TIAA-CREF FUNDS



TRADITIONAL AND ROTH IRAS NEW ACCOUNT FORM/ADOPTION AGREEMENT

Page 1 of 8

You should use this form to establish a new TIAA-CREF Fund by making a contribution to a Traditional or Roth IRA or a transfer or rollover from an existing Traditional or Roth IRA. To transfer assets to open a new account, you must also complete an IRA Asset Transfer Form. You can open only one IRA per New Account Form/Adoption Agreement. Please note the following:

- Do not use this form to transfer assets to an existing TIAA-CREF Funds Traditional or Roth IRA. Complete only the IRA Asset Transfer Form.
- Do not use this form if you are converting a Traditional IRA to a Roth IRA. Complete the *Roth IRA Conversion Form/Adoption Agreement*. 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.

Please send your signed and completed application to TIAA-CREF Funds per 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 10 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)		
Owner's Name Please print or type.		
Prefix First Name	MI Last Name	
Name of Entity		
If you are opening an entity account as beneficiary due to death of the	e owner in this section a	nd you are an authorized signer, you must
complete the TIAA-CREF Funds Legal Entity Beneficial Ownership Cert	ification Form included i	n order for the account to be established.†
Social Security Number/		
Taxpayer Identification Number Date of Birth (mm/dd/yyyy	ı) Ge	nder
		Male Female
Citizenship For foreign accounts, one of the following must be provided: Alien ID or pa	assport number with country of	issuance along with photocopy of ID.
		Alien ID or Passport Number
U.S. Resident Alien Nonresident Alien	(Specify country)	
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



(CONTINUED)

1. ACCOUNT REGISTRATION (REQUIRED) (CONTINUED) Owner's Name (Continued) TIAA Wealth Management Advisor (Name) **Email Address** Daytime Phone Number **Evening Phone Number** For Custodial IRAs Only Custodian's Name Social Security Number/ Taxpayer Identification Number Date of Birth (mm/dd/yyyy) Gender Male Female 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. Alien ID or Passport Number U.S. Resident Alien Nonresident Alien (Specify country) Address If different than above. City State Zip Code **Email Address** Daytime Phone Number **Evening Phone Number** 2. TYPE OF IRA Please check the appropriate boxes in 2A, 2B or 2C and provide the information specified for your investment type. A. TRADITIONAL IRA ONLY New Contribution to a TIAA-CREF Funds Traditional IRA for tax year Transfer from an existing Traditional IRA or a direct rollover from a retirement plan Indirect Rollover For indirect IRA rollovers, please check the box that corresponds to the source of money now being rolled over: Traditional Contributory IRA Roth Contributory IRA Roth Conversion IRA Traditional Rollover IRA (established only with funds received from retirement plan distributions) Retirement Plan Please be advised that effective January 1, 2015, you may only complete one 60-day rollover between any of your IRAs in any 365-day period. The IRS rule does not impact direct trustee-to-trustee transfers between IRAs. For more information, please see irs.gov/Retirement-Plans/ IRA-One-Rollover-Per-Year-Rule.

Continued Next Page



2. TYPE OF IRA (CONTINUED)

Please check the appropriate boxes in 2A (see prior page), 2B or 2C $\stackrel{\circ}{\text{a}}$	and provide the information specified for your investment type.
B. INHERITED FUNDS (CHECK ONE BOX IN SECTION 1 AND 2):	
1. Opening the Following Account Type:	
Traditional IRA OR Roth IRA	
2. Beneficiary (you are):	
Surviving Spouse beneficiary treating IRA as own or	
Surviving Spouse beneficiary registering account as a Deceder	nt (DCD) IRA or
Non-Spouse beneficiary registering account as a Decedent (DCD)	IRA
3. Complete if opening up a Decedent (DCD) IRA:	
Name of Decedent	
Decedent's Date of Birth (mm/dd/yyyy) Decedent's Date of Death (mm/dd/yyyy)	
Value of account as of 12/31 of prior year PIN (TIAA Clients Only)	
\$	
C. ROTH IRA ONLY	
New Contribution to a TIAA-CREF Funds Roth IRA for tax year	
Transfer from an existing Roth IRA	
Indirect Rollover	
For indirect Roth IRA rollovers, please check the box that corresponding establish the same type of IRA for you.	ands to the source of money now being rolled over. TIAA-CREF Funds
Roth Contributory IRA Roth Conversion IRA	
3. TELEPHONE OPTIONS	
These services allow you to invest or exchange by telephone or web ar	
have access to your IRA through the Automated Telephone Service (AT These services will be automatically added to your account unless you	,
Telephone Purchase No This entire lets you invest by telephone with newments transferred by	Telephone Exchange No This aption permits evaluated among your identically registered.
This option lets you invest by telephone with payments transferred by	inis option pennits exchanges among your identificant registered

Automated Clearing House (ACH) from your designated bank account TIAA-CREF Funds IRAs (\$2,000 minimum to a new fund account,

\$50 minimum to an existing fund account).



to your existing IRA. (\$100 minimum. Please complete Section 5.)

4. INVESTMENT ALLOCATION

For transfers from an existing Traditional IRA held by another institution or a direct rollover from a retirement plan, please fill out only the Investment Allocation section on the IRA Asset Transfer Form. The minimum investment per fund is \$2,000, unless you're electing to make contributions through the Automatic Investment Plan. (Please complete Sections 5 and 6.) Please enclose a check payable to: TIAA-CREF Funds.

Please Note: We will not accept payment in the following forms: travelers' checks, money orders, credit card convenience checks, cash,
starter checks or third-party checks (i.e., any checks not made payable directly to TIAA).

Payment from other TIAA Account
Please check here to set this allocation for future investments, unless other instructions are received.

RETAIL CLASS			
FUND NAME (FUND CODE)	AMOUNT	FUND NAME (FUND CODE)	AMOUNT
Bond (66)	\$	Lifestyle Growth (93)	\$
Bond Index (91)	\$	Lifestyle Income (77)	\$
Bond Plus (96)	\$	Lifestyle Moderate (79)	\$
Emerging Markets Debt (2794)	\$	Managed Allocation (99)	\$
Emerging Markets Equity (67)	\$	Mid-Cap Growth (86)	\$
Emerging Markets Equity Index (69)	\$	Mid-Cap Value (87)	\$
Equity Index (65)	\$	Money Market (63)	\$
Growth & Income (64)	\$	Quant International Small-Cap Equity (2966) [†]	\$
High-Yield (95)	\$	Quant Small-Cap Equity (88)*†	\$
Inflation-Linked Bond (90)	\$	Quant Small/Mid-Cap Equity (2956) [†]	\$
International Bond (2957)	\$	Real Estate Securities (89)	\$
International Equity (61)	\$	Short-Term Bond (97)	\$
International Opportunities (49)	\$	Short-Term Bond Index (2797)	\$
Large-Cap Growth (68)	\$	Social Choice Bond (45)	\$
Large-Cap Value (85)	\$	Social Choice Equity (62)	\$
Lifecycle Retirement Income (70)	\$	Social Choice International Equity (2762)	\$
Lifestyle Aggressive Growth (94)	\$	Social Choice Low Carbon Equity (2763)	\$
Lifestyle Conservative (78)	\$	Total Amount	\$

^{*}As of October 2, 2017, the TIAA-CREF Quant Small-Cap Equity Fund is closed to new investors.



 $^{^{\}dagger}\,\text{The}$ following fund name changes are effective 8/1/18:

Formerly: International Small-Cap Equity; Renamed: Quant International Small-Cap Equity

Formerly: Small-Cap Equity; Renamed: Quant Small-Cap Equity

Formerly: Small/Mid-Cap Equity; Renamed: Quant Small/Mid-Cap Equity

Bank Name	ent Plan, the minimum i in debiting your account s occur on either the 1 st	investment per full and the time into OR 15th. It takes	und is \$100. Please nterval. Semimonthly s up to 10 days to ir	у
Bank Phone Number ATTACH A VOIDED BANK CHECK OR PREPRINTED SAVINGS D 6. AUTOMATIC INVESTMENT PLAN If you would like to participate in the TIAA-CREF Funds Automatic Investment indicate below the amount to invest, the frequency, the first month to beginvestments occur on both the 1st and the 15th, while monthly investment this service. (Please also complete Section 5.) FUND NAME FUND CODE DOLLAR AM \$ *As of October 2, 2017, the TIAA-CREF Quant Small-Cap Equity Fund is closed to new investments. 7. DESIGNATE YOUR BENEFICIARIES We will transfer ownership of your IRA to your primary beneficiaries upon IRA, unless you specify different percentages below. If a primary beneficiaries.	ank Account Number EPOSIT SLIP. This will enent Plan, the minimum in debiting your accounts occur on either the 1st	investment per fu it and the time int OR 15 th . It takes	und is \$100. Please nterval. Semimonthly s up to 10 days to ir	y nitiate
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are no surviving primary beneficiaries at the time of your death. If this has unless you specify different percentages below. If there are no surviving particular transfer ownership of your IRA to your estate. All percentages must total	ry predeceases you, his r ownership of your IRA opens, your contingent b rimary or contingent ber	s or her share of y to your continger beneficiaries will	your IRA shall be di ent beneficiaries only I share equally in yo	ivided y if ther our IRA,
Note : If more than one primary and/or contingent beneficiary is designa 100% will be allocated to each beneficiary.	ed, and no percentages	are indicated, ed	qual percentages to	otaling
Primary Beneficiary				
First Name or Name of Entity	MI Last Name			
Social Security Number/				

TFDIA F11153 (8/18)

(CONTINUED)



7. DESIGNATE YOUR BENEF	ICIARIES (CONTINUED)		
Primary Beneficiary			
First Name or Name of Entity		MI Last Name	
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage %
Contingent Beneficiary			
First Name or Name of Entity		MI Last Name	
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage %
Contingent Beneficiary			
First Name or Name of Entity		MI Last Name	
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage
			%
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Note: If you reside in a community property state, you may need your spouse's consent to your beneficiary designation. You may wish to seek legal advice.



8. TRUSTED CONTACTS (OPTIONAL)

FOR OWNER

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 9 for more information.

First Name of Contact Person	Last Name		R	delationship	
Date of Birth (mm/dd/yyyy)	Phone Number		Email Address		
Mailing Address		City		State	Zip Code

9. 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.

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.



9. SIGNATURES - YOUR SIGNATURE(S) MUST APPEAR TO ESTABLISH THE ACCOUNT (CONTINUED)

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.

This paragraph is only applicable if you added a Trusted Contact in Section 8. 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	
Your Signature (Owner, Custodian, Trustee or Entity (Authorized Signer))	Today's Date (mm/dd/yyyy)
CUSTODIAN ACCEPTANCE	
UMB Bank, n.a. will accept appointment as Custodian of the Depositor's IRA. Receipt by the Depositor	or of a confirmation of the purchase of the
fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment	as Custodian of the Depositor's Account
UMB BANK, N.A., CUSTODIAN	
Ву	Date (mm/dd/yyyy)

Thank you for investing with TIAA-CREF Funds. You will receive confirmation of your account shortly.

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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: OVERNIGHT:
TIAA-CREF Funds TIAA-CREF Funds

P.O. Box 219227 430 W. 7th Street, Suite 219227 Kansas City, MO 64121-9227 Kansas City, MO 64105-1407





LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION FORM

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. – 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% 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)

RETURN COMPLETED FORM(S) TO:

Please return ALL numbered pages, including any pages you did not need to complete.

STANDARD MAIL: OVERNIGHT: TIAA-CREF Funds TIAA-CREF Funds

P.O. Box 219227 430 W. 7th Street, Suite 219227 Kansas City, MO 64121-9227 Kansas City, MO 64105-1407





TIAA-CREF FUNDS LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION FORM

Page 1 of 3

	COUNT ON BEHALF OF THE LEGAL ENT	,
	OPENING THE ACCOUNT (Must provide signature in bo	x under Certification Section 4)
Prefix First Name	MI Last Name	
Social Security Number/	Date of Blatter and State	Dl.
Taxpayer Identification Number	Date of Birth (mm/dd/yyyy) Entity	y Role
Mailing Address	City	State Zip Code
B. LEGAL ENTITY INFORMATION (for which the Name of Entity	he Account is being opened)	
Entity's Mailing Address	City	State Zip Code
Please check this box if you are updatin and fill in the existing account number.	ng the information in Section 2 or Section 3,	Account Number
2. CONTROL PERSON (REQUIRED	D)	
An individual must be named here.		
Name of Control Person (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 issu	lance along with a photocopy of the ID. lien ID or Passport Number
U.S. Resident Alien Nonres	sident Alien (Specify country)	



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.

		Date of Birth (mm/dd/yyyy)					Soc	Social Security Number					
Name (First, MI, Last)			,	/ /									
Residential Address			City					S	State	Zip	Code		
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U.S. Resident Alien	Nonresident Alien			(Specify o	country)								
Name (First, MI, Last)		Date of B	irth (m	m/dd/yyyy)			Soc	ial Se	curity	Numb	er		
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4.	CERTI	FICATION	(REQUIRED)
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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)							
			,	/		/	2	0		

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. 10 p.m.
 (ET).

