



TIAA-CREF FUNDS ROTH IRA CONVERSION FORM/ ADOPTION AGREEMENT

You should use this form to convert an existing TIAA-CREF Funds Traditional IRA to a Roth IRA. If you are converting a Traditional IRA from another custodian, you must complete both this *IRA Conversion Form* and the *IRA Asset Transfer Form*.

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

Please print or type. Please complete this section if you are converting an existing TIAA-CREF Funds Traditional IRA to a TIAA-CREF Funds Roth IRA, or if you are converting a Traditional IRA held at another institution. Please provide the information exactly as you want it to appear on your account.

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

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

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

TIAA-CREF Wealth Management Advisor (Name)

2 ACCOUNT INFORMATION

Please complete this section if you are converting all or part of an existing TIAA-CREF Funds Traditional IRA to a TIAA-CREF Funds Roth IRA.

FUND NAME	EXISTING IRA FUND AND ACCOUNT NUMBER YOU WISH TO CONVERT	CONVERT % OF ASSETS	DOLLAR AMOUNT
_____	_____-_____-_____	____	\$ _____
_____	_____-_____-_____	____	\$ _____
_____	_____-_____-_____	____	\$ _____
_____	_____-_____-_____	____	\$ _____
_____	_____-_____-_____	____	\$ _____

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WITHHOLDING REQUIREMENTS

If you're transferring assets from another custodian, you must complete only the withholding section on the *IRA Asset Transfer Form*.

Important income tax information: We are required to withhold federal income taxes (at a rate of 10%) on the amount you convert unless you elect not to have withholding apply. **These rules do not apply to nonresident aliens. (See NOTE below.)**

You must make a withholding election. If you do not check a box, taxes will be withheld at a rate of 10% on your conversion.

- Do not withhold federal income tax from my conversion amount. I understand that I will be liable for payment of federal tax on the taxable part of my conversion and that I may incur penalties under the estimated tax payment rules.
- I want federal income tax withheld and understand that the withholding will be done at a rate of 10% unless a different withholding percentage is specified: _____%. I also understand that in addition to paying income taxes on the amount converted, the amount withheld may be subject to an additional 10% early withdrawal penalty. You may change this election by written request prior to the conversion.

NOTE: If you are a nonresident alien you must check the box below.

- As a nonresident alien, I understand that special withholding rules apply to a conversion of my Traditional IRA to a Roth IRA. State tax withholding may also apply.

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DESIGNATE YOUR BENEFICIARIES

Please complete this section 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.

Primary Beneficiary

First Name or Name of Entity	Middle Initial
Last Name	
Relationship	Percentage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> % (Whole Numbers only)
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number	Date of Birth

Contingent Beneficiary

First Name or Name of Entity	Middle Initial
Last Name	
Relationship	Percentage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> % (Whole Numbers only)
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number	Date of Birth

Primary Beneficiary

First Name or Name of Entity	Middle Initial
Last Name	
Relationship	Percentage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> % (Whole Numbers only)
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number	Date of Birth

Contingent Beneficiary

First Name or Name of Entity	Middle Initial
Last Name	
Relationship	Percentage <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> % (Whole Numbers only)
<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Social Security Number	Date of Birth

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

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SIGNATURE

By signing this form, I certify that:

I have received, read, and agree to the terms of the prospectus for each fund in which I am investing. I have the authority and legal capacity to establish this custodial (Conversion and/or Contribution) Roth IRA, and to direct the purchase of mutual fund shares, am of legal age in my state, and believe each investment is a suitable one for me.

I received, read, and agree to both the TIAA-CREF Funds *Individual Retirement Accounts Disclosure Statement and State Street Bank and Trust Custodial Agreement*.

I understand I may revoke this Agreement by notifying the Custodian in writing within seven days, if I did not receive the Disclosure Statement at least seven days prior to today's date.

I authorize TIAA-CREF Funds, State Street Bank and Trust Company, or their designees to act on any instructions believed to be genuine for any service authorized in the Custodial Agreement and on this form. The TIAA-CREF Funds use reasonable procedures (including Shareholder identity verification) to confirm that instructions given by telephone/computer are genuine and are not liable for acting on these instructions. (However, if these procedures are not followed, it is the opinion of certain regulatory agencies that the TIAA-CREF Funds may be liable for any losses that may result from acting on instructions given.) All services are subject to conditions set forth in the TIAA-CREF Funds prospectus. I elect under paragraph 9(a) of the Custodial Agreement not to have life expectancy recalculated for minimum distribution purposes, unless I notify the Custodian otherwise prior to my required beginning date.

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 the Taxpayer Identification Number shown on this form is my correct Social Security Number and that I am a U.S. person. If I am a Nonresident Alien, I am required to complete the appropriate IRS Form W-8 to verify my foreign status.

The Internal Revenue Service does not require your consent to any provision of this document.

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

X

Signature (Owner, Depositor)

Date

FOR OFFICE USE ONLY

CUSTODIAN ACCEPTANCE

State Street Bank and Trust Company will accept appointment as Custodian of the Depositor's IRA. Receipt by the Depositor 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 Depositor's Account.

STATE STREET BANK AND TRUST COMPANY, CUSTODIAN

X

By

Date

Thank you for investing with TIAA-CREF Funds. You will receive confirmation of your account shortly.