



As a TIAA-CREF Brokerage Services Account Holder, you may be entitled to receive checking account privileges and a debit card if you so desire. Please indicate your acceptance of the following features as detailed below. Complete this form to establish and accept these account features.

## 1. BROKERAGE ACCOUNT REGISTRATION

TIAA-CREF Brokerage Services Account Number

Primary Account Owner/Trustee/Custodian Name

Joint Account Owner/Trustee Name

Mother's Maiden Name\*

Mother's Maiden Name\*

\*NOTE: For security purposes, please indicate your mother's maiden name for each account owner. The information is mandatory.

## 2. CASH SOLUTIONS ACCOUNT FEATURES

NOTE: Please select one option. If no selection is made, Silver will be granted. Debit cards are not available for Custodial accounts.

### Silver Level

- \$5,000 initial balance
- \$25 annual fee
- Checks ONLY

### Gold Level

- \$25,000 initial balance
- \$65 annual fee
- Checks and Gold Debit Card
- Checks ONLY
- Gold Debit Card ONLY

### Platinum Level

- \$250,000 initial balance
- \$110 annual fee
- Checks and Platinum Debit Card
- Platinum Debit Card ONLY

### Check Options

NOTE: Checking account activity will be displayed on your account statement. Individual checks are not returned, but are available upon request for an additional fee.

- Personal Wallet Checks (default option)
- Business Style Checks (\$60 for the initial order of 252 checks with binder).

Starting Check Number  (if left blank, default starting check number will start at 0101).

**IMPORTANT:** Your name and address will appear on your checks as they appear on your Account Registration. **You may choose not to include your address by checking the box below or include an additional line to be printed on your check (for instance, your telephone number).**

- No address on the checks
- Additional information to be added\*

\*Please print any additional information you would like to appear on your checks. **Maximum of 32 characters.**

### BILLSUITE (OPTIONAL — Available ONLY for Accounts with Checkwriting)

BillSuite enables you to view, pay and manage bills online. BillSuite is available for all Cash Solutions Accounts that have Checkwriting at no additional charge. For further details, please call us at **800 927-3059**.

- Enroll in BillSuite (if left blank, you will not be enrolled in BillSuite)

### REWARDSUITE (OPTIONAL — Available ONLY for Gold and Platinum Debit Card Holders)

RewardSuite is a client loyalty program, which provides points for eligible purchases and exciting redemption options including air travel, gift cards, or cash back. Please refer to the RewardSuite website for information on eligible purchases. Clients signing up for RewardSuite must abide by the program's terms and conditions. For information, please visit **www.myrewardsuite.com**.

- Enroll in RewardSuite (if left blank, you will not be enrolled in RewardSuite)



**3. ALTERNATE MAILING ADDRESS FOR CHECKS AND DEBIT CARDS** (Optional)

Please enter your alternate mailing address, if different from the primary residence that appears on your brokerage account statement, for initial order of checks and/or debit cards.

Residential street address City State Zip code
Primary Account Owner Signature Date (mm/dd/yyyy)

PRIMARY ACCOUNT OWNER MUST SIGN AND DATE ABOVE IF AN ALTERNATE MAILING ADDRESS IS REQUESTED.

**4. ADDITIONAL SIGNATORIES FOR CHECKWRITING ONLY** (Optional)

If you have an individual or joint account, you may add your full Power of Attorney (FPOA) as an authorized signer of your checks. NOTE: The TIAA-CREF Brokerage Services Power of Attorney form is required to add an authorized agent to your brokerage account.

Print FPOA Name Mother's Maiden Name Social Security Number
FPOA's Signature Today's Date (mm/dd/yyyy)
Primary Account Owner Signature Today's Date (mm/dd/yyyy)

The primary account owner authorizes the additional signatories on this application.

**5. CASH SOLUTIONS ACCOUNT AGREEMENT AND SIGNATURE(S)**

To open a Cash Solutions Account, please read the following section carefully and sign below to accept the terms. I (We) have requested TIAA-CREF Individual & Institutional Services, LLC to open a brokerage account with Pershing LLC ("Pershing") in the name(s) listed as account holder(s) on this application. I (We) further request PNC Bank, N.A. (the "Bank") to issue checks and/or Visa debit card(s) as indicated on this application. Prior to signing this application below, I have received and read the Customer Account Agreement, including Cash Solutions Account and Margin sections, and my signature below is my agreement to the terms and conditions of the TIAA-CREF Brokerage Customer Account ("Agreement") as currently in effect and as subsequently amended from time to time. I agree that my use of the Cash Solutions Account check writing privilege and/or Visa Debit Card is governed by the Agreement and that I am bound by the Agreement. Interest on debit balances will be charged and compounded in accordance with the Agreement. New York Stock Exchange Rule 407 prohibits certain account holders from engaging in margin transactions without their employer's written consent. Pershing may suspend execution of any trades in my (our) account pending receipt of this consent. I understand that the Banking Services Agreement of the Cash Solutions portion of the Agreement is governed by Pennsylvania law and the Billsuite Agreement of the Cash Solutions portion of the Agreement is governed by Georgia law. The remainder of the Agreement, including interest charges on loans Pershing may make to me, will be governed by, and interpreted under, the laws of the State of New York. By signing this Application, the undersigned acknowledges that securities not fully paid for by the undersigned may be loaned to Pershing or loaned out by Pershing to others. By signing this Application, I accept the terms of the Agreement. Please be sure that all account owners sign this Application. I acknowledge that I have read, understand, and agree to the terms and conditions of the TIAA-CREF Brokerage Customer Agreement, including the Margin Agreement, and Margin Disclosure statement which details the risks associated with a margin account, and I have read and understand the credit terms explained in the disclosure statement. I also acknowledge that I have received and read the Predispute Arbitration Clause on Page 2, Paragraph 13 of the Agreement.

X Signature (Primary Account Owner/Trustee, if applicable) Today's Date (mm/dd/yyyy)

X Signature (Joint Account Owner/Trustee, if applicable) Today's Date (mm/dd/yyyy)

To be approved by an authorized person at TIAA-CREF Brokerage Services. The signatures on this application is/are that of the account holder(s) or is/are authorized by the account holder(s).

TIAA-CREF Brokerage Services Account Number

Print Name and Title

Signature Today's Date (mm/dd/yyyy)

