



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# TIAA-CREF FUNDS TRADITIONAL AND ROTH IRAS NEW ACCOUNT FORM / ADOPTION AGREEMENT

You should use this form to establish a new TIAA-CREF Funds by making a contribution to a Traditional or Roth IRA or a transfer or rollover from an existing Traditional or Roth IRA. To transfer assets to open a new account, you must also complete an *IRA Asset Transfer Form*. You can open only one IRA per *New Account Form/Adoption Agreement*. Please note the following:

- Do not use this form to transfer assets to an *existing* TIAA-CREF Funds Traditional or Roth IRA. Complete only the *IRA Asset Transfer Form*.
- Do not use this form if you are converting a Traditional IRA to a Roth IRA. Complete the *Roth IRA Conversion Form/Adoption Agreement*.

**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 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. Check **ONE** box only.

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

\_\_\_\_\_  
TIAA-CREF Wealth Management Advisor (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



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## BANK INFORMATION

You must complete this section if you request the Telephone Purchase or the Automatic Investment Plan.

Type of Account  Checking  Savings

Name of Primary Account Owner \_\_\_\_\_

Name of Joint Account Owner \_\_\_\_\_

Bank Name \_\_\_\_\_

\_\_\_\_\_

ABA Routing Number

Bank Phone Number \_\_\_\_\_

\_\_\_\_\_

Account Number

**YOU MUST ATTACH A VOIDED BANK CHECK OR PRE-PRINTED SAVINGS DEPOSIT SLIP.**  
**Your initial investment check cannot be used. This will ensure accurate bank account information.**

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## AUTOMATIC INVESTMENT PLAN

If you would like to participate in the TIAA-CREF Funds Automatic Investment Plan, the minimum investment per fund is \$100. Please indicate below the amount to invest, the frequency, the first month to begin debiting your account, and the time interval. Semimonthly investments occur on both the 1st and the 15th, while monthly investments occur on either the 1st or the 15th. All automatic investments are considered current year contributions. It takes up to 10 days to initiate this service. **(Please also complete Section 5.)**

FUND NAME	FUND CODE	DOLLAR AMOUNT	FREQUENCY		START DATE (MONTH)	TIME INTERVAL	
			SEMI-MONTHLY	MONTHLY		1ST OF THE MONTH	15TH OF THE MONTH
_____	____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	____	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

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## 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. 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 primary or 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	
_____ Percentage	_____% (Whole Numbers only)
_____ Relationship	
____-____-_____ Social Security Number	____-____-_____ Date of Birth

### Primary Beneficiary

_____ First Name or Name of Entity	_____ Middle Initial
_____ Last Name	
_____ Percentage	_____% (Whole Numbers only)
_____ Relationship	
____-____-_____ Social Security Number	____-____-_____ Date of Birth

### Contingent Beneficiary

_____ First Name or Name of Entity	_____ Middle Initial
_____ Last Name	
_____ Percentage	_____% (Whole Numbers only)
_____ Relationship	
____-____-_____ Social Security Number	____-____-_____ Date of Birth

### Contingent Beneficiary

_____ First Name or Name of Entity	_____ Middle Initial
_____ Last Name	
_____ Percentage	_____% (Whole Numbers only)
_____ Relationship	
____-____-_____ 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 TIAA-CREF Funds prospectuses for the funds in which I am investing. I have the authority and legal capacity to establish this 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 have received, read, and agree to the TIAA-CREF Funds *Individual Retirement Accounts Disclosure Statement and The State Street Bank and Trust Company 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, and 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. All services are subject to conditions set forth in the TIAA-CREF Funds prospectuses.

### 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.**