

Please send your signed and completed application to TIAA-CREF Funds per the Return Completed Forms section below or in the enclosed postage-paid business-reply envelope. Please call 800-223-1200, enter prompt 1, then prompt 2, with any questions, weekdays, 8 a.m. to 6 p.m. (ET).

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Social Security number and other information that will allow us to identify you (including a state-issued driver's license or other government-issued identification). 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.

1. ACCOUNT REGISTRATION (REQUIRED) Please print or type. Check ONE box only.

- Individual
- Joint Account (Joint Owners have rights of survivorship unless you indicate otherwise.)
- Uniform Gifts to Minors (UGMA) or Uniform Transfers to Minors (UTMA) State
- Transfer on Death (TOD) (select one) Individual Joint (add your beneficiary designation in section 11.)
- Estate
- Trusts (Please attach the initial page(s) of the trust agreement identifying the parties to the trust and the signature page(s). Foreign trusts are not permitted to have shareholder accounts.)

If you are opening any of the accounts in the section below, you must complete the included TIAA-CREF Funds Legal Entity Beneficial Ownership Certification in order for the account to be established.

- Corporation (A copy of the certified articles of incorporation and business license of the corporation must be attached. Please also select S or C Corporation below.)
 - S Corporation
 - C Corporation
- Limited Liability Company
- Partnership (Copy of the partnership agreement must be attached.)
- Statutory Trust (The initial page(s) of the trust agreement identifying the parties to the trust, the date, and the signature page(s) must be attached.)
- Nonprofit, Foundation or Other 501(c)(3) (Copy of the articles of incorporation must be attached.)
- Unincorporated Association

Check below if exempt from verification due to:

- Financial institution regulated by a federal functional regulator
- Publicly traded corporation Ticker/Symbol
- Bank regulated by a state bank regulator
- Retirement plan covered by ERISA Sole Proprietorship

Name of Individual, Custodian (one per account), Entity, or Trust

Prefix First Name MI Last Name

Name of Entity or Trust

Social Security Number/
Taxpayer Identification Number Date of Birth (mmddyyyy) Gender Male Female

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

(Continued)



1. ACCOUNT REGISTRATION (REQUIRED) (CONTINUED)

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

Are you an existing TIAA-CREF Funds Shareholder? Yes No

If yes, please list ONE of your TIAA-CREF Funds' Account Numbers

Citizenship For foreign accounts, one of the following must be provided: alien ID or passport number with country of issuance along with photocopy of ID.

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

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

Broker/Dealer Branch Number (if known) Representative Number (if known)

Check One:

Name of Joint Owner, Minor (one per account) Trustee(s) Entity (Authorized Signer) Executor

For additional trustees, or executors, please attach a separate piece of paper.

Prefix First Name MI Last Name

Role of Entity

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

Joint Owner, Minor, Trustee(s) Mailing Address (Only required if different from owner's street address)

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

Citizenship For foreign accounts, one of the following must be provided: alien ID or passport number with country of issuance along with photocopy of ID.

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

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



2. INITIAL INVESTMENT

Be sure to read the current prospectuses carefully before investing. The minimum investment per fund is \$2,500 unless you plan to participate in our Automatic Investment Plan. (See Section 8.) The minimum initial investment for a UGMA or UTMA account is also \$2,500 per fund. Please indicate below the amount to be invested per fund.

Please check here to set this allocation for future investments unless other instructions are received.

RETAIL CLASS					
FUND NAME (FUND CODE)	AMOUNT	PERCENT	FUND NAME (FUND CODE)	AMOUNT	PERCENT
Bond Index (91)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Conservative (78)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Core Bond (66)*	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Growth (93)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Core Impact Bond (45)*	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Income (77)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Core Plus Bond (96)*	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Lifestyle Moderate (79)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Emerging Markets Debt (2794)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Managed Allocation (99)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Emerging Markets Equity (67)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Mid-Cap Growth (86)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Emerging Markets Equity Index (69)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Mid-Cap Value (87)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Equity Index (65)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Money Market (63)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Green Bond (2608)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Quant International Small-Cap Equity (2966)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Growth & Income (64)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Quant Small-Cap Equity (88)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
High-Yield (95)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Quant Small/Mid-Cap Equity (2956)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Inflation-Linked Bond (90)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Real Estate Securities (89)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
International Bond (2957)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Short Duration Impact Bond (2609)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
International Equity (61)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Short-Term Bond (97)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
International Opportunities (49)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Short-Term Bond Index (2797)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Large-Cap Growth (68)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Social Choice Equity (62)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Large-Cap Value (85)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Social Choice International Equity (2762)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Lifecycle Retirement Income (70)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	Social Choice Low Carbon Equity (2763)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Lifestyle Aggressive Growth (94)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %	5-15 Year Laddered Tax-Exempt Bond (98)	\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
Total Amount or Percentage				\$ <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

The following fund name changes are effective 3/1/20:
 Formerly: Bond; Renamed Core Bond
 Formerly: Bond Plus; Renamed Core Plus Bond
 Formerly: Social Choice Bond; Renamed Core Impact Bond

(Continued)



2. INITIAL INVESTMENT (CONTINUED)

Please indicate payment method below (U.S. dollars only):

Wire Date (mm/dd/yyyy)

 Check made payable to TIAA-CREF Funds. Wire assets directly. (See prospectuses for instructions.) / / 20
 Payment from other TIAA Account: (Payments under \$2,500 will be returned.)

 Existing Mutual Fund Account Number (Complete F11416 form for transfers; [TIAA.org/public/pdf/F11416.pdf](https://www.tiaa.org/public/pdf/F11416.pdf).)

 Existing other TIAA Account (Please complete required paperwork and direct funds to the new account.)

Please note: Third-party checks or any check not made payable to TIAA-CREF Funds can be accepted for subsequent purchases only and if \$10,000 or less. Cashier's checks can be accepted if \$10,000 or less. All purchases must be in U.S. dollars and all checks must be drawn on U.S. banks. TIAA-CREF Funds will not accept payment in the following forms: traveler's checks, money orders, credit card convenience checks, cash, counter checks, virtual currency (such as Bitcoin), or starter checks. TIAA-CREF Funds will not accept corporate checks for investment into non-corporate accounts.

3. COST BASIS ELECTION METHOD (CHOOSE ONE)

Please select **one** of the cost basis determination methods from the list below. If you do not select an option, the Funds' default method of Average Cost will be recorded as your Cost Basis Method. If you select the 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:** 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:** A standing order to sell the oldest shares in the account first.
- LIFO - Last In First Out:** A standing order to sell the newest shares in the account first.
- HCFO - High Cost First Out:** A standing order to sell the most expensive shares in the account first.
- LCFO - Low Cost First Out:** A standing order to sell the least expensive shares in the account first.
- LGUT - Loss/Gain Utilization:** 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:** The shareholder designates specific shares for each redemption.

 Secondary Reporting Method Required (SLID only)
4. DUPLICATE STATEMENTS

Complete this section if you wish someone else to receive copies of your statements.

Please send a duplicate copy of my statement to the address below:

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City	State
<input type="text"/>	<input type="text"/>	<input type="text"/>
Daytime Telephone Number	Zip Code	
<input type="text"/>	<input type="text"/>	



5. TELEPHONE OPTIONS

These services allow you to invest, redeem, or exchange by telephone or web among your identically registered accounts. You will also have access to your account through the Automated Telephone Service (ATS) and the internet. See the TIAA-CREF Funds prospectuses for details. These services will be automatically added to your account unless you check **No** below.

Telephone Purchase **No**

This option lets you invest by telephone with payments transferred by Automated Clearing House (ACH) from your designated bank account to your existing mutual fund account. (\$100 minimum. Please complete Section 7.)

Telephone Redemption **No**

This option lets you redeem shares by telephone. The proceeds may be mailed to your account's address, transferred to your bank by ACH, or wired to your bank account. (\$5,000 minimum for wire.) For ACH or wire transactions, please complete Section 7.

Telephone Exchange **No**

This option permits 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 account).

6. DISTRIBUTION OPTIONS

Unless you choose an option below, all dividends and capital gains will be reinvested. See the prospectuses for other available distribution options.

Dividends in Cash Capital Gains in Cash Check to Address on Record Automated Clearing House (ACH) to Bank on File (if to bank, Section 7 must be completed)

Note: Whatever option is selected for dividends, short-term capital gains will automatically use the same method.

7. CHECKWRITING PRIVILEGES – SIGNATURE CARD FOR MONEY MARKET FUND ONLY

(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

Print Name of Owner, Custodian, or Trustee, etc.

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20

Print Name of Joint Owner or Co-Trustee, etc. (if any)

Your Signature

Today's Date (mm/dd/yyyy)

 / / 20


8. BANK INFORMATION

You must complete this section if you requested Telephone Redemption via ACH or wire, Telephone Purchase, or the Automatic Investment Plan.

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.

9. AUTOMATIC INVESTMENT PLAN

If you would like to participate in the TIAA-CREF Funds Automatic Investment Plan, the minimum investment per fund is \$100. Please indicate below the amount to invest, the frequency, the first month to begin debiting your account, and the time interval. Semimonthly investments occur on both the 1st and the 15th, while monthly investments occur on either the 1st OR 15th. It takes up to 10 days to initiate this service.

(Please also complete Section 7.)

FUND NAME AND FUND CODES ARE LISTED IN SECTION 2.

FUND NAME	FUND CODE	DOLLAR AMOUNT	SEMI/MONTHLY	START MONTH	1 st /15 th 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"/>

10. 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 10 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



11. DESIGNATE YOUR BENEFICIARIES

NOTE: Applicable only to Individual or Joint account types, indicated in section 1.

If there are no surviving contingent beneficiaries at the time of your death, we will transfer ownership of your account to your estate.

When designating beneficiaries you consent to establishing a Transfer on Death account and we will transfer ownership of your account to your primary beneficiaries upon your death. Your primary beneficiaries will share equally in your account unless you specify different percentages below. If a primary beneficiary predeceases you, his or her share shall be divided proportionately among the surviving primary beneficiaries. 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).

All percentages must total 100%.

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 or a joint tenant may not be designated as the Beneficiary.) For additional beneficiaries, please attach a separate piece of paper.

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

Alternate Phone Phone Number Type Mobile Home Business Email Address



11. DESIGNATE YOUR BENEFICIARIES (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

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

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



11. DESIGNATE YOUR BENEFICIARIES (CONTINUED)

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.



12. SIGNATURES – YOUR SIGNATURE(S) MUST APPEAR TO ESTABLISH THE ACCOUNT

By signing this form, I certify that I have received, read, and agree to the terms of the prospectuses for the TIAA-CREF Funds. I have the full authority and legal capacity to purchase shares of the TIAA-CREF Funds, am of legal age in my state to purchase such shares, and believe each investment is suitable.

I authorize TIAA-CREF Funds and their agents to act for any service authorized on this Account Application on any instructions that they believe to be genuine and that are received from me or any person claiming to act as my representative who can provide my account registration. The TIAA-CREF Funds use reasonable procedures (including Shareholder identity verification) to confirm that instructions given by telephone are genuine and are not liable for acting on these instructions. If these procedures are not followed, the TIAA-CREF Funds may be liable for losses due to unauthorized or fraudulent transactions

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)

TIAA Privacy Policy (TIAA.org/public/support/privacy-policy)

TIAA Business Continuity Policy (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.

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.

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 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. 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.

- I agree that the TIAA-CREF Funds can redeem shares from my account(s) to reimburse a Fund for any loss due to nonpayment or lack of money.
- I understand that for joint tenant accounts, "I" refers to all Shareholders, and each of the Shareholders agrees that any Shareholder has authority to act on the account without notice to the other Shareholders. TIAA-CREF Funds, in its sole discretion, and for its protection, may require the written consent of all Shareholders prior to acting upon the instructions of any Shareholder.

Corporations or other entities must submit an original or certified resolution authorizing that the individual signing this form has the legal capacity to sign and act on behalf of the corporation/entity.

Trustee(s) Certification: I am/We are the currently acting Trustee(s) and am/are authorized by the trust agreement to purchase shares of the TIAA-CREF Funds. All services are subject to conditions set forth in the TIAA-CREF Funds Prospectuses.

Note: Trustee(s) must immediately notify TIAA-CREF Funds if the trust becomes a foreign trust.

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12. SIGNATURES – YOUR SIGNATURE(S) MUST APPEAR TO ESTABLISH THE ACCOUNT (CONTINUED)

This paragraph is only applicable if you added a Trusted Contact in Section 9. 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.

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.

Please Sign Here

Signature

(Owner, Custodian, Trustee, Executor, Entity (Authorized signer))

Title or Capacity

Today's Date (mm/dd/yyyy)

 / / 20

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

Title or Capacity

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



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, then prompt 2, weekdays, 8 a.m. – 6 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% 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, then 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)

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3. BENEFICIAL OWNER INFORMATION (REQUIRED)

Any individual who, directly or indirectly, owns 25% 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 foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

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 foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

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 foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

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 foreign owners, one of the following must be provided: Alien ID or passport number with country of issuance along with a photocopy of the ID.

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.

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, then prompt 2, weekdays, 8 a.m. - 6 p.m. (ET).

