





**STEP 2: ACCOUNT OWNER/TRUSTEE INFORMATION (REQUIRED) (CONTINUED)**

**EMPLOYMENT INFORMATION FOR ACCOUNT OWNER/TRUSTEE (Required)**

If  Unemployed or  Retired, state source of income:

If  Employed, Self-Employed or Consultant, complete the following:

Employer's Name <input type="text"/>	Your Occupation/Title <input type="text"/>		
Business Street Address <input type="text"/>	City <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

**Complete if applicable**

I am, or an immediate family member is, a director, a 10% shareholder, or a policy-making executive of a publicly traded company.

Name of Person <input type="text"/>	Company Name/Symbol <input type="text"/>
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I am, or an immediate family member is, affiliated with or working for another member firm, stock exchange, or FINRA, including TIAA or as an affiliated person will have any financial interest in or discretionary authority over this account.

Relationship to Person <input type="text"/>	Name of Person <input type="text"/>	Name of Firm <input type="text"/>
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I am, or a person with interest in this account is (i) a senior military, governmental or political official in a non-U.S. country, or (ii) closely associated with or an immediate family member of such an official.

**STEP 3: YOUR INVESTMENT PROFILE (REQUIRED)**

Annual income (from all sources):	<input type="checkbox"/> Under \$24,999	<input type="checkbox"/> \$25,000 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999
	<input type="checkbox"/> \$100,000 - \$250,000	<input type="checkbox"/> Over \$250,000	
Approximate net worth, excluding residence:	<input type="checkbox"/> \$0 - \$49,999	<input type="checkbox"/> \$50,000 - \$99,999	<input type="checkbox"/> \$100,000 - \$249,999
	<input type="checkbox"/> \$250,000 - \$1 million	<input type="checkbox"/> Over \$1 million	
Current tax bracket:	<input type="checkbox"/> 0 - 15%	<input type="checkbox"/> 15.1% - 32%	<input type="checkbox"/> 32.1% - 50%
Investment objective (choose one):	<input type="checkbox"/> Capital Preservation	<input type="checkbox"/> Income	<input type="checkbox"/> Growth
			<input type="checkbox"/> Speculation

**STEP 4: SWEEP OPTION**

Bank Deposit Sweep Option: TIAA Bank Retirement Sweep Account\*

\*Two separate bank sweep options will be used: (1) the TIAA Bank Retirement Sweep Account option to be used as the primary bank sweep option for uninvested cash balances in your account up to a maximum amount set by TIAA-CREF Trust Company, FSB ("TIAA, FSB") (not to exceed current per depositor FDIC insurance limits); and (2) the Liquid Insured Deposits Option to be used for uninvested cash balances in your Account in excess of the maximum amount accepted by TIAA, FSB. See the TIAA Brokerage Customer Account Agreement and the terms and conditions for each sweep option for more information.





**STEP 5: INHERITED IRA INFORMATION (REQUIRED FOR INHERITED IRAs ONLY)**

Decedent's First Name	M. I.	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Decedent's Social Security Number	Date of Birth (mmddyyyy)	Date of Death (mmddyyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Relationship of the IRA account owner to the decedent		
<input type="text"/>		

**INHERITED IRA TRUST ACCOUNT**

**Note:** For an Inherited IRA Trust account the following information along with a Trustee Certification of Investment Powers form is required. Tax reporting will be provided on the number listed below.

Trust Account Name

Social Security Number/ Taxpayer Identification Number	Trust Effective Date (mmddyyyy)
<input type="text"/>	<input type="text"/>

**STEP 6: BENEFICIARY DESIGNATIONS**

If you want to name additional primary or contingent beneficiaries, attach a separate sheet with all of the requested information. You understand that the beneficiary(ies) named herein may be changed or revoked by you at any time by completing a new designation in writing with TIAA Brokerage Services. You hereby make the following designation of beneficiary(ies) pursuant to the provisions of the TIAA-CREF Trust Company, FSB Trust Agreement.

**INSTRUCTIONS:**

1. Name the Primary Beneficiary(ies) you want to receive the balance of your IRA assets following your death. Please include all of the requested information.
2. Be sure to indicate the particular percentage of IRA assets you would like TIAA-CREF Trust Company, FSB to distribute to each Primary Beneficiary after your death (the sum should add up to 100%). If no percentage is indicated, your IRA assets will be distributed equally among all surviving Primary Beneficiaries.
3. If a Primary beneficiary should predecease you and you want that beneficiary's share to go to his or her lineal descendants, check "per stirpes." Otherwise, a Primary Beneficiary's rights end with the death of that beneficiary, and the estate of a predeceased beneficiary has no claim to or interest in your account. If you do not check "per stirpes" and the Primary Beneficiary predeceases you, their share will be divided among surviving Primary Beneficiaries (if any), and if there are no surviving beneficiaries, the interest will pass to the Contingent Beneficiaries.

**PRIMARY BENEFICIARY(IES) (REQUIRED - AT LEAST ONE PRIMARY BENEFICIARY)**

1. Name (First Name, Middle Initial, Last Name, Suffix) Percentage

%

Social Security Number/ Taxpayer Identification Number	Date of Birth/Date of Trust/ Issue Date of Will (mmddyyyy)	Relationship	Gender
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

Lineal Descendants Per Stirpes (LDPS)

Yes, add Per Stirpes





**STEP 6: BENEFICIARY DESIGNATIONS (CONTINUED)**

2. Name (First Name, Middle Initial, Last Name, Suffix) Percentage  
  %

Social Security Number/  
Taxpayer Identification Number Date of Birth/Date of Trust/  
Issue Date of Will (mmddyyyy) Relationship Gender  
    Male  Female

Lineal Descendants Per Stirpes (LDPS)  
 Yes, add Per Stirpes

3. Name (First Name, Middle Initial, Last Name, Suffix) Percentage  
  %

Social Security Number/  
Taxpayer Identification Number Date of Birth/Date of Trust/  
Issue Date of Will (mmddyyyy) Relationship Gender  
    Male  Female

Lineal Descendants Per Stirpes (LDPS)  
 Yes, add Per Stirpes

4. Name (First Name, Middle Initial, Last Name, Suffix) Percentage  
  %

Social Security Number/  
Taxpayer Identification Number Date of Birth/Date of Trust/  
Issue Date of Will (mmddyyyy) Relationship Gender  
    Male  Female

Lineal Descendants Per Stirpes (LDPS)  
 Yes, add Per Stirpes

\*Note: The sum of the percentage for all primary beneficiaries must equal 100%.



**STEP 6: BENEFICIARY DESIGNATIONS (CONTINUED)**

**CONTINGENT BENEFICIARY(IES) (OPTIONAL)**

**INSTRUCTIONS:**

1. If desired, name the Contingent Beneficiary(ies) you want to receive the balance of your IRA assets following your death, should all Primary Beneficiaries (and their lineal descendants, if applicable) predecease you. Please include all of the requested information.
2. Be sure to indicate the particular percentage of IRA assets you would like TIAA-CREF Trust Company, FSB to distribute to each Contingent Beneficiary after your death (the sum should add up to 100%). If no percentage is indicated, your IRA assets will be distributed equally among all surviving Contingent Beneficiaries.
3. If a Contingent Beneficiary should predecease you and you want that beneficiary's share to go to his or her lineal descendants, check "per stirpes." Otherwise, a Contingent Beneficiary's rights end with the death of that beneficiary, and the estate of a predeceased beneficiary has no claim to or interest in your account.

1. Name (First Name, Middle Initial, Last Name, Suffix) Percentage  
  %

Social Security Number/  
Taxpayer Identification Number  Date of Birth/Date of Trust/  
Issue Date of Will (mmddyyyy)  Relationship  Gender  Male  Female

Lineal Descendants Per Stirpes (LDPS)  
 Yes, add Per Stirpes

2. Name (First Name, Middle Initial, Last Name, Suffix) Percentage  
  %

Social Security Number/  
Taxpayer Identification Number  Date of Birth/Date of Trust/  
Issue Date of Will (mmddyyyy)  Relationship  Gender  Male  Female

Lineal Descendants Per Stirpes (LDPS)  
 Yes, add Per Stirpes

3. Name (First Name, Middle Initial, Last Name, Suffix) Percentage  
  %

Social Security Number/  
Taxpayer Identification Number  Date of Birth/Date of Trust/  
Issue Date of Will (mmddyyyy)  Relationship  Gender  Male  Female

Lineal Descendants Per Stirpes (LDPS)  
 Yes, add Per Stirpes





**STEP 6: BENEFICIARY DESIGNATIONS (CONTINUED)**

4. Name (First Name, Middle Initial, Last Name, Suffix) Percentage  
  %

Social Security Number/  
Taxpayer Identification Number Date of Birth/Date of Trust/  
Issue Date of Will (mmdyyy) Relationship Gender  
    Male  Female

Lineal Descendants Per Stirpes (LDPS)  
 Yes, add Per Stirpes

**STEP 7: SPOUSAL CONSENT (ONLY REQUIRED IF: YOU ARE MARRIED, RESIDE IN A COMMUNITY PROPERTY STATE AND DO NOT NAME YOUR SPOUSE AS SOLE PRIMARY BENEFICIARY.)**

If you are married, reside in a community property or marital property state (including but not limited to: AZ, CA, ID, LA, NV, NM, TX, WA, WI), and designate someone other than your spouse as your sole Primary Beneficiary, your spouse must sign this form below, and have their signature notarized.

I am the spouse of the above-named account holder. I acknowledge that I have received a fair and reasonable disclosure of my spouse's property and financial obligations. Due to the important tax consequences of giving up my interest in this IRA, I have been advised to see a tax professional. I hereby give the account holder any interest I have in the funds or property deposited in this IRA and consent to the Beneficiary designation(s) indicated above. I assume full responsibility for any adverse consequences that may result. No tax or legal advice was given to me by the Custodian.

Spousal Signature Today's Date (mm/dd/yyyy)  
  /  /  20

**NOTARY SIGNATURE**

Print Name

On the date noted below the subscriber known to me to be the person described in and who executed the foregoing instrument and he/she acknowledged to me that he/she executed the same.

Notary Public's Signature

State County

Notary Expiration Date (mm/dd/yyyy) Today's Date (mm/dd/yyyy)  
 /  / 20   /  /  20

In this space, the Notary Public must provide his/her notarial number and the date the appointment expires. Provide the notarial seal if outside New York state.





**STEP 8: AGREEMENT AND SIGNATURE(S) (REQUIRED)**

By signing this TIAA Brokerage IRA Application ("Application"), I certify as follows:

I am opening a brokerage account ("Account") with TIAA Brokerage Services ("TBS"). TBS is a division of TIAA-CREF Individual & Institutional Services, LLC ("Services LLC"). Brokerage accounts and related brokerage services are provided by TBS as a registered broker/dealer. I certify that the information I have provided in this Application is true and correct, and that I am of legal age and have the legal capacity to open this Account with TBS;

I acknowledge that the Application is not for a foreign financial institution or a private banking account.

I understand the eligibility requirements for the type of IRA deposit I am making and state that I do qualify to make the deposit. I also understand it is my responsibility for understanding contribution limits for IRAs. Over-contributions may result in IRS penalties.

If I am an Inherited IRA owner, I understand the distribution requirements and the contribution limitations associated with the Inherited IRA. I understand that it is my responsibility to take the required distributions from the Inherited IRA. I acknowledge that I shall seek legal and tax advice and have not been provided such advice from the custodian or from Services LLC. I understand that the Account includes a sweep option feature which automatically transfers uninvested cash balances in the Account at the end of each business day to the bank sweep deposit option (a "Sweep Option" and together the "Sweep Program") and facilitates the transfer of uninvested cash balances to the Account to cover purchases of securities and other debits in the Account. I direct Services LLC to use the default Sweep Option provided within this Account Application. A prospectus or similar disclosure document for the Sweep Option is available for the Account by calling 800-927-3059. I agree to review this disclosure document prior to opening the Account. TIAA may change the terms and conditions of the Sweep Program and the Sweep Options available for the Account, in its sole discretion. I understand that TIAA will provide me with written notice in advance of adding, changing or deleting Sweep Options for the Account or making other changes to the Sweep Program to the extent required by applicable law.

I acknowledge that: (1) I have been furnished with a copy of the TIAA Brokerage Customer Account Agreement ("Agreement"), the Disclosure Statement, and the TIAA-CREF Trust Company, FSB Trust Agreement ("Trust Agreement"), and I have read, understood, and agree to be bound by the terms and conditions as they are currently in effect and as they may be amended, from time to time; and (2) **THIS APPLICATION IS GOVERNED BY A PREDISPUTE ARBITRATION CLAUSE, WHICH APPEARS ON PAGE 2, PARAGRAPH 13 OF THE AGREEMENT. I HEREBY ADOPT THE TIAA-CREF TRUST COMPANY, FSB TRUST AGREEMENT. THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.**

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.**

Your Signature (Account Owner/Trustee)

Print Name and Title (if applicable)

Today's Date (mm/dd/yyyy)

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*Investment products are provided by TIAA Brokerage Services, a division of TIAA-CREF Individual & Institutional Services, LLC. Member FINRA and SIPC. Securities are not FDIC insured and are not a deposit or other obligation of or guaranteed by any bank or TIAA.*

*Securities are subject to investment risk, including possible loss of the principal amount invested.*

*Brokerage accounts are carried by Pershing LLC, a subsidiary of The Bank of New York Corporation, Inc. Member FINRA, NYSE, SIPC.*





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**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](https://www.tiaa.org). On the main menu, under “My Account,” select the “Upload documents” link.
- Within the “Shared Files” tab in “Message Center,” select the “Upload Files” button.

**MOBILE UPLOAD:**

- Log in to your TIAA app, and click on “Message Center” from the top right menu.
- Click on “Shared Files.”
- In the bottom right corner, click on the upload icon and select the folder to upload to.
- Follow the instructions to take a picture and upload your completed form.

