a document or using standard or overnight mail are also available, but can take more time. If you prefer one of these methods, use the information provided below to complete the process.

FAX:
800-914-8922 (within U.S.)

STANDARD MAIL:
TIAA
P.O. Box 1280
Charlotte, NC 28201-1280

OVERNIGHT:
TIAA
8500 Andrew Carnegie Blvd.
Charlotte, NC 28262

