



TIAA-CREF Brokerage Services ACCOUNT 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. BROKERAGE ACCOUNT REGISTRATION *(Required)*

Notes: Section 1 must be completed in its entirety, or the account will not be opened. This application cannot be used to open an IRA. Additional documentation is required for Trust or other entity. Questions? Please call us at 800 927-3059.

- Individual Joint *(Joint tenants with rights of survivorship)* Joint tenants in common
- Trust (Trustee certification required) Gift/Transfer to Minors (UGMA/UTMA) Other _____

PRIMARY ACCOUNT OWNER/TRUST:

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Name of Owner/Trust/Minor for UGMA/UTMA (First) (M.I.)

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(Last)

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Social Security number/Taxpayer ID number	Date of birth/Trust Effective Date (mm/dd/yyyy)	Mother's Maiden Name (Required for CSA)

<input style="width: 98%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
Mailing address <small>(If P.O. Box or private mailbox, street address is required below.)</small>	City	State	Zip code	-	

<input style="width: 98%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
U.S. residential street address <small>(if different than mailing address)</small>	City	State	Zip code	-	

<input style="width: 98%;" type="text"/>	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Other	Online account access: <input type="checkbox"/> Yes <input type="checkbox"/> No
Country of Citizenship (If other than U.S.A.)	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	

E-mail address _____ Business phone _____ Home phone _____

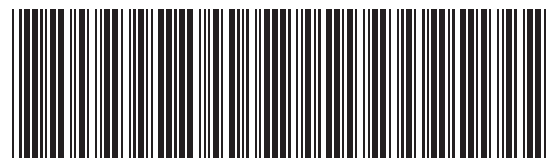
Employment Information (Required) for Owner

Employer's name _____ Your occupation/title _____

<input style="width: 98%;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
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: _____



1. BROKERAGE ACCOUNT REGISTRATION CONTINUED (Required)

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.

Primary Owner's Investment knowledge: None Limited Good Extensive

Primary Owner's Investment experience: Estimate your investment experience in years: Equity: yrs. Mutual Funds yrs. Options yrs. Fixed Income yrs.

SECONDARY ACCOUNT OWNER/TRUSTEE/CUSTODIAN (if applicable).

Name of Joint Owner/Trustee/Custodian (First) (M.I.) (Last)

Social Security number Date of birth (mm/dd/yyyy) Mother's Maiden Name (Required for CSA)

Residential street address City State Zip code

Country of Citizenship (If other than U.S.A.) Marital Status: Married Other Gender: Male Female

Employment Information (Required) for Joint Owner/Trustee/Custodian:

Employer's name Your occupation/title Business phone

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.

Secondary Owner's Investment knowledge: None Limited Good Extensive

Secondary Owner's Investment experience: Estimate your investment experience in years: Equity: yrs. Mutual Funds yrs. Options yrs. Fixed Income yrs.



1. BROKERAGE ACCOUNT REGISTRATION CONTINUED (Required)

SECONDARY ACCOUNT OWNER/TRUSTEE (if applicable). Attach additional pages for additional owners/trustees.

Name of Joint Owner/Trustee (First) (M.I.) (Last)

Social Security number Date of birth (mm/dd/yyyy) Mother's Maiden Name (Required for CSA)

Residential street address City State Zip code

Country of Citizenship (If other than U.S.A.) Marital Status: Married Other Gender: Male Female

Employment Information (Required) for Joint Owner/Trustee:

Employer's name Your occupation/title Business phone

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.

Secondary Owner's Investment knowledge: None Limited Good Extensive

Secondary Owner's Investment experience: Estimate your investment experience in years: Equity: yrs. Mutual Funds yrs. Options yrs. Fixed Income yrs.

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

Interested Party's name (First) (M.I.) (Last)

Mailing Address City State Zip code



2. INITIAL TRANSACTION (Required)

We cannot accept third-party checks, temporary checks, credit-card checks, money orders or checks drawn on banks outside the U.S. All such checks will be returned, and your account will not be opened.

Source of Funds

- Income from Earnings Investment Proceeds Gift Sale of Business
- Legal Settlement Pension/IRA/Retirement Savings Spouse/Parent Inheritance
- Lottery/Gaming Insurance Proceeds Other _____

Select your funding method(s):

- Check enclosed for \$ _____ (\$5,000 minimum. Minimum account balance is waived if Automatic Investment Plan is established and at least \$250 monthly). **NOTE:** Make checks payable to TIAA-CREF Brokerage Services.
- Transfer assets (\$5,000 minimum) from another financial institution. Complete TIAA-CREF Brokerage Services Account Transfer Form.
- Deposit Certificates. Send to TIAA-CREF Brokerage Services by registered or certified mail.
- Establish Automatic Investment Plan. Complete TIAA-CREF Brokerage Services Automatic Investment Plan Application.
- Fund account with assets transferred from TIAA-CREF Mutual Funds. Complete TIAA-CREF Brokerage Services Account Transfer Form.
- Required Minimum Distributions, Cash Withdrawals or Income from a TIAA-CREF annuities or IRA account. Please contact TIAA-CREF Brokerage Services at **800 927-3059** for instructions and/or additional forms.

3. YOUR INVESTMENT PROFILE (Required)

- Primary 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. ACCOUNT FEATURE SELECTION (Optional)

Please select one option. Debit Cards are not available for Custodial Accounts.

- | | | |
|--|---|---|
| <p>Silver Level</p> <p>\$5,000 initial balance</p> <p>\$25 annual fee</p> <p><input type="checkbox"/> Checks ONLY</p> | <p>Gold Level</p> <p>\$25,000 initial balance</p> <p>\$65 annual fee</p> <p><input type="checkbox"/> Checks and Gold Debit Card</p> <p><input type="checkbox"/> Checks ONLY</p> <p><input type="checkbox"/> Gold Debit Card ONLY</p> | <p>Platinum Level</p> <p>\$250,000 initial balance</p> <p>\$110 annual fee</p> <p><input type="checkbox"/> Checks and Platinum Debit Card</p> <p><input type="checkbox"/> Platinum Debit Card ONLY</p> |
|--|---|---|

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).



4. ACCOUNT FEATURE SELECTION CONTINUED (Optional)

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)

Money market sweep vehicle.

Select a money market vehicle below to automatically invest your cash balances. *If no selection is made, we will use the Liquid Insured Deposits. For more information and to request a prospectus call us at **800 927-3059**.*

- Liquid Insured Deposits
- Federated Prime Fund
- Federated Treasury Fund
- Federated Municipal Cash Fund
- Federated Government Cash Fund
- State specific federated Municipal Cash Trust Fund (choose one): NY NJ CT MA FL CA

5. MARGIN BORROWING

Margin: Yes No Margin is subject to TIAA-CREF's Brokerage Services approval and may require a credit history. Margin borrowing involves additional risks and is not suitable for all investors.



6. AGREEMENT AND SIGNATURE(S) (Required)

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 and 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. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax returns.

I (we) have requested that TIAA-CREF Individual & Institutional Services, LLC 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") issue checks and/or Visa debit card(s) as indicated on this application. I (we) certify that the information I (we) have provided is true and correct.

I represent that I am of legal age and have legal capacity to make this investment. I acknowledge that this account application is not for a foreign financial institution or private banking account. I understand interest on debit balances will be charged and compounded in accordance with the Agreement. Furthermore, New York Stock Exchange Rule 407 prohibits certain account holders from engaging in margin transactions without their employer's written consent.

I acknowledge I received the TIAA-CREF Brokerage Customer Account Agreement ("Agreement"), including the Cash Solutions Account and Margin sections, prior to signing this application below. I acknowledge that I have read, understand and agree to the terms and conditions of the Agreement, including but not limited to the Cash Solutions Account and Margin sections, and the Margin Disclosure Statement which details the risks associated with a margin account and the credit terms explained in the Disclosure Statement received from TIAA-CREF or Pershing. I understand that securities not fully paid for by the undersigned may be loaned to Pershing or loaned out by Pershing to others. I agree that my use of the Cash Solutions Account check writing privilege, Visa Debit Card(s) and related services are governed by the Agreement and that I am bound by the Agreement including the BillSuite terms and RewardSuite program rules where applicable. I understand 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. I further understand that the remainder of the Agreement, including interest charges on loans Pershing may make to me (us), will be governed by, and interpreted under, the laws of the state of New York.

My signature below is my agreement to the terms and conditions of the Agreement as currently in effect and as subsequently amended from time to time, including the agreement contained within this application. Pershing may suspend execution of any trades in my (our) account pending receipt of this consent. I also acknowledge that I have received and read the Predispute Arbitration clause on Page 2, Paragraph 13 of the Agreement. I acknowledge receiving a copy of this Agreement. I understand that that the IRS does not require my consent to any provision of this document other than the certifications to avoid backup withholding.

Investment products provided by TIAA-CREF Brokerage Services, a division of TIAA-CREF Individual & Institutional Services, LLC. Member FINRA, SIPC. Securities are not FDIC-insured and are not a deposit or other obligation of or guaranteed by any bank or TIAA-CREF. Securities are subject to investment risk, including possible loss of the principal amount invested.

X _____
Signature (owner, trustee, custodian) Print name and title (if applicable) Date
X _____
Signature (secondary owner, trustee) Print name and title (if applicable) Date
X _____
Signature (secondary owner, trustee) Print name and title (if applicable) Date

Brokerage accounts are carried by Pershing, LLC, a subsidiary of The Bank of New York Company, Inc. Member FINRA, NYSE, SIPC.

TIAA-CREF Brokerage Services Only:
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). We approve the above listed account if applicable for margin trading.
TIAA-CREF Brokerage Services
Name (please print) Title
X Signature Date
Account Number (for office use only)

For Internal Use Only:

Rep Name _____ Rep number _____

