



This form is to be used to designate beneficiaries for IRA, Non-IRA individual or joint accounts. We will transfer ownership of your account to your primary beneficiaries upon your death. In addition, we will transfer ownership of your account to your contingent beneficiaries only if there are no surviving primary beneficiaries at the time of your death. If a beneficiary should predecease you and you want that beneficiary's share to go to his or her lineal descendants, check "per stirpes." Otherwise, a 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 beneficiary predeceases you, their share will be divided among surviving beneficiaries (if any).

For Non-IRAs: If the beneficiaries survive all shareholders, the account may avoid probate.

For IRA Accounts: Your primary beneficiaries will share equally in your IRA, unless you specify different percentages below. If a primary beneficiary predeceases you, his or her share of your IRA shall be divided proportionately among the surviving primary beneficiaries. If there are no surviving contingent beneficiaries at the time of your death, we will transfer ownership of your IRA to your estate. All percentages must total 100%.

Please check one: Initial Designation Change of Designation

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.

Individual Joint IRA Roth IRA

Account Number

Primary Owner's Name

Prefix Account Owner's Name MI Last Name

Social Security Number/
Taxpayer Identification Number
Date of Birth (mm/dd/yyyy) / /
Day Time Phone Number
Evening Phone Number

Joint Owner's Name

Prefix First Name MI Last Name

Social Security Number/
Taxpayer Identification Number
Date of Birth (mm/dd/yyyy) / /
Day Time Phone Number
Evening Phone Number

Check here if you want the following beneficiary designation(s) to apply to all of your IRAs.



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)

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

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



2. PRIMARY BENEFICIARY(IES)(CONTINUED)

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

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



3. CONTINGENT BENEFICIARY(IES) (CONTINUED)

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"/>
Day Time Phone Number	Evening Phone Number		
<input type="text"/>	<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)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>
Your Signature (Joint Owner)	Print Name and Title (if applicable)	Today's Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / 20 <input type="text"/>

RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:
TIAA-CREF Funds
P.O. Box 55081
Boston, MA 02205-5081

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

