

1. ACCOUNT INFORMATION (CONTINUED)

Joint Owner's Name (for non IRAs, if applicable)

Prefix First Name MI Last Name

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

Primary Phone Number Phone Number Type Secondary Phone Number Phone Number Type
 Mobile Home Business Mobile Home Business

Alternate Phone Phone Number Type Email Address
 Mobile Home Business

2. PRIMARY BENEFICIARY(IES)

I designate the following as my Primary Beneficiary(ies) to receive any amounts due at my death: (Please take note that the Custodian may not be designated as the Beneficiary.)

Lineal Descendants Per Stirpes

Yes, add Per Stirpes (For every beneficiary)

PRIMARY BENEFICIARY 1

Prefix First Name MI Last Name

Social Security Number Date of Birth (mm/dd/yyyy) Relationship Percent
 / / %

Custodian (If the beneficiary is a minor) Relationship

Address Street or P.O. Box (APO and FPO addresses will be accepted) City State Zip Code

Address (If the above address is a P.O. Box, you must also provide a street address) City State Zip Code

Primary Phone Number Phone Number Type Secondary Phone Number Phone Number Type
 Mobile Home Business Mobile Home Business

Alternate Phone Phone Number Type Email Address
 Mobile Home Business



2. PRIMARY BENEFICIARY(IES) (CONTINUED)

PRIMARY BENEFICIARY 2

Prefix First Name MI Last Name

Social Security Number Date of Birth (mm/dd/yyyy) / / Relationship Percent %

Custodian (If the beneficiary is a minor) Relationship

Address Street or P.O. Box (APO and FPO addresses will be accepted) City State Zip Code

Address (If the above address is a P.O. Box, you must also provide a street address) City State Zip Code

Primary Phone Number Phone Number Type Mobile Home Business Secondary Phone Number Phone Number Type Mobile Home Business

Alternate Phone Phone Number Type Mobile Home Business Email Address

PRIMARY BENEFICIARY 3

Prefix First Name MI Last Name

Social Security Number Date of Birth (mm/dd/yyyy) / / Relationship Percent %

Custodian (If the beneficiary is a minor) Relationship

Address Street or P.O. Box (APO and FPO addresses will be accepted) City State Zip Code

Address (If the above address is a P.O. Box, you must also provide a street address) City State Zip Code

Primary Phone Number Phone Number Type Mobile Home Business Secondary Phone Number Phone Number Type Mobile Home Business

Alternate Phone Phone Number Type Mobile Home Business Email Address

Percent (Total 100%)



3. CONTINGENT BENEFICIARY(IES)

If none of the Primary Beneficiary(ies) are living on the date of my death, I hereby designate the following as my Contingent Beneficiary(ies) to receive any amounts due: (Please note that the Custodian may not be designated as the Beneficiary.)

Lineal Descendants Per Stirpes

Yes, add Per Stirpes (For every beneficiary)

CONTINGENT BENEFICIARY 1

Prefix	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm/dd/yyyy)	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
Custodian (If the beneficiary is a minor)	Relationship		
<input type="text"/>	<input type="text"/>		
Address Street or P.O. Box (APO and FPO addresses will be accepted)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (If the above address is a P.O. Box, you must also provide a street address)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number	Phone Number Type	Secondary Phone Number	Phone Number Type
<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business
Alternate Phone	Phone Number Type	Email Address	
<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="text"/>	

CONTINGENT BENEFICIARY 2

Prefix	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mm/dd/yyyy)	Relationship	Percent
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> %
Custodian (If the beneficiary is a minor)	Relationship		
<input type="text"/>	<input type="text"/>		
Address Street or P.O. Box (APO and FPO addresses will be accepted)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address (If the above address is a P.O. Box, you must also provide a street address)	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Primary Phone Number	Phone Number Type	Secondary Phone Number	Phone Number Type
<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business
Alternate Phone	Phone Number Type	Email Address	
<input type="text"/>	<input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Business	<input type="text"/>	

Percent (Total 100%)

Note: If you reside in a community property state, you may need your spouse's consent to your beneficiary designations. You may wish to seek legal advice.



4. SIGNATURE

I make the Designation of Beneficiary specified above and revoke any previous designations made for my TIAA-CREF Funds Account identified above. I understand that the Beneficiaries' names may be revoked at any time by filing a written revocation or designation with TIAA. Please sign exactly as your name(s) appears on your account confirmation statements.

Your Signature (Account Owner)

Print Name and Title (if applicable)

Today's Date (mm/dd/yyyy)

 / / 20

Your Signature (Joint Owner for non IRAs)

Print Name and Title (if applicable)

Today's Date (mm/dd/yyyy)

 / / 20**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

