



Complete this form to add services or make changes to one of your accounts with TIAA-CREF Funds. Please refer to the fund prospectus for more detailed information on each of these service options.

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.

Send your signed and completed Form to TIAA-CREF Funds per Return Completed Forms section below or in the enclosed customer reply envelope. Please call 800-223-1200, enter prompt 1, prompt 2, with any questions, weekdays, 8 a.m. – 10 p.m. (ET).

**1. ACCOUNT INFORMATION (REQUIRED)**

Please fill out this section with your account number and current registration.

Name of Primary Owner, Responsible Individual/Custodian (one per account), Corporation or Trust

Prefix	First Name or Name of Entity	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you are making changes to any entity account that affects the beneficial ownership or control, please complete the enclosed TIAA-CREF Funds Legal Entity Beneficial Ownership Certification Form (F40214).

Social Security Number/ Taxpayer Identification Number	Day Time Phone Number	Evening Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Account Number	Check here to: <input type="checkbox"/> Update all my funds with this Account Number
<input type="text"/>	

Name of Joint Owner, Current Minor (one per account), Trustee, or Authorized Individual

Prefix	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Day Time Phone Number	Evening Phone Number
<input type="text"/>	<input type="text"/>

**2. ADDRESS CHANGE**

Please change my mailing address    Check here to:  Change both shareholders' addresses

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"/>



### 3. DISTRIBUTION OPTIONS

**Note IRA Accounts:** Dividend and Capital Gains received in Cash are considered distributions.

Please change my distribution option to:

#### Dividends

Reinvested

Cash  ACH (Complete banking information in Section 9, if not already on file.)

#### Capital Gains

Reinvested

Cash  ACH (Complete banking information in Section 9, if not already on file.)

Dividends Exchange (See Section 16 for mutual fund codes)

Note, if you are opening a new fund with the instructions given, please check the box for acknowledgment in the signature section.\*

Take dividends and capital gains earned in the mutual fund account referred to in Section 1 and reinvest them in:

**From:**

Fund Account Number

**To:**

Fund Account Number

Both accounts must be identically registered.



#### 4. COST BASIS ELECTION METHOD FOR NON-IRA ACCOUNTS (CHOOSE ONE)

Please select one of the cost basis determination methods from the list below. If you selected Specific Lot Identification method, you are required to select a secondary cost basis method; otherwise, you will be defaulted into First In First Out as your secondary cost basis method.

- ACST – Average Cost**  
Average Cost (ACST) – A method that calculates the gain/loss by adding up the number of shares owned as well as the total dollar amount of the shares; the dollar amount is divided by the number of shares. The average price of covered securities is calculated separately from non-covered securities, as if they were in two accounts.
- FIFO – First In First Out**  
First In First Out (FIFO) – A standing order to sell the oldest shares in the account first.
- LIFO – Last In First Out**  
Last In First Out (LIFO) – A standing order to sell the newest shares in an account first.
- HCFO – High Cost First Out**  
High Cost First Out (HCFO) – A standing order to sell the most expensive shares in the account first.
- LCFO – Low Cost First Out**  
Low Cost First Out (LCFO) – A standing order to sell the least expensive shares in the account first.
- LGUT – Loss/Gain Utilization**  
Loss/Gain Utilization (LGUT) – A method that evaluates losses and gains and then systemically selects lots based on that gain/loss in conjunction with a holding period.
- SLID – Specific Lot Identification**  
Specific Lot Identification (SLID) – The shareholder designates specific shares for each redemption.

Secondary Reporting Method Required (SLID only)

My non-covered shares (purchased prior to 1/1/2012) should be recorded  Average Cost or  the cost basis method elected on the account

If you retain Average Cost as the cost basis method on your non-covered shares but have elected a cost basis method other than average cost or SLID for your covered shares, then the non-covered shares in your account will be depleted before the covered shares in a First In First Out manner.

#### 5. PURCHASE PRIVILEGES

These privileges allow you to invest with payments made by ACH (Automated Clearing House) from your designated bank account to your existing mutual fund account (\$100 minimum per fund). It takes up to 10 days to initiate this service. **(Also complete Sections 9 and 13.)**

**For IRA Accounts: All automatic investments are considered current year contributions.**

- Telephone/Online Purchase
- Automatic Investment Plan (Semimonthly investments occur on both the 1st and the 15th, while monthly investments occur on either the 1st or the 15th)

FUND NAME	FUND CODE (See Section 16)	DOLLAR AMOUNT	SEMI/MONTHLY	START MONTH	1 <sup>ST</sup> /15 <sup>TH</sup> MONTH
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>†</sup>As of October 2, 2017, the TIAA-CREF Small-Cap Equity Fund is closed to new investors.



**6. SET OR CHANGE FUTURE FUND ALLOCATION FOR INVESTMENTS**

FUND NAMES ARE LISTED IN SECTION 16.

FUND NAME	1 Account # /%	2 Account # /%	3 Account # /%
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %	<input type="text"/> <input type="text"/> <input type="text"/> %

Total % must = 100%  THE REQUIRED MINIMUM INVESTMENT PER FUND IS \$100.

†As of October 2, 2017, the TIAA-CREF Small-Cap Equity Fund is closed to new investors.

**7. EXCHANGE PRIVILEGES**

These privileges permit exchanges among TIAA-CREF Funds with the same account registrations (\$50 minimum to an existing account/\$2,500 minimum to a new account or UGMA/UTMA, \$2,000 minimum to a new IRA account and CESA). All mutual fund names and numbers are listed in Section 16. Note, if you are opening a new fund with the instructions given, please check the box for acknowledgment in the signature section.\*

Telephone/Online Exchange  Systematic Exchange (You must have a minimum balance of \$5,000 in your account to initiate this service.)

Monthly Amount to Be Exchanged	<b>From</b> Fund Account Number	<b>To</b> Fund Account Number
\$ <input type="text"/>	<input type="text"/>	<input type="text"/>

Investment Schedule (Check one)

Monthly  Quarterly Month to Begin Exchange:

Exchange Date

1st of the Month or  15th of the Month



**8. REDEMPTION PRIVILEGES (FOR NON-IRA ACCOUNTS)**

To establish a withdrawal plan for an IRA, please complete an IRA Distribution Form.

These privileges let you redeem shares with proceeds mailed to your account's address, transferred to your bank by ACH (Automated Clearing House), or wired to your bank account (\$5,000 minimum for wire redemptions). It takes 10 days to initiate this service.

- Telephone/Online Redemption by Check to the address on your account
  - ACH (Bank on File)     Wire (Bank on File)
  - New Bank (Please also complete Sections 9 and Section 13. For your security, redemption requests received within 30 days of a new bank added or changed will require your signature to be medallion signature guaranteed in Section 14 and will be blocked for on-line redemptions within that period.)\*\*
- Systematic Redemption (You must have a minimum balance of \$5,000 in your account to initiate this service. A check will be sent to the address on the account, unless otherwise instructed.)

FUND NAME	FUND CODE (See Section 16)	DOLLAR AMOUNT	SEMI/MONTHLY	START MONTH	1 <sup>ST</sup> /15 <sup>TH</sup> MONTH
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**9. BANK INFORMATION**

Complete this section if you would like to establish banking information and electronic transfers to and from your bank account, change your banking information or have selected options from Sections 3, 5 and/or 8. **(Also complete Section 13.) Please remember:** The bank account must have at least one common owner with the owner of the mutual fund account. Please allow the standard hours for all ACH transmissions. To establish redemption options by ACH or Wire, please be sure to complete Section 8.

Check Only One  I'm submitting new or additional bank information     I am replacing the current bank information

Type of Account  Checking     Savings

Name of Primary Bank Account Owner

Name of Joint Bank Account Owner

Bank Name

ABA Routing Number

Bank Phone Number

Bank Account Number

**ATTACH A VOIDED BANK CHECK OR PREPRINTED SAVINGS DEPOSIT SLIP. This will ensure accurate bank information.**



**10. SHAREHOLDER NAME CHANGE**

Please fill out this section if you would like to change your name on your TIAA-CREF Funds account. You cannot use this form to remove a shareholder from an account. (Also complete Section 13, Notary Certification or include original certified court document, e.g., Certified Copy of Marriage Certificate or Divorce Decree.)

Please Print and Sign.

Signature of Former Name (Old Name)

Print Former Name (Old Name)

Signature of Current Name (New Name)

Print Current Name (New Name)

**11. TRUSTED CONTACTS (OPTIONAL)**

Trusted contacts are people you know and trust, who are at least 18 years of age and whom TIAA-CREF Funds may contact if we have questions about your account, your well-being, or if we suspect you are the victim of fraudulent activity. If this is a joint account, please add respective contacts for each individual. A co-owner of the account should not be a trusted contact. See Section 12 for more information.

**FOR OWNER**

First Name of Contact Person

Last Name

Relationship

Date of Birth (mm/dd/yyyy)

Phone Number

Email Address

Mailing Address

City

State

Zip Code

**IF JOINT OWNER**

First Name of Contact Person

Last Name

Relationship

Date of Birth (mm/dd/yyyy)

Phone Number

Email Address

Mailing Address

City

State

Zip Code



## 12. SIGNATURE(S)

### \*PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT

Please check the box below acknowledging your receipt of the following documents:

Prospectuses and Product Disclosures for the investment options available to you ([TIAA.org/public/prospectuses](http://TIAA.org/public/prospectuses))

TIAA Privacy Policy ([TIAA.org/public/support/privacy-policy](http://TIAA.org/public/support/privacy-policy))

TIAA Business Continuity Policy ([TIAA.org/public/about-tiaa/business-continuity](http://TIAA.org/public/about-tiaa/business-continuity))

**Please check this box ▶  
to acknowledge  
electronic receipt of  
prospectuses and other  
required documents**

I acknowledge that I consent to receiving and have received the above-referenced documents through TIAA's website. I further acknowledge that I am able to access these documents on the website. I understand that this acknowledgment applies only to this initial account application.

To select this acknowledgment and consent, you must have access to the website noted above. In either case, you must also be able to download, view and print the documents. You will need Adobe Reader to view and print electronic PDF documents. If you don't have Adobe Reader, go to [adobe.com](http://adobe.com) to download a free copy. To request assistance with accessing these documents electronically, please contact us toll-free at **800-842-2273**. You understand and acknowledge that accessing documents electronically may involve additional costs, including but not limited to, subscription access fees from an internet service provider and printing costs.

Paper versions of the above documents can be ordered, both now and in the future, by calling toll-free **877-518-9161** or by going to [TIAA.org](http://TIAA.org). If you are unable to acknowledge that you have received and accessed these documents on the website, please call **877-518-9161** for paper prospectuses at no charge.

**Note:** Unless indicated above, I acknowledge that I have received paper copies of the above-referenced documents.

For your protection, TIAA-CREF Funds may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of the steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within 5 days, this transaction may be canceled.

Please sign exactly as the name(s) of the registered owner(s) appear(s) on your Account Confirmation Statements. All owners must sign.

This paragraph is only applicable if you added a Trusted Contact in Section 11. I hereby authorize TIAA-CREF Funds and its affiliates ("TIAA-CREF Funds") to contact the person(s) I have listed above ("Contact") in the event TIAA-CREF Funds has questions or concerns regarding my ability to handle my financial affairs (due to health-related matters or otherwise), potentially harmful financial transactions in my accounts or my whereabouts. In order to address any such questions or concerns, when speaking to my Contact, TIAA-CREF Funds is authorized to: i. Share with the Contact nonpublic information about me and all of my investments/accounts/products/contracts held at TIAA-CREF Funds and its affiliates now or in the future (or any other financial information I may have provided to TIAA-CREF Funds), regardless of any previous election I have made under federal, state or other law regarding the sharing of such information; ii. Share with the Contact any concerns and details surrounding my potential financial exploitation; iii. Confirm with the Contact the specifics of my current contact information and/or health status; iv. Discuss with the Contact whether any other person has been designated to act on my behalf (through power of attorney, Executor, Trustee or legal guardian or otherwise); and v. Share information obtained from the Contact with its affiliates. I understand this authorization will remain in effect until I notify TIAA-CREF Funds in writing that I am revoking or amending such authority and TIAA-CREF Funds acknowledges the receipt of such revocation and/or amendment. Except as may be required by FINRA Rule 2165, TIAA-CREF Funds is under no obligation to speak to, write to or otherwise interact with the Contact. TIAA-CREF Funds is not responsible for any action taken by the Contact, and TIAA-CREF Funds will not direct the Contact to take any particular action on my behalf. TIAA-CREF Funds suggests that the named Contact(s) not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above. By signing, I am affirming that the trusted contact person(s) listed in this form are at least 18 years old, and to the best of my knowledge, do not work for TIAA-CREF Funds or its affiliates.

#### Please Sign Here

Individual, Responsible Individual/Custodian, or Trustees Signature

Today's Date (mm/dd/yyyy)

 /  / 20

Joint Owner, Current Minor, Trustee, or Authorized Individual Signature (if applicable)

Today's Date (mm/dd/yyyy)

 /  / 20

**13. NOTARY CERTIFICATION - TO BE COMPLETED BY NOTARY OFFICER**

To add or update bank information on your account in Section 9, or change your name in Section 10. You must have the signature(s) in Section 12 notarized, unless otherwise stated.

This section must be completed by a Notary Public. If you reside outside the U.S., then you need to go to a U.S. Embassy/U.S. Consulate or U.S. Bank Branch to obtain a Notary Public's signature. Please sign using black or dark blue ink.

Print here all names of signature(s) that you are notarizing

1. Print Name

2. Print Name

3. Print Name

4. 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.

Print Name of Certifying Officer

State

County

Notary Expiration Date (mm/dd/yyyy)

 /  / 20

Today's Date (mm/dd/yyyy)

 /  / 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.





### 14. MEDALLION SIGNATURE GUARANTEE

Please complete if in Section 9 you are adding a new bank and expect to submit a redemption request to that new bank within 30 days of the bank being added to the account.\*\*

#### Medallion Signature Guarantee for Owner, Custodian or Trustee, etc.

Today's Date (mm/dd/yyyy)

 /  / 20

City

State

Zip

Print Name of Certifying Officer

Title of Certifying Officer

#### Medallion Signature Guarantee for Joint Owner or Co-Trustee, etc.

Today's Date (mm/dd/yyyy)

 /  / 20

City

State

Zip

Print Name of Certifying Officer

Title of Certifying Officer

\*\* A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange.



## 15. CHECKWRITING PRIVILEGES—SIGNATURE CARD FOR MONEY MARKET FUND ONLY

(FOR NON-IRA ACCOUNTS)

(For Money Market Fund only). Complete this section for checkwriting privileges. All Shareholders must sign below. However, only one signature will be required on each check. You can write checks for \$250 or more on your TIAA-CREF Money Market Fund. A checkbook will be mailed to the address on the account 10 days after the account has been established.

**Please Note:** You cannot write a check to redeem shares from the Money Market Fund for 10 days after sending us a check or automatic investment plan payment to purchase shares in the fund, or if your Money Market Fund Account does not otherwise have a sufficient balance to support the redemption check.

By signing this form, I agree to all of State Street Bank's checking account rules, and to any conditions and limitations on redeeming shares of the TIAA-CREF Money Market Fund by check, including any described in the TIAA-CREF Mutual Funds prospectus. I also agree that:

- State Street Bank is authorized to effect a redemption of sufficient shares in my account to cover payment of checks drawn upon this account.
- State Street Bank and TIAA-CREF Funds reserve the right to change, revoke or close any checking account and neither shall incur any liability to me for honoring checks or for effecting redemptions to pay checks, nor for returning checks that have not been accepted.
- The signatures are authentic, and, for organizations, I have submitted an original or certified resolution authorizing the individuals with legal capacity to sign and act on behalf of the organization.

### PLEASE SIGN HERE

Signature (Owner, Custodian, or Trustee, etc.)

Print Name/Title

Today's Date (mm/dd/yyyy)

/ / 20

Signature (Joint Owner or Co-Trustee, etc.)

Print Name/Title

Today's Date (mm/dd/yyyy)

/ / 20

## 16. MUTUAL FUND CODES

### RETAIL CLASS

#### FUND NAME (FUND CODE)

Bond (66)  
 Bond Index (91)  
 Bond Plus (96)  
 Emerging Markets Debt (2794)  
 Emerging Markets Equity (67)  
 Emerging Markets Equity Index (69)  
 Equity Index (65)  
 Growth & Income (64)  
 High-Yield (95)  
 Inflation-Linked Bond (90)  
 International Bond (2957)  
 International Equity (61)  
 International Opportunities (49)  
 International Small-Cap Equity (2966)  
 Large-Cap Growth (68)  
 Large-Cap Value (85)  
 Lifecycle Retirement Income (70)  
 Lifestyle Income (77)  
 Lifestyle Conservative (78)

#### FUND NAME (FUND CODE)

Lifestyle Moderate (79)  
 Lifestyle Growth (93)  
 Lifestyle Aggressive Growth (94)  
 Managed Allocation (99)  
 Mid-Cap Growth (86)  
 Mid-Cap Value (87)  
 Money Market (63)  
 Real Estate Securities (89)  
 Short-Term Bond (97)  
 Short-Term Bond Index (2797)  
 Small-Cap Equity (88)<sup>†</sup>  
 Small/Mid-Cap Equity (2956)  
 Social Choice Bond (45)  
 Social Choice Equity (62)  
 Social Choice International Equity (2762)  
 Social Choice Low Carbon Equity (2763)  
 Tax-Exempt Bond (98)

<sup>†</sup>As of October 2, 2017, the TIAA-CREF Small-Cap Equity Fund is closed to new investors.



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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 55081  
Boston, MA 02205-5081

**OVERNIGHT:**

TIAA-CREF Funds  
30 Dan Road  
Canton, MA 02021-2809





To get started, simply complete the following sections, and return with the appropriate documentation as listed below. 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. If you have any questions regarding completion of this form, please call 800-223-1200, enter prompt 1, prompt 2, weekdays, 8 a.m. – 10 p.m. (ET).

**IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ENTITY ACCOUNT**

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information about the “beneficial owners” of business applicants. Businesses can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

**What this means for you:** This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the such individuals (i.e., the **beneficial owners**). This information will be verified to ensure the identity of all individuals opening a mutual fund account. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

**DEFINING OWNERSHIP**

- **Beneficial owner:** Any natural person who, directly or indirectly, owns 25 percent or more of the legal entity customer.
- **Control person:** An individual with significant responsibility to control, manage, or direct the legal entity. This includes a member of the organization with control (including chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer) and a controlling stake in the organization.

This form requires you to provide the information mentioned above for all of the entity’s beneficial owners, including individuals in a control role in the organization.

The number of individuals that satisfy this definition of “beneficial owner” may vary. Under Section 3, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under Section 3, you must provide the identifying information of one individual under Section 2. It is possible that in some circumstances the same individual might be identified under both sections (e.g., the president of Acme, Inc., who is a controlling person may also be a beneficial owner by holding 30% equity interest in the company). Thus, a completed form will contain the identifying information of at least one individual under Section 2, and up to four individuals in Section 3.

Please note this form must be completed along with the appropriate TIAA-CREF Funds Account Application or Adoption Agreement.

**Please contact 800-223-1200, enter prompt 1, prompt 2, if you need assistance obtaining one of these forms:**

- TIAA-CREF Funds Account Application (F11154)
- TIAA-CREF Funds Account Application (Non-Retail Class Only) (F11488)
- TIAA-CREF Funds Account Application Advisor Funds (F11624)
- TIAA-CREF Funds Traditional and Roth IRAs New Account Form/Adoption Agreement (F11153)

**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 55081  
Boston, MA 02205-5081

**OVERNIGHT:**  
TIAA-CREF Funds  
30 Dan Road  
Canton, MA 02021-2809





**1. INDIVIDUAL OPENING THE ACCOUNT ON BEHALF OF THE LEGAL ENTITY (REQUIRED)**

**A. NAME AND TITLE OF NATURAL PERSON OPENING THE ACCOUNT** (Must provide signature in box under Certification Section 4)

Prefix	First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number/ Taxpayer Identification Number		Date of Birth (mm/dd/yyyy)	Entity Role
<input type="text"/>		<input type="text"/>	<input type="text"/>
Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**B. LEGAL ENTITY INFORMATION** (for which the Account is being opened)

Name of Entity

Entity's Mailing Address

<input type="text"/>	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there are additional trustees/signers, check this box and include the same information for Individual(s) on a separate sheet.

Please check this box if you are updating the information in Section 2 or Section 3, and fill in the existing account number.

Account Number

**2. CONTROL PERSON (REQUIRED)**

An individual must be named here.

Name of Control Person (First, MI, Last)	Date of Birth (mm/dd/yyyy)	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Citizenship** (For non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

<input type="checkbox"/> U.S.	<input type="checkbox"/> Resident Alien	<input type="checkbox"/> Nonresident Alien	<input type="text"/> (Specify country.)	Alien ID or Passport Number
				<input type="text"/>



**3. BENEFICIAL OWNER INFORMATION (REQUIRED)**

Any individual, who directly or indirectly, owns 25 percent or more of the equity interest of the legal entity named above. (If no individual meets this definition, please write "Not Applicable.")

A. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /     Social Security Number

Residential Address  City  State   Zip Code

**Citizenship** (For non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

U.S.  Resident Alien  Nonresident Alien  (Specify country)  Alien ID or Passport Number

B. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /     Social Security Number

Residential Address  City  State   Zip Code

**Citizenship** (For non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

U.S.  Resident Alien  Nonresident Alien  (Specify country)  Alien ID or Passport Number

C. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /     Social Security Number

Residential Address  City  State   Zip Code

**Citizenship** (For non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

U.S.  Resident Alien  Nonresident Alien  (Specify country)  Alien ID or Passport Number

D. Name (First, MI, Last)  Date of Birth (mm/dd/yyyy)  /  /     Social Security Number

Residential Address  City  State   Zip Code

**Citizenship** (For non-U.S. accounts, one of the following must be provided: Taxpayer ID, Alien ID or passport number with country of issuance)

U.S.  Resident Alien  Nonresident Alien  (Specify country)  Alien ID or Passport Number



**4. CERTIFICATION (REQUIRED)**

I  hereby certify, as the natural person opening the account, to the best of my knowledge, that the information provided above is complete and correct. Further, I agree to notify TIAA-CREF Funds immediately in writing of any changes in the beneficial ownership interest of the above referenced organization.

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.

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.**

**PRIMARY AUTHORIZED INDIVIDUAL**

Your Signature

Today's Date (mm/dd/yyyy)

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**CHECKLIST**

Remember to:

- Complete Section 1 with individual and entity information.
- Complete Section 2 with controlling party information.
- Complete Section 3 with beneficial owner information.
- Complete the certification in Section 4.
- Complete the appropriate new Account Application and Adoption Agreement and mail in with this form.
- Include any supporting documentation required.
- Make a copy of this form for your records.
- Please contact TIAA-CREF Funds with any questions, at 800-223-1200, enter prompt 1, prompt 2, weekdays, 8 a.m. - 10 p.m. (ET).

