



Financial Services

TIAA-CREF FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT APPLICATION/ADOPTION AGREEMENT

To get started, simply complete the following sections. The terms of the account are contained in the document titled *Coverdell Education Savings Account Disclosure Statement and Custodial Account Agreement*. This form cannot be used to establish a TIAA-CREF Funds Traditional IRA or Roth IRA or to convert a Traditional IRA to a Roth IRA.

Send your signed and completed Form to TIAA-CREF Funds in the enclosed customer reply envelope.

Please call 1 800 223-1200 with any questions, Monday through Friday, 8:00 a.m. – 10:00 p.m. (ET)

Regular Mailing Address
TIAA-CREF Funds
P.O. Box 55081
Boston, MA 02205-5081

Overnight Mailing Address
TIAA-CREF Funds
30 Dan Road
Canton, MA 02021-2809

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

In Section A below, provide the requested information about the Student for whose benefit the Coverdell Education Savings Account (Coverdell ESA) is being opened. The Student must be under age 18 or a Special Needs Student for an Annual Contribution Coverdell ESA, or under age 30 or a Special Needs Student for a Rollover or Transfer from another Coverdell ESA. In Section B below, provide the requested information about the Parent or Legal Guardian who will control the account on behalf of the Student. In Section C below, provide the requested information about the Donor who is making the contribution to the account. The Student, Parent/Legal Guardian, or anyone else who meets the applicable income limits can be the Donor.

A. Student Information

Male Female

First Name Middle Initial Last Name

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

U.S. Resident Alien
 Nonresident Alien _____ (Specify country.)

_____-_____-_____
Social Security Number Alien ID or Passport Number

_____-_____-_____
Date of Birth Tax Identification Number

Student's Mailing Address

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

Address If the above address is a P.O. Box, you must also provide a street address.

City State Zip Code

E-Mail Address

Day Time Phone Number Evening Phone Number

B. Parent/Legal Guardian Information (Only one person may be listed.)

Male Female
 Mr. Mrs. Ms. Dr. Prof. Other _____

First Name Middle Initial Last Name

Parent Legal Guardian (If Legal Guardian, submit proof of guardianship.)

_____-_____-_____
Social Security Number Date of Birth

Parent/Legal Guardian's Mailing Address

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

Address If the above address is a P.O. Box, you must also provide a street address.

City State Zip Code

E-Mail Address

Day Time Phone Number Evening Phone Number

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ACCOUNT REGISTRATION (Continued)

C. Donor Information (If Donor is the Parent/Legal Guardian set forth in Section B, do not complete this section.)

Male Female
 Mr. Mrs. Ms. Dr. Prof. Other _____

First Name Middle Initial Last Name

 Social Security Number Date of Birth

Donor's Mailing Address

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

 Address If the above address is a P.O. Box, you must also provide a street address.

 City State Zip Code

 E-Mail Address

 Day Time Phone Number Evening Phone Number

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INVESTMENT ALLOCATION

Be sure to read the current prospectuses carefully before investing. The maximum annual investment under the law is \$2,000 and the minimum investment for a Coverdell ESA is \$2,000. Please make check payable to TIAA-CREF Funds.

FUND NAME	FUND NUMBER	CONTRIBUTION FOR THE CURRENT YEAR
_____	_____	\$ _____

This contribution does not exceed the maximum permitted amount as described in the Coverdell ESA Disclosure Statement.

3

ROLLOVER OR TRANSFER OF EXISTING COVERDELL ESA

Be sure to read the current prospectuses carefully before investing.

Direct transfer of existing Coverdell ESA

Complete the separate *Coverdell ESA Direct Asset Transfer Form* and return it with this form.

Rollover of distribution from existing Coverdell ESA within 60 days after distribution

The requirements for a valid rollover are complex. See the Coverdell ESA Disclosure Statement for additional information.

Check enclosed for \$ _____

Check the box below that describes the relationship between the Student in Section 1 above and the Student in the existing Coverdell ESA. The person in Section 1 is the:

- | | |
|---|---|
| <input type="checkbox"/> Same Person | <input type="checkbox"/> Child or Stepchild |
| <input type="checkbox"/> Sibling | <input type="checkbox"/> Child of Sibling |
| <input type="checkbox"/> Parent | <input type="checkbox"/> First Cousin |
| <input type="checkbox"/> Stepparent | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Spouse of One of the Foregoing | |

For rollover distributions only. Please **do not** complete this section for a direct transfer of assets from another Coverdell ESA. Use the *Direct Asset Transfer Form*.

RETAIL CLASS			
FUND NAME (FUND CODE)	AMOUNT	FUND NAME (FUND CODE)	AMOUNT
Bond (66)	\$ _____	Lifestyle Income (77)	\$ _____
Bond Index (91)	\$ _____	Lifestyle Conservative (78)	\$ _____
Bond Plus (96)	\$ _____	Lifestyle Moderate (79)	\$ _____
Equity Index (65)	\$ _____	Lifestyle Growth (93)	\$ _____
Emerging Markets Equity (67)	\$ _____	Lifestyle Aggressive Growth (94)	\$ _____
Emerging Markets Equity Index (69)	\$ _____	Managed Allocation (99)	\$ _____
Global Natural Resources (92)	\$ _____	Mid-Cap Growth (86)	\$ _____
Growth & Income (64)	\$ _____	Mid-Cap Value (87)	\$ _____
High-Yield (95)	\$ _____	Money Market (63)	\$ _____
Inflation-Linked Bond (90)	\$ _____	Real Estate Securities (89)	\$ _____
International Equity (61)	\$ _____	Short-Term Bond (97)	\$ _____
Large-Cap Growth (68)	\$ _____	Small-Cap Equity (88)	\$ _____
Large-Cap Value (85)	\$ _____	Social Choice Equity (62)	\$ _____
		Total Amount	\$ _____

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ROLLOVER OR TRANSFER OF EXISTING COVERDELL ESA (Continued)

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

- Check made payable to TIAA-CREF Funds.
- Wire assets directly. (See prospectuses for wire instructions.)

Wire date: ____/____/____

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

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YOUR TELEPHONE OPTION

This service allows you to make exchanges or purchases 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 prospectus for details. This service will be automatically added to your account unless you check **No** below.

Telephone Exchange

No

This option permits exchanges among Coverdell ESAs with the same account registration (\$50 minimum to an existing account/\$2,000 minimum to a new fund account).

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)

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AUTOMATIC INVESTMENT PLAN

If you would like to participate in our Automatic Investment Plan, the minimum investment per fund/account is \$100 per occurrence. 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** the 15th. It takes up to 10 days to initiate this service. **Also complete Section 6.**

FUND NAME	FUND CODE	AMOUNT	FREQUENCY		START DATE (MONTH)	TIME INTERVAL	
			SEMI-MONTHLY	MONTHLY		1ST OF THE MONTH	15TH OF THE MONTH
_____		\$	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

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YOUR BANK ACCOUNT

You must complete this section if you requested Telephone Exchange or the Automatic Investment Plan.

Type of Account Checking Savings

Name of Primary Account Owner

Name of Joint Account Owner

Bank Name

||| | | | | | | | | |
ABA Routing Number

Bank Phone Number

||| | | | | | | | | |
Account Number

**YOU MUST ATTACH A VOIDED BANK CHECK OR SAVINGS DEPOSIT SLIP.
Your initial investment check cannot be used.**

7 CERTIFICATIONS AND SIGNATURES

If this is a Rollover Coverdell ESA, the undersigned certifies that no rollover into a Coverdell ESA has been made within the one-year period immediately preceding this rollover; that such distribution was received within 60 days of making the rollover to the Account; and that the Student identified in Section 1 is either the person for whose benefit the prior Coverdell ESA was maintained or a member of such person's family [within the meaning of the Internal Revenue Code Section 529(e)(2)].

If this is an Annual Contribution Coverdell ESA, the undersigned certifies that the Student is less than 18 years old or a Special Needs Student and that all contributions made on the Student's behalf to this or any other Coverdell ESAs do not exceed \$2,000 in a single tax year. If this is a Transfer or Rollover of an existing Coverdell ESA, the undersigned certifies that the Student is less than 30 years old or a Special Needs Student and that the relationship indicated in Section 3 is correct.

The undersigned acknowledges having received and read the *Coverdell ESA Disclosure Statement and Custodial Account Agreement* relating to this Account and the TIAA-CREF Funds prospectuses.

The undersigned acknowledges receipt of the *Coverdell ESA Disclosure Statement and Custodial Account Agreement* at least 7 days before the date of signature (as indicated below) and acknowledges that there is no further right of revocation. All services are subject to conditions set forth in the TIAA-CREF Funds prospectuses.

The undersigned, by signing this Application/Adoption Agreement, hereby establishes a Coverdell ESA for the benefit of the Student with State Street Bank and Trust Company as Custodian. The Account will be effective upon acceptance by the bank.

PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT

Please check the box below acknowledging your receipt of the following documents:

- Prospectus for the investment options available to you
- TIAA-CREF Privacy Policy
- TIAA-CREF Business Continuity Policy

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 either TIAA-CREF's website (tiaa-cref.org), the website from which this form was downloaded, or by means of the CD accompanying my account application. I further

acknowledge that I am able to access these documents on the website or the CD. I understand that this acknowledgment applies only to this initial account application.

To select this acknowledgment and consent, you must either have access to the websites noted above or a computer with a CD drive and internet access. 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 www.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 go to tiaa-cref.org. If you are unable to acknowledge that you have received and accessed these documents on the website or CD, please call **877 518-9161** for paper prospectuses at no charge.

Note: Unless indicated, I acknowledge that I have received paper copies of the above-referenced documents.

■ **Under penalties of perjury, I certify that: (1) The number shown on this form is the Student's correct Taxpayer Identification Number (or the Student is waiting for a number to be issued to him or her) and (2) the Student is not subject to backup withholding because: (a) the Student is exempt from backup withholding, or (b) the Student has not been notified by the Internal Revenue Service (IRS) that he or she is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Student that he or she is no longer subject to backup withholding, and (3) the Student is a U.S. person (including a U.S. resident alien). Certification Instructions: You must cross out item 2 above if the Student has been notified by the IRS that he or she is currently subject to backup withholding because he or she has failed to report all interest and dividends on his or her tax return.**

■ **"I" refers to the Parent or Legal Guardian if the Student is a minor.**

PLEASE SIGN HERE (Exactly as it appears in Section 1)

X	
Signature of Donor	Date
<small>(Donor's signature is not required for a Rollover or Transfer of assets.)</small>	
X	
Signature of Parent/Legal Guardian	Date
<small>(Or student if the Student has attained the age of majority in his/her state of residence.)</small>	

CUSTODIAN ACCEPTANCE

State Street Bank and Trust Company will accept appointment as Custodian of the Account. However, this Agreement is not binding upon the Custodian until the Student has received a statement of the transaction. Receipt by the Student of a confirmation of the purchase of the Fund shares indicated above will serve as notification of State Street Bank and Trust Company's acceptance of appointment as Custodian of the Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

X	
By	Date

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If the Student is a minor under the laws of the Student's state of residence, acceptance by the Custodian of the contribution to this Account is expressly conditioned upon the Parent's (identified above in Section 1) agreement to be responsible for all requirements of the Student, and to exercise the powers and duties of the Student with respect to the operation of the Account. Upon reaching the age of majority in the state in which the Student then resides, the Student may advise the Custodian in writing (accompanied by such supporting documentation as the Custodian may require) that he or she is assuming sole responsibility to exercise all powers and duties associated with the administration of the Account. Absent such written notice by the Student, the Custodian shall have no responsibility to acknowledge the Student's exercise of such powers and duties of administration.

Retain a photocopy of this completed Application/Adoption Agreement for your records.