



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# TIAA-CREF FUNDS IRA BENEFICIARY DESIGNATION FORM

Please complete this form to designate your beneficiaries. We will transfer ownership of your IRA to your primary beneficiaries upon your death. Your primary beneficiaries will share equally in your IRA, unless you specify different percentages below. If a primary beneficiary predeceases you, his or her share of your IRA shall be divided proportionately among the surviving primary beneficiaries. In addition, we will transfer ownership of your IRA to your contingent beneficiaries only if there are no surviving primary beneficiaries at the time of your death. If this happens, your contingent beneficiaries will share equally in your IRA, unless you specify different percentages below. If there are no surviving contingent beneficiaries at the time of your death, we will transfer ownership of your IRA to your estate. All percentages must total 100%.

**Note:** If more than one primary and/or contingent beneficiary is designated, and no percentages are indicated, equal percentages totaling 100% will be allocated to each beneficiary.

**Please check one:**  Initial Designation  Change of Designation

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

*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

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

## 1 ACCOUNT REGISTRATION Please print or type.

### Account Owner's Name

First Name	Middle Initial	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth	
<input type="text"/>	<input type="text"/>	
Fund-Account Number	<input type="checkbox"/> Check here if you want the following beneficiary designation(s) to apply to all of your IRAs.	
<input type="text"/>		

### Account Owner's 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

Day Time Phone Number Evening Phone Number

## 2 PRIMARY BENEFICIARY(IES)

I designate the following as my Primary Beneficiary(ies) to receive any amounts due at my death: (Please take note that the Custodian may not be designated as the Beneficiary.)

### Name

Name	Relationship
<input type="text"/>	<input type="text"/>
Custodian, if the beneficiary is a minor	Relationship
<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	Shares (Total 100%) Do not indicate fractional percentages.

### 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

Day Time Phone Number Evening Phone Number

### Name

Name	Relationship
<input type="text"/>	<input type="text"/>
Custodian, if the beneficiary is a minor	Relationship
<input type="text"/>	<input type="text"/>
Social Security Number	Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	Shares (Total 100%) Do not indicate fractional percentages.

### 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

Day Time Phone Number Evening Phone Number

# 2

## PRIMARY BENEFICIARY(IES) (Continued)

### Name

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Custodian, if the beneficiary is a minor Relationship

\_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number      \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth

\_\_\_\_ Shares (Total 100%) Do not indicate fractional percentages.

### 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

\_\_\_\_ Day Time Phone Number Evening Phone Number

# 3

## CONTINGENT BENEFICIARY(IES)

If none of the Primary Beneficiary(ies) are living on the date of my death, I hereby designate the following as my Contingent Beneficiary(ies) to receive any amounts due: (Please note that the Custodian may not be designated as the Beneficiary.)

### Name

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Custodian, if the beneficiary is a minor Relationship

\_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number      \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth

\_\_\_\_ Shares (Total 100%) Do not indicate fractional percentages.

### 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

\_\_\_\_ Day Time Phone Number Evening Phone Number

### Name

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Custodian, if the beneficiary is a minor Relationship

\_\_\_\_-\_\_\_\_-\_\_\_\_ Social Security Number      \_\_\_\_-\_\_\_\_-\_\_\_\_ Date of Birth

\_\_\_\_ Shares (Total 100%) Do not indicate fractional percentages.

### 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

\_\_\_\_ Day Time Phone Number Evening Phone Number

**Note: If you reside in a community property state, you may need your spouse's consent to your beneficiary designations. You may wish to seek legal advice.**

# 4

## SIGNATURE

I make the Designation of Beneficiary specified above and revoke any previous designations made for my TIAA-CREF Funds Individual Retirement Account identified above. I understand that the Beneficiaries' names may be revoked at any time by filing a written revocation or designation with TIAA-CREF. Please sign exactly as your name appears on your account confirmation statements.

### PLEASE SIGN HERE

X

Signature

Date