



FINANCIAL SERVICES
FOR THE GREATER GOOD®

TIAA-CREF FUNDS COVERDELL EDUCATION SAVINGS ACCOUNT DIRECT ASSET TRANSFER FORM

Please use this form to authorize TIAA-CREF Funds to initiate a direct transfer of your current Coverdell Education Savings Account (Coverdell ESA) to a Coverdell ESA from TIAA-CREF Funds.

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

1 ACCOUNT REGISTRATION

In Section A below, please provide the requested information about the person who controls the current Account. In Section B below, provide the requested information about the Student who is the beneficiary of either a new or existing Coverdell ESA from TIAA-CREF Funds.

A. Person Who Controls the Current Account

First Name	Middle Initial	Last Name
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	
<input type="checkbox"/> Parent	<input type="checkbox"/> Student	<input type="checkbox"/> Legal Guardian*
*(If Legal Guardian, submit proof of guardianship.)		
Social Security Number		

B. Student Information

First Name	Middle Initial	Last Name
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	
Social Security Number		

2 SHAREHOLDER AUTHORIZATION FOR ASSET TRANSFER

Please provide information on the financial institution where your assets are currently held. This authorization instructs my current Trustee/Custodian to liquidate and transfer all or part of my current Coverdell ESA to TIAA-CREF Funds. Please send all related correspondence to TIAA-CREF Funds, P.O. Box 55081, Boston, MA 02205-8034. Make all checks payable to TIAA-CREF Funds.

Transfer should be according to the following instructions:

Current Account Number: _____	Name of Custodian/Trustee _____
Fund Name: _____	Attention: (optional) _____
Transfer: \$ _____ or _____ % <small>(Write in 100% for whole transfers.)</small>	Address _____
Current Account Number: _____	Address _____
Fund Name: _____	City _____ State _____ Zip Code _____
Transfer: \$ _____ or _____ % <small>(Write in 100% for whole transfers.)</small>	Phone Number _____
Current Account Number: _____	
Fund Name: _____	
Transfer: \$ _____ or _____ % <small>(Write in 100% for whole transfers.)</small>	

