

INDEMNIFICATION AGREEMENT FOR POWER OF ATTORNEY REGISTRATION

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).

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.

1. ACCOUNT INFORMATION (REQUIRED)

Please fill out this section with your current registration and TIAA-CREF Mutual Fund account number(s). Please print and only use black or dark blue ink.

Account Registration/Name of Account Owner(s)

Social Security Number/
Taxpayer Identification Number

All my Mutual Fund Accounts (Note: This will not apply to my other TIAA Brokerage, Insurance, and Pension accounts)

Mutual Fund Account Number(s)

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Daytime Phone

Evening Phone

2. POWER OF ATTORNEY

I, do hereby make, constitute and appoint

whose address is

Social Security Number

Date of Birth (mm/dd/yyyy)

 / /

my true and lawful attorney or agent ("Agent") for me and in my name, place and stead:

- (1) to transmit to the transfer agent State Street Bank and Trust Company ("State Street") and its service company DST Systems either orally or in writing in accordance with procedures established by either State Street or DST Systems from time to time, instructions for the purchase, sale, exchange or transfer of shares with respect to any account(s) I may hold with the above-named mutual fund(s);
- (2) to make, draw, sign, endorse, negotiate, cash, deliver and make a stop payment of checks drawn on any of my accounts with said mutual fund(s); and
- (3) to enter into all other lawful transactions with respect to any of my said mutual fund account(s).



2. POWER OF ATTORNEY (CONTINUED)

I hereby agree to indemnify and hold State Street, DST Systems and the above-named mutual fund(s) harmless from acting upon instructions, either oral or in writing, believed to have originated from said Agent and from any and all acts of said Agent with respect to the shares held in my account(s) with any of these mutual funds.

This authorization and indemnity is a continuing one and shall remain in full force and effect and shall be binding upon the undersigned's heirs, executors, successives, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to DST Systems and delivered to its main office, such revocation shall not affect any liability in any way resulting from transactions initiated prior to DST Systems acting on such revocation within a reasonable amount of time. In case of the death, disability or incompetence of the undersigned, this authorization shall continue and State Street, DST Systems and the above-named mutual funds(s) shall not be responsible for any action taken on the basis of this authorization until DST Systems has received written notice thereof addressed to DST Systems and delivered to its main office.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto set my hand and seal the

day of , 20

Signature of Shareholder/Grantor of Power of Attorney

NOTARY CERTIFICATION

STATE OF COUNTY OF S.S.:

On this day of , 20 , before me personally appeared , to me personally known to be the individual described herein and who executed the foregoing instrument, and acknowledged that he or she executed the same.

Notary Public

My Commission Expires (mm/dd/yyyy)

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INFORMATION FOR AND AFFIDAVIT OF ATTORNEY-IN-FACT

Must be completed by the Attorney-in-Fact.

Name of Attorney-in-Fact

STATE OF COUNTY OF S.S.:

Being duly sworn and deposed, I affirm that:

as principal, who resides at did, on this day of , 20 , appoint me his true and lawful attorney by the foregoing instrument hereby made a part hereof. I further certify, under penalty of perjury, that the personal information I have provided above is true and accurate.

Signature of Attorney-in-Fact

Sworn to before me this day of , 20 ,

Notary Public

My Commission Expires (mm/dd/yyyy)

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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

