



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# TIAA-CREF FUNDS BENEFICIARY DESIGNATION FORM

Beneficiary designation is an optional election and available only for individual or joint accounts. You may designate one or more beneficiaries to whom your TIAA-CREF Funds shares can be transferred upon death. If the beneficiaries survive all shareholders, the account may avoid probate. Complete this form to add or change beneficiary information to your TIAA-CREF Funds accounts.

**Please check one:**  Initial Designation  Change of Designation (Also complete Section 5)

**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 CUSTOMER INFORMATION Please print or type.

### Account Owner's Name

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

### Joint Owner's Name

First Name	Middle Initial	Last Name
_____	_____	_____

### 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
_____	_____
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

# 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 (We) make the Designation of Beneficiary specified above and revoke any previous Designations made under my TIAA-CREF Funds Accounts. I (We) understand that the Beneficiaries' names may be revoked at any time by filing a new Beneficiary Designation Form with TIAA-CREF. Please sign exactly as name(s) or registered owner(s) appear on your account confirmation statements. All owners must sign.

### PLEASE SIGN HERE

  X    
Signature Date

  X    
Joint Signature Date

# 5

## MEDALLION SIGNATURE GUARANTEE (FOR DESIGNATION CHANGE ONLY)

To change your beneficiary, you must have the signature(s) in section 4 guaranteed.\* This does not apply for initial designation of beneficiary.

\* A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange which participates in the medallion signature guarantee program.