



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# TIAA-CREF Brokerage IRA Application

## 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, including us, 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, residence address, date of birth, Social Security number and other information that will allow us to identify you, such as your home telephone number. We may also ask to see your driver's license or other identifying documents. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

## 1. ACCOUNT TYPE AND REGISTRATION

You must complete this form in its entirety for your account to be opened. Select only one account type here. If you are opening more than one type of IRA, please complete a separate TIAA-CREF Brokerage IRA Application for each type.

Questions? Please call us at 800 927-3059 Monday to Friday from 8 a.m. to 7 p.m. ET.

- Traditional/Rollover IRA
- Roth IRA
- SEP IRA\* (Employer Tax ID \_\_\_\_\_)  
\*(Form 5305-SEP required)
- Spousal IRA
- Inherited IRA

### Registration Information:

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Owner's Name (First)/Trust Title for Inherited IRA Trust (M.I.)

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(Last)

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Social Security Number/Taxpayer ID number      Date of Birth/Trust Effective Date (mmddyyyy)      Mother's Maiden Name (Required for online access)

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Mailing address City State Zip code  
(If P.O. Box or private mailbox, street address is required below.)

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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U.S. residential street address City State Zip code  
(if different than mailing address)

<input style="width: 100%;" type="text"/>	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Other	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Online account access: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Country of Citizenship (If other than U.S.A.)

E-mail address \_\_\_\_\_ Business phone \_\_\_\_\_ Home phone \_\_\_\_\_

### Employment Information (Required) for Owner:

Employer's name \_\_\_\_\_ Your occupation/title \_\_\_\_\_

<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
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Business street address City State Zip code

If  Unemployed or  Retired, state source of income: \_\_\_\_\_

If  Consultant or  Self-employed, list type of business/service: \_\_\_\_\_

### Complete if applicable:

- I am or an immediate family member is, a director, a 10% shareholder, or a policy-making executive of a publicly traded company.

Name of person: \_\_\_\_\_ Company Name/Symbol: \_\_\_\_\_

- I am or an immediate family member is, affiliated with or working for TIAA-CREF.

Relationship to Employee: \_\_\_\_\_ Name of Employee: \_\_\_\_\_

- I am or an immediate family member is, affiliated with or working for a member firm of a stock exchange or FINRA.

Relationship to Employee: \_\_\_\_\_ Name of Employee: \_\_\_\_\_

Name of firm: \_\_\_\_\_

- I am (i) a senior military, governmental or political official in a non-US country, or (ii) closely associated with or an immediate family member of such an official.



**1. ACCOUNT TYPE AND REGISTRATION CONTINUED**

INTERESTED PARTY (If applicable): *Note: Interested party will receive duplicate statements and confirmations.*

Interest Party Name (First) (M.I.) (Last) Mailing Address City State Zip code

**2. INITIAL TRANSACTION**

Select one of the following options to fund the TIAA-CREF Brokerage IRA identified in Section 1.

- Check enclosed: \$... for current tax year and/or \$... for prior tax year.
Transfer or Rollover assets from another financial institution.
Deposit Certificates.
Establish Automatic Investment Plan.
Fund account with assets transferred from TIAA-CREF Mutual Fund IRA.

**Investment of Cash Balances**

Cash balances in your TIAA-CREF Brokerage IRA will be automatically invested in a Liquid Insured Deposits Account.

**3. YOUR INVESTMENT PROFILE**

Investment knowledge: None Limited Good Extensive
Investment experience: Estimate your investment experience in years: Equity: yrs. Mutual Funds yrs. Options yrs. Fixed Income yrs.
Investment objective (choose one): Capital Preservation Income Growth Speculation
Annual income (from all sources): Under \$20,000 \$20,000 - \$29,999 \$30,000 - \$49,999 \$50,000 - \$99,999 \$100,000 - \$250,000 Over \$250,000
Approximate net worth, excluding residence: Under \$20,000 \$20,000 - \$29,999 \$30,000 - \$99,999 \$100,000 - \$249,999 \$250,000 - \$1 million Over \$1 million
Current tax bracket: 0 - 15% 15.1% - 32% 32.1% - 50% Over 50%

**4. INHERITED IRA INFORMATION (Complete this section for Inherited IRAs ONLY)**

Inherited IRA Type: Traditional/Rollover IRA Roth IRA Trust (Additional documents required)
Decedent's Name (First) (M.I.) (Last)
Social Security Number/Taxpayer ID number Date of Birth (mmddyyyy) Date of Death (mmddyyyy)
Relationship of the IRA account owner to the decedent

**4. INHERITED IRA INFORMATION (Complete this section for Inherited IRAs ONLY) CONTINUED**

For Inherited IRA Trust account, please provide the trust information in section 1 and provide the trustee information below.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Trustee's Name (First)	(M.I.)	(Last)
<input type="text"/>	<input type="text"/>	
Social Security Number/Taxpayer ID number	Date of Birth (mmddyyyy)	

**5. BENEFICIARY DESIGNATION**

*If you want to name additional primary or contingent beneficiaries, include all information in this section on a separate sheet.*

I understand that the beneficiary(ies) named herein may be changed or revoked by me at any time by completing a new designation in writing with TIAA-CREF Brokerage Services.

I hereby make the following designation of beneficiary(ies) pursuant to the provisions of the Pershing, LLC Custodial Agreement. In the event of my death, pay any interest I may have in my TIAA-CREF Brokerage IRA in equal proportions, unless otherwise indicated to the following primary beneficiary(ies).

**PRIMARY BENEFICIARY(IES):**

**1.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (First)	(M.I.)	(Last)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mmddyyyy)	Relationship to you	Percentage (%)*

Gender:  Male  Female

**2.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (First)	(M.I.)	(Last)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mmddyyyy)	Relationship to you	Percentage (%)*

Gender:  Male  Female

**3.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (First)	(M.I.)	(Last)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mmddyyyy)	Relationship to you	Percentage (%)*

Gender:  Male  Female

**4.**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (First)	(M.I.)	(Last)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth (mmddyyyy)	Relationship to you	Percentage (%)*

Gender:  Male  Female

\*Note: The sum of the percentage for all primary beneficiaries must equal 100 percent.



