



A TIAA Company

TIAA-CREF FUNDS  
**POWER OF ATTORNEY (POA) FORM**  
**(RETAIL CLASS ONLY)**

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**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)


In order to name an Agent to act on behalf of a TIAA-CREF Funds trust account, the trust document must provide the trustees with the authority to delegate powers and appoint Agents. Please review the trust document to ensure that an Agent may be added to the Account. You will be asked to certify that the trust document permits you to appoint the Agent. You will also be asked to certify that the trust document permits the Agent to exercise the authorities set forth in this form.

This POA cannot be used on TIAA-CREF Funds UTMA/UGMA custodial accounts.

Social Security Number/  
Taxpayer Identification Number

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

Mutual Fund Account Number(s)


Daytime Phone

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Evening Phone

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## 2. POWER OF ATTORNEY

I hereby agree to indemnify and hold DST Asset Manager Solutions, Inc. 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. TIAA-CREF Funds, in its sole discretion and for whatever reason, may request additional documentation from you prior to effecting any instruction, including but not limited to executing any transaction, requested by Agent.

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, successors, beneficiaries, or assigns until revoked by the undersigned by a written notice addressed to DST Asset Manager Solutions, Inc. and delivered to its main office. Such revocation shall not affect any liability in any way resulting from transactions initiated prior to DST Asset Manager Solutions, Inc. 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 DST Asset Manager Solutions, Inc. and the above-named mutual funds(s) shall not be responsible for any action taken on the basis of this authorization until DST Asset Manager Solutions, Inc. has received written notice thereof addressed to DST Asset Manager Solutions, Inc. and delivered to its main office.

If the Account is a trust account, you certify that the trust document permits the appointment of the Agent by you and certify the trust document permits the Agent to exercise the authorities set forth in this form over the Account. You also warrant and represent that your appointment is consistent with the terms of the trust. **For trust accounts, please complete section 3 on page 4 instead of the notary certification in this section.**

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 and its service company, DST Asset Manager Solutions, Inc., either orally or in writing in accordance with procedures established by either DST Asset Manager Solutions, Inc. 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).

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)

  /   /    **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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**3. MEDALLION SIGNATURE GUARANTEE (REQUIRED FOR A TRUSTEE ONLY)**

A Medallion Signature Guarantee is not the same as a notarized signature. You must obtain a medallion signature from a national or state bank, federal savings and loan association, savings bank, or member of a national stock exchange who is a member of the medallion signature program. A notary public is not an acceptable Medallion Signature guarantor.

I certify that the above-named person as described and whose identity is known or proven to me personally appeared before me on the date and location listed below.

Medallion Signature Guarantee for Trustee requesting to add an Attorney-in-Fact as an agent in their capacity as a trustee to the Trust account.

	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"/>		
	City	State	Zip
	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
	Print Name of Certifying Officer		
<input type="text"/>			
Title of Certifying Officer			
<input type="text"/>			

**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

