



Please complete the Cash Solutions Account (CSA) Application if you would like to add the convenient features of either checking and/or a debit card on your TIAA Brokerage Services Account. By signing this application, you are acknowledging that you have read and agree to the terms as specified in the Agreement.

Questions? Please call 800-927-3059 Monday - Friday 8 a.m. - 7 p.m. (ET). Fax: 800-914-8922.

**STEP 1: BROKERAGE ACCOUNT INFORMATION (REQUIRED)**

Brokerage Account Number

Brokerage Account Registration/Name(s)

**STEP 2: ELIGIBILITY REQUIREMENTS**

(Note: Both criteria must be met before this feature can be added to your account.)

- The account has been open and funded for at least 30 days.
- The account balance is at least \$10,000.

**STEP 3: CASH SOLUTION ACCOUNT OPTIONS**

(Note: Please choose ONE option under the appropriate CSA level. If no selection is made, Silver will be granted. Debit cards are not available for Custodial accounts.)

**Silver Level**

\$25 Annual fee

Checks ONLY

**Gold Level**

\$65 Annual fee

Checks ONLY

Gold Debit Card ONLY

Checks and Gold Debit Card

**Platinum Level**

\$110 Annual fee

Checks ONLY

Platinum Debit Card ONLY

Checks and Platinum Debit Card

**Check Style Options NOTE:** Checking account activity will be displayed on your account statement. Individual checks are not returned, but are available upon request for an additional fee.

Personal Wallet Checks (default option with an initial order of 40 checks)  Business Style Checks (\$60 for the initial order of 252 checks with binder)

Starting Check Number (Defaults to 0101)

**IMPORTANT:** Your name and address will appear on your checks as they appear on your Account Registration. You may choose not to include your address by checking the box below or include an additional line to be printed on your check (for instance, your telephone number).

No address on checks  Additional information added on checks (Maximum of 32 characters; please print clearly below)

**BillSuite** (OPTIONAL – Available ONLY for accounts with checkwriting)

BillSuite enables you to view, pay and manage bills online and is available to CSA accounts with checkwriting at no additional charge. For further details, please call us at 800-927-3059.

**RewardSuite** (OPTIONAL – Available ONLY for Gold and Platinum Debit Card Holders)

RewardSuite is a client loyalty program, which provides points for eligible purchase and exciting redemption options including air travel, gift cards or cash back. Clients signing up for RewardSuite must abide by the program's terms and conditions. Please refer to the RewardSuite website for information on eligible purchases at [www.myrewardsuite.com](http://www.myrewardsuite.com).





**STEP 4: ALTERNATE MAILING ADDRESS (OPTIONAL)**

Please complete if you want your initial order of checks and/or debit card(s) to be sent to an address other than the primary address that appears on your brokerage statement.

Alternative Address

City

State

Zip Code

Primary Account Owner/Authorized Person Signature

Today's Date (mm/dd/yyyy)

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**PRIMARY ACCOUNT OWNER (Individual/Joint Account) OR AUTHORIZED PERSON (Trust/Custodial) MUST SIGN AND DATE ABOVE IF AN ALTERNATE MAILING ADDRESS IS REQUESTED.**

**STEP 5: ADDITIONAL SIGNATORY (OPTIONAL)**

For individual and joint accounts only to allow your Full Power of Attorney (FPOA) to sign checks. If you need to add your FPOA to your account, then please provide a TIAA Power of Attorney Form with this application.

Print FPOA Name

Social Security Number/  
 Taxpayer Identification Number  
 (Enter the last 4 digits of your SSN or TIN)

 X  X  X  X    

Print Mother's Maiden Name/Code Name (max 13 characters)

FPOA Signature

Today's Date (mm/dd/yyyy)

  /   / 20  

Primary Account Owner Signature

Today's Date (mm/dd/yyyy)

  /   / 20  

**PRIMARY ACCOUNT OWNER (Individual/Joint Account) MUST SIGN AND DATE ABOVE IF ADDITIONAL SIGNATORY IS ADDED.**





**STEP 6: CASH SOLUTIONS ACCOUNT AGREEMENT**

I (We) have requested TIAA-CREF Individual & Institutional Services, LLC to open a brokerage account with Pershing LLC (“Pershing”) in the name(s) listed as account holder(s) on this application. I (We) further request The Bank of New York Mellon to issue checks and PNC Bank, N.A. (the “Bank”) to issue Visa debit card(s) as indicated on this application. Prior to signing this application below, I have received and read the TIAA Brokerage Account Customer Agreement (“Agreement”) including Cash Solutions Account terms and my signature below is my agreement to the terms and conditions of the Agreement as currently in effect and as subsequently amended from time to time. I agree that my use of the Cash Solutions Account checkwriting privilege and/or Visa Debit Card is governed by the Agreement and that I am bound by the Agreement. Interest on debit balances will be charged and compounded in accordance with the Agreement.

Pershing may suspend execution of any trades in my (our) account pending receipt of this consent. This agreement, with respect to all portions of the Cash Solutions Account, including interest charges on loans Pershing may make to me, will be governed by, and interpreted under, the laws of the State of New York. The terms of my agreement with PNC Bank, N.A. are governed by Pennsylvania law. The terms of my agreement in regards to BillSuite portion of the Agreement is governed by Georgia law.

I acknowledge that I have read, understand, and agree to the terms and conditions of the TIAA Brokerage Account Customer Agreement, including the Margin Agreement, and Margin Disclosure statement which details the risks associated with a margin account, and I have read and understand the credit terms explained in the disclosure statement.

**BY SIGNING THIS AGREEMENT I ACKNOWLEDGE THAT SECURITIES NOT FULLY PAID FOR BY ME MAY BE LOANED TO PERSHING OR LOANED OUT TO OTHERS. I also acknowledge that I have received and read the Predispute Arbitration Clause on Page 2, Paragraph 13 of the Agreement.**

**STEP 7: ACCOUNT OWNER(S)/AUTHORIZED PERSON(S) SIGNATURES**

**Note:** All information must be completed and required by each Account Owner(s) (Individual/Joint Accounts) and/or Authorized Person(s) (Trust/Custodial).

1. Print Name (max 21 characters to show on debit card if applicable)

Print Mother’s Maiden Name/Code Name (max 13 characters)

Signature

Today’s Date (mm/dd/yyyy)

 /  /  2  0 

2. Print Name (max 21 characters to show on debit card if applicable)

Print Mother’s Maiden Name/Code Name (max 13 characters)

Signature

Today’s Date (mm/dd/yyyy)

 /  /  2  0 

**FINANCIAL ORGANIZATION USE ONLY – To be approved by an authorized person at TIAA.**

TIAA guarantees that the signature(s) on this application is/are that of the Account owner(s)/Authorized Person or is/are authorized by the Account owner(s). We have reviewed and approved this Account.

Your Signature

Print Name and Title (if applicable)

Today’s Date (mm/dd/yyyy)

 /  /  2  0 

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

FAX:  
800-914-8922

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

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

**SEND US YOUR FORM ONLINE:**

- Log in to your account at [tiaa.org](http://tiaa.org). On the top most menu, next to “Profile & Settings,” select “Messages.”
- Within the “Shared Files” tab in “Message Center,” select the “Upload Files” button.

