

# OPEN YOUR TIAA-CREF IRA

## STEP-BY-STEP INSTRUCTIONS

### ONLINE

Go to [www.tiaa-cref.org/openira](http://www.tiaa-cref.org/openira) to open your IRA online. It's the fastest and easiest way to do it.

### BY MAIL OR FAX

#### STEP 1

#### GATHER THE INFORMATION YOU'LL NEED TO OPEN YOUR IRA

- Your Social Security number
- The name(s) of your chosen beneficiary(ies)
- Social Security numbers of your chosen beneficiaries (optional)
- Your employer's name and address
- Your bank account information (if you want to transfer cash electronically)
- Account statements for securities or positions you want to transfer to your new IRA
- Company name and contract numbers for existing annuities that you are planning to replace with your new IRA

#### STEP 2

#### COMPLETE AND SIGN THESE FORMS (Required)

- TIAA-CREF IRA Enrollment Form
- Traditional, Roth, and Simplified Employee Pension IRA Adoption Agreement
- Replacement notice (only if included in your kit)

#### STEP 3

#### FUND YOUR IRA

##### IF YOU WANT TO:

##### THEN:

Make a contribution using a personal check

- ▶ Enclose a check made payable to TIAA-CREF.

Make a contribution using a distribution check from another company

- ▶ Complete the 60-Day Rollover Request Form. Write the following in the "pay to the order of" field: "For Deposit Only to TIAA-CREF FBO". Sign the check. Print your name and address below your signature.

Transfer cash electronically or establish regular automatic contributions from a checking or savings account

- ▶ Complete the enclosed Electronic Funds Transfer (EFT)/Automatic Investment Plan (AIP) Authorization form.

Transfer assets from another company by converting the full amount to cash before the transfer

- ▶ Complete and sign your Transfer or Rollover Authorization forms.

Transfer assets from another company by keeping at least part of it in the existing investments

- ▶ Establish a TIAA-CREF Self-Directed Brokerage account that is associated with your IRA. To do this, please complete the enclosed brokerage services application forms. This is in addition to the IRA Enrollment Form. If you need assistance, please call **800 927-3059**.

Transfer cash from another TIAA-CREF IRA or TIAA-CREF retirement account

- ▶ Call **800 842-2888** to speak to a consultant. He or she will advise you about whether you need to fill out any additional distribution forms.



Financial Services

#### HAVE A QUESTION OR NEED HELP?

Call **800 842-2888** and speak to a TIAA-CREF consultant.

## STEP 4

### SPECIAL CONSIDERATIONS (Optional Forms)

#### IF YOU WANT TO:

#### THEN:

Open a SEP IRA

- ▶ Complete IRS Form 5305 and keep with your records. Go to [irs.gov](http://irs.gov) to download the form.

Convert a Traditional IRA to a Roth IRA

- ▶ Complete and sign the Roth IRA Conversion form enclosed in this kit.

Access stocks, bonds, CDs and nonproprietary mutual funds

- ▶ You'll need to establish a TIAA-CREF Brokerage Services account that's associated with your IRA. To do this, you will need to complete the Self-Directed brokerage forms enclosed in your package.

## STEP 5

### RETURN YOUR MATERIALS TO TIAA-CREF

#### IF YOU WANT TO:

#### THEN:

Enroll by Mail

- ▶ Return ALL forms to TIAA-CREF in the enclosed catalog envelope.

Enroll by Fax

- ▶ Fax your forms to TIAA-CREF at **800 914-8922**.

**Note:** Transfer forms require original signatures and cannot be faxed. Please mail them separately to:

TIAA-CREF IRA Department  
PO Box 1271  
Charlotte, NC 28201

### ONCE YOUR IRA IS ESTABLISHED

You will receive confirmation and legal documents regarding your IRA. Please file them with your important papers. If you are transferring money from another financial provider, it may take additional time to establish your IRA. If you have a question at any time during this process, please call and speak to a TIAA-CREF consultant at **800 842-2888**.

### HAVE A QUESTION OR NEED HELP?

Call **800 842-2888** and speak to a TIAA-CREF consultant.

#### IMPORTANT INFORMATION

To help the government fight the funding of terrorism and money laundering activities, federal law requires that all financial organizations, including TIAA-CREF, obtain, verify and record information that identifies each person who opens an account. This means that when you open an account, we ask for your name, address, date of birth, Social Security number and other information that will allow us to identify you. Until you provide the information we need, we will not be able to open an account or make any transactions for you.

#### SPECIAL NOTE

We generally issue a contract when we receive the completed enrollment material in good order. Good order means actual receipt of the order which includes your completed enrollment forms and any other information or supporting legal documentation we may require to effect the transaction. For purchase requests, good order also includes receipt of sufficient funds so we can make the transaction.

We'll credit your initial contribution within two business days after we receive it and the completed enrollment forms in good order.

If your application is incomplete and we do not receive the required information and signed enrollment forms in good order within five business days of our receipt of the initial contribution, we will return the initial contribution at that time.

At our sole discretion, we determine whether any particular transaction request is in good order. We reserve the right to change or waive any good order requirement at any time either in general or with respect to a particular plan, contract or transaction.

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# PICK THE IRA THAT'S RIGHT FOR YOU

## TIAA-CREF TRADITIONAL IRA

## TIAA-CREF ROTH IRA

## TIAA-CREF SEP IRA (SIMPLIFIED EMPLOYEE PENSION IRA)

### WHO CAN OPEN ONE

You can set up and make contributions to a traditional IRA if:

- you (or, if you file a joint return, your spouse) received taxable compensation\* during the year, and
- you were not age 70½ by the end of the year
- you are the spouse or domestic partner of someone eligible to open a TIAA-CREF IRA

Generally, you can contribute to a ROTH IRA if you have taxable compensation and your modified AGI is less than:

- \$177,000 in 2010 and \$179,000 in 2011 for married filing jointly or qualifying widow(er)
- \$120,000 in 2010 and \$122,000 in 2011 for single, head of household, or married filing separately and you did not live with your spouse at any time during the year
- \$10,000 for married filing separately and you lived with your spouse at any time during the year in 2010 and 2011

**Anyone who:**

- is a sole proprietor
- is in a partnership
- is a business owner
- has self-employment income earned by providing a service
- is a spouse or domestic partner of someone eligible to open a TIAA-CREF IRA

### HOW MUCH YOU CAN CONTRIBUTE

**In tax year 2010 and 2011:**

- Under age 50: The smaller of \$5,000 or the amount of your taxable compensation
- Age 50 or older: The smaller of \$6,000 or the amount of your taxable compensation

**In tax year 2010:**

- Under age 50: Up to \$5,000 if AGI is less than \$105,000 (less than \$167,000 if married and filing jointly)
- Age 50 or older: Up to \$6,000 if AGI is less than \$105,000 (less than \$167,000 if married and filing jointly)
- Contribution amount begins to decrease if AGI is between \$105,000 and \$120,000 (between \$167,000 and \$177,000 if married and filing jointly)

**In tax year 2011:**

- Under age 50: Up to \$5,000 if AGI is less than \$107,000 (less than \$169,000 if married and filing jointly)
- Age 50 or older: Up to \$6,000 if AGI is less than \$107,000 (less than \$169,000 if married and filing jointly)
- Contribution amount begins to decrease if AGI is between \$107,000 and \$122,000 (between \$169,000 and \$179,000 if married and filing jointly)

All contributions are made by the employer. The employer is not required to contribute the same percentage every year, and may vary the percentage or skip a year altogether. However, in any given year, the employer must contribute the same percentage of compensation for each eligible employee:

- In tax years 2010 and 2011: up to 25% of compensation, up to \$49,000 per participant, whichever is less



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\* Adjusted gross income (AGI) is the amount of income used on IRS Form 1040 to calculate a person's income tax liability. AGI is calculated by taking a person's gross income (including wages, interest, capital gains, alimony received, and income from retirement accounts) and making certain deductions (including contributions to deductible retirement accounts and alimony paid) but not including standard and itemized deductions.

TIAA-CREF Individual & Institutional Services, LLC and Teachers Personal Investors Services, Inc., members FINRA, distribute securities products. Annuity contracts and certificates are issued by Teachers Insurance and Annuity Association (TIAA) and College Retirement Equities Fund (CREF), New York, NY.

This must be preceded or accompanied by a current prospectus.



## ENROLLMENT INSTRUCTIONS

### TIAA-CREF INVESTMENT SOLUTIONS IRA FOR TRADITIONAL, ROTH AND SEP IRA CONTRACTS

## OPEN YOUR TIAA-CREF INVESTMENT SOLUTIONS IRA FOR TRADITIONAL, ROTH AND SEP IRA CONTRACTS

#### NEED HELP?

800 842-2888

Monday to Friday from 8 a.m. to 10 p.m., and Saturday from 9 a.m. to 6 p.m. (ET) or visit [tiaa-cref.org](http://tiaa-cref.org).

#### FILL OUT YOUR ENROLLMENT FORM

- STEP 1 **YOUR INVESTMENT CHOICES**  
Use the Choose Your Allocation form to allocate your funds among the investment options. Please review the prospectuses for the investment choices before making your selections. See next page for how to access the prospectuses.
- STEP 2 **CHOOSE WHICH TYPE OF IRA YOU WANT TO ENROLL IN**
- STEP 3 **TELL US ABOUT YOURSELF**
- STEP 4 **BASIS OF ELIGIBILITY**
- STEP 5 **FUNDING YOUR IRA**
- STEP 6 **LIST ANY EXISTING ANNUITY CONTRACTS OR LIFE INSURANCE POLICIES**
- STEP 7 **NAME YOUR BENEFICIARIES**
- STEP 8 **SIGN YOUR FORM (INCLUDING ALLOCATION CHOICES), THE ADOPTION AGREEMENT AND THE REPLACEMENT REGULATION FORMS (IF INCLUDED).**

#### RETURN YOUR COMPLETED FORMS

TIAA-CREF  
P.O. BOX 105326  
ATLANTA, GA 30348-5326

#### OVERNIGHT MAILING ADDRESS:

TIAA-CREF  
IRA DEPARTMENT  
8500 ANDREW CARNEGIE BLVD.  
CHARLOTTE, NC 28262

#### IMPORTANT INFORMATION

Whenever a new account is opened, federal law requires all financial institutions to help the government fight the funding of terrorism and prevent money laundering activities by obtaining, verifying and recording information that identifies each person who opens an account. For this reason, we request your name, physical address (a P.O. Box alone is insufficient), date of birth, Social Security number (or taxpayer identification number), telephone number and other information that will allow us to identify you. Without this information, we may not be able to open an account or process any transactions for you. State regulations require that you provide information on any existing annuity or life insurance contracts that would be replaced by the TIAA-CREF account for which you are applying. If your new TIAA-CREF account is going to replace more than one existing contract, please include that information. **FOR ARIZONA RESIDENTS ONLY:** 30-Day Right to Examine Your Contract. TIAA is required, upon written request, to provide you, within a reasonable time, reasonable factual information regarding the benefits and provisions of the annuity contract. You have 30 days from the day you receive the contract to examine it and to cancel it if you decide not to keep it. To cancel the contract, return it to us at the address shown below. Upon receipt of such request, TIAA will refund all premiums allocated to the Traditional Annuity plus the current accumulated value of all premiums allocated to the TIAA Variable Annuity Separate account, plus any expense charges or premium taxes deducted from premiums. The contract will be void as of the date of issue and no benefits will be provided.

**You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877 518-9161 or log on to [tiaa-cref.org](http://tiaa-cref.org) for a prospectus that contains this and other information. Please read the prospectus carefully before investing.** To have copies of paper prospectuses sent to you at no charge, please call TIAA-CREF at 877 518-9161. TIAA-CREF Individual & Institutional Services, LLC is a member of the Securities Investor Protection Corporation (SIPC). For more information about SIPC, and to request the free SIPC brochure, visit [www.sipc.org](http://www.sipc.org) or call 202 371-8300. TIAA-CREF Individual & Institutional Services, LLC and Teachers Personal Investors Services, Inc. distribute securities products. TIAA (Teachers Insurance and Annuity Association of America) and CREF (College Retirement Equities Fund), 730 Third Avenue, New York, NY 10017 issues annuities.

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**NEED HELP?**

For assistance in choosing an allocation or filling out your form, please call us at **800 842-2888**.

You can make changes to your allocation at any time. Subsequent contributions will be applied to the new allocation.

**STEP 1: YOUR INVESTMENT CHOICES**

**TWO EASY WAYS TO PICK YOUR INVESTMENTS**

**OPTION A: One-Step Investing**

This option is designed for investors who want to keep it simple – by choosing a single TIAA-CREF Lifecycle Fund to help meet your IRA retirement needs. It's a convenient, low-maintenance way to have your retirement investments professionally managed for you – to and through retirement. All you need to do is pick a single TIAA-CREF Lifecycle Fund.

TIAA-CREF Lifecycle Funds have names that match specific investment time horizons – the year an investor expects to retire. So all you need to do is choose the Lifecycle investment with the name that most closely matches when you think that will be.

**OPTION B: Pick Your Own Investment Mix**

This option is designed for investors who want to research and evaluate their investment choices and then create their own portfolios. We can give you a head start, by providing some examples of model portfolios that include a mix of different asset classes and represent different levels of tolerance. We can also help you determine how much risk you're comfortable taking as a long-term investor. Visit [tiaa-cref.org/calcs](http://tiaa-cref.org/calcs) to use our Asset Allocation Evaluator to help you create an allocation.

Before making your investment choices and completing your form, please read the prospectuses for the investments you are interested in. To view the prospectuses online, go to [tiaa-cref.org/prospectuses](http://tiaa-cref.org/prospectuses). If you prefer, you can obtain paper copies of the prospectuses by calling **877 518-9161**. Please note that on your form, you will be asked to confirm that you have received and accessed the relevant prospectus(es) for your investment choices.

**OPTION A: One-Step Investing**

Pick the TIAA-CREF Lifecycle Fund that's closest to the year you plan to retire. All of your contributions will go into the fund you pick.

	Investment	Type	Investment #	Ticker Symbol	Share Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2010 Fund	Mutual Fund	135	TCLEX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2015 Fund	Mutual Fund	136	TCLIX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2020 Fund	Mutual Fund	137	TCLTX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2025 Fund	Mutual Fund	138	TCLFX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2030 Fund	Mutual Fund	139	TCLNX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2035 Fund	Mutual Fund	140	TCLRX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2040 Fund	Mutual Fund	141	TCLOX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2045 Fund	Mutual Fund	522	TIFRX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2050 Fund	Mutual Fund	525	TLFRX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle 2055 Fund	Mutual Fund	1738	TTRLX	Retirement Class
<input type="checkbox"/>	TIAA-CREF Lifecycle Retirement Income Fund	Mutual Fund	528	TLIRX	Retirement Class

**OPTION B: Pick Your Own Investments**

Pick your own investments to build a diversified mix that's right for you. Please use only whole numbers and make sure your total allocation equals 100%. If your allocation does not equal 100% your entire contribution will be allocated to the CREF Money Market Account. **HELPFUL TOOL:** Visit [tiaa-cref.org/calcs](http://tiaa-cref.org/calcs) to use our Asset Allocation Evaluator to help you create an allocation.

	Percentage	Investment	Type	Investment #	Ticker Symbol	Share Class
<b>EQUITIES</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	CREF Equity Index Account	Variable Annuity	008	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	CREF Global Equities Account	Variable Annuity	006	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	CREF Growth Account	Variable Annuity	007	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	CREF Stock Account	Variable Annuity	002	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Equity Index Fund	Mutual Fund	373	TIQRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Growth & Income Fund	Mutual Fund	011	TRGIX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF International Equity Fund	Mutual Fund	013	TRERX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF International Equity Index Fund	Mutual Fund	027	TRIEX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Large-Cap Growth Index Fund	Mutual Fund	019	TRIRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Large-Cap Growth Fund	Mutual Fund	348	TILRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Large-Cap Value Fund	Mutual Fund	014	TRLCX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Large-Cap Value Index Fund	Mutual Fund	020	TRCVX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Mid-Cap Growth Fund	Mutual Fund	015	TRGMX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Mid-Cap Value Fund	Mutual Fund	016	TRVRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Real Estate Securities Fund	Mutual Fund	017	TRRSX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF S&P 500 Index Fund	Mutual Fund	018	TRSPX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Small-Cap Blend Index Fund	Mutual Fund	024	TRBIX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Small-Cap Equity Fund	Mutual Fund	028	TRSEX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Social Choice Equity Fund	Mutual Fund	012	TRSCX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Emerging Markets Equity Fund	Mutual Fund	1535	TEMSX	Retirement Class
<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Emerging Markets Equity Index Fund	Mutual Fund	1532	TEQSX	Retirement Class	
<b>REAL ESTATE</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA Real Estate Account	Variable Annuity	009	N/A	N/A

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## CHOOSE YOUR ALLOCATION

### OPTION B: Pick Your Own Investments (continued)

	Percentage	Investment	Type	Investment #	Ticker Symbol	Share Class
<b>FIXED INCOME</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	CREF Bond Market Account	Variable Annuity	005	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	CREF Inflation-Linked Bond Account	Variable Annuity	010	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Bond Fund	Mutual Fund	368	TIDRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Bond Index Fund	Mutual Fund	1231	TBIRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Bond Plus Fund	Mutual Fund	358	TCBRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF High-Yield Fund	Mutual Fund	355	TIHRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Inflation-Linked Bond Fund	Mutual Fund	367	TIKRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Short-Term Bond Fund	Mutual Fund	361	TISRX	Retirement Class
<b>MONEY MARKET</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	CREF Money Market Account	Variable Annuity	003	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Money Market Fund	Mutual Fund	370	TIEXX	Retirement Class
<b>GUARANTEED</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA Traditional Account	Guaranteed Annuity	001	N/A	N/A
<b>ASSET ALLOCATION</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	TIAA-CREF Managed Allocation Fund	Mutual Fund	352	TITRX	Retirement Class

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**OPTION B: Pick Your Own Investments (continued)**

	Percentage	Investment	Type	Investment #	Ticker Symbol	Share Class
<b>MULTI-ASSET</b>	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>CREF Social Choice Account</b>	Variable Annuity	004	N/A	N/A
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2010 Fund</b>	Mutual Fund	135	TCLEX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2015 Fund</b>	Mutual Fund	136	TCLIX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2020 Fund</b>	Mutual Fund	137	TCLTX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2025 Fund</b>	Mutual Fund	138	TCLFX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2030 Fund</b>	Mutual Fund	139	TCLNX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2035 Fund</b>	Mutual Fund	140	TCLRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2040 Fund</b>	Mutual Fund	141	TCLOX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2045 Fund</b>	Mutual Fund	522	TFRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2050 Fund</b>	Mutual Fund	525	TLFRX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle 2055 Fund</b>	Mutual Fund	1738	TTRLX	Retirement Class
	<input type="text"/> <input type="text"/> <input type="text"/> %	<b>TIAA-CREF Lifecycle Retirement Income Fund</b>	Mutual Fund	528	TLIRX	Retirement Class
	<b>1 0 0 %</b>	<b>TOTAL</b>				

Annuity account options are available through contracts issued by TIAA or CREF. These contracts are designed for retirement or other long-term goals, and offer a variety of income options, including lifetime income. Payments from the variable annuity accounts are not guaranteed and will rise or fall based on investment performance. Mutual funds do not offer the range of income options available through annuities.

**Brokerage Services (Optional)**

If you have questions about our Brokerage Services please call us at **800 927-3059** from Monday to Friday from 8 a.m. to 7 p.m. (ET)

To choose one or more investments *in addition to* those that appear on the previous pages, or, to transfer assets from another carrier in-kind (without liquidating), you will need to add TIAA-CREF Self-Directed Brokerage for your IRA. Please complete the Request to Add Self-Directed Brokerage Services Form.

If you are transferring in-kind assets in addition to money from another financial institution, please refer to the transfer/rollover instructions in this package and complete the TIAA-CREF Brokerage Services Incoming Account Transfer Form.

Add Self-Directed Brokerage. Please complete the Request to Add Self-Directed Brokerage Services Form included in this package.





If you have eligibility questions, please call us at **800 842-2888**.

**STEP 4: BASIS OF ELIGIBILITY**

You are eligible for a TIAA-CREF Investment Solutions IRA if you meet any of the following criteria below:

\* An eligible institution is an organization that meets our criteria to offer TIAA-CREF-funded retirement plans, regardless of whether TIAA-CREF currently administers their plan. Examples include nonprofit colleges and universities, public and private elementary and secondary schools, teaching hospitals, museums, libraries, and certain other nonprofit institutions. Government entities, including political subdivisions and instrumentalities of a local, state, or federal government are also eligible.

\*\*A retired employee is anyone with at least three years total tenure at any eligible institution\*, or, who worked at any eligible institution\* as a full-time employee while at least 55 years of age or older. (This definition of retiree is being used solely for the determination of eligibility for these contracts.)

**1. You or your spouse/domestic partner are a current employee of any eligible institution\*, or, are retired\*\* from any eligible institution, or, are currently a trustee of any eligible institution.\***

Spouse/Domestic Partner Name  
(Title, First Name, Middle Name, Last Name)

Spouse/Domestic Partner Social Security Number or Tax ID Number

Employment Status  Active  Retired  Trustee

Eligible Institution

Street Address

City  State  Zip Code

Institution Type  Higher Education  Public K-12 School  Other:

**2. You or your spouse/domestic partner are an existing participant in an employer-sponsored retirement plan with TIAA-CREF, or you own an individual insurance policy through TIAA. Ownership of products issued by other TIAA-CREF companies (such as TIAA-CREF Life Insurance Company) does not apply.**

Spouse/Domestic Partner Name  
(Title, First Name, Middle Name, Last Name)

Spouse/Domestic Partner Social Security Number or Tax ID Number

Plan Sponsor Institution/Employer

City  State

**3. You are the surviving spouse or domestic partner of anyone eligible to open a TIAA-CREF Investment Solutions IRA.**

Spouse/Domestic Partner Name  
(Title, First Name, Middle Name, Last Name)

Spouse/Domestic Partner Social Security Number or Tax ID Number

Eligible Institution

City  State

Please check the appropriate box(es).

**STEP 5: FUNDING YOUR IRA**

If you are transferring assets into your Investment Solutions IRA account, please read the Transfer/Rollover instructions included in this package.

Enclosed is (are) my personal check(s) for  
 \$  .  For tax year\*   
 \$  .  For tax year\*

If you are converting from a Traditional IRA to a Roth IRA, complete and sign the Roth IRA Conversion form included in this package.

I am transferring money within TIAA-CREF.  
 I am transferring money from another financial institution. (See transfer/rollover forms included in this package for instructions.)  
 I am enclosing an Electronic Funds Transfer/Automatic Investment Plan authorization. (See Electronic Funds Transfer/Automatic Investment Plan form included in this package for instructions.)  
 I am enclosing a check for funds I received from my employer's plan or another IRA within the past 60 days. (See 60-day rollover form included in this package for instructions.)

The IRS requires Form 5305-SEP for SEP IRAs. Go to [www.irs.gov](http://www.irs.gov) to download the form.

\* SEP IRA contributions are reported on Form 5498 in the calendar year in which they are received. Your tax form may reflect both current and prior year contributions if both were received in the same calendar year. Please consult your tax advisor with any questions.

**Important Information**

▶ **Your Investment Allocation**

Please be sure to provide instructions on how to allocate your contributions to the investments offered on the "Choose Your Allocation" form. If your asset allocation is missing or incomplete in any way, your contributions will be automatically invested in the CREF Money Market Account.

Regulations require that we ask if you are replacing an existing annuity contract or life insurance policy with this contract.

**STEP 6:  
LIST ANY EXISTING ANNUITY CONTRACTS OR LIFE INSURANCE POLICIES**

Do you own any annuity contracts or life insurance policies?

Yes  No

Does this contract replace, discontinue or change an existing annuity contract or life insurance policy?

- If yes, provide contract number and company name below.
- If no, skip this step and proceed to 'Name Your Beneficiaries'.

Contract Number	Company Name
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**STEP 7: NAME YOUR BENEFICIARIES**

**DEFINITION:** Primary beneficiaries are individuals who are entitled to receive the benefits of your IRA if you die.

To choose more than two primary or contingent beneficiaries, include an additional page with your name, Social Security or Tax ID number, and the information for the additional beneficiaries.

Make sure the percentages for your primary and contingent beneficiaries are whole numbers and each totals 100%.

**Primary Beneficiaries**

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship

**DEFINITION:** Contingent beneficiaries are individuals who are entitled to receive the benefits of your IRA if the primary beneficiary(ies) die(s) before you.

**Contingent Beneficiaries**

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship

Name (Title, First Name, Middle Name, Last Name)

Percentage

Social Security or Tax ID Number

Birth Date (mm/dd/yyyy)

Relationship

**STEP 8: SIGN YOUR FORM**

Your IRA may be funded through selected mutual funds in addition to the TIAA and CREF annuity contracts. Your TIAA and CREF IRA annuity contracts and amounts in any of the mutual funds do not provide for loans and cannot be assigned.

The accumulations in and benefit payments from the CREF accounts, the TIAA Real Estate Account and the mutual fund accounts are *variable* and *not guaranteed*; they depend on the investment performance of these accounts.

Your beneficiary designation will apply to your TIAA and CREF annuity contracts and to the mutual fund accounts.

If you are opening this IRA with a distribution from a retirement plan, you certify that such a distribution qualifies for rollover treatment and you understand that after-tax contributions to a Traditional IRA cannot be rolled over to a qualified employer plan.

**PROSPECTUS AND OTHER DOCUMENTS ACKNOWLEDGMENT**

Please check the box below acknowledging your receipt of the following documents:

- Prospectuses for the investment options available to you
- Federal Register Notice for the TIAA Real Estate Account
- IRA Disclosure Statement and Custodial Agreement
- TIAA-CREF Privacy Policy
- TIAA-CREF Business Continuity Policy
- Intermediary Frequent Trading Policy

Please check the box below to acknowledge electronic receipt of prospectuses and other required documents.

I acknowledge that I consent to receiving and have received the above-referenced documents for my IRA by means of either the TIAA-CREF website ([tiaa-cref.org](http://tiaa-cref.org)), the website from which this form was downloaded, a CD accompanying my form, or at the special web address [tiaa-cref.org/prospectuses](http://tiaa-cref.org/prospectuses). I further acknowledge that I am able to access these documents via one of these sources. I understand that this acknowledgment applies only to this initial enrollment.

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](http://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 free of charge, both now and in the future, by calling toll-free **877 518-9161** or go to [tiaa-cref.org](http://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 above, I acknowledge that I have received paper copies of the above-referenced documents.

**Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number. The Internal Revenue Service does not require your consent to any provision of this document.**

I have read and acknowledge all provisions of this form and the applicable Disclosure Statement(s).

Please sign in only black or dark blue ink.



Signature

Current Date (mm/dd/yyyy)



FINANCIAL SERVICES  
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# ENROLLMENT FORM

FOR TRADITIONAL, ROTH, AND SEP IRA CONTRACTS

## FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE / WARNING REQUIRED BY MANY STATES

This notice/warning does not apply in New York.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits. Also:

**CO:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DC, VA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

## FOR TIAA AGENT USE, IF APPLICABLE

Agent Name (Title, First Name, Middle Name, Last Name)

Agent CRD Number

Replacement requirements:

Exempt

Subject to Replacement Requirements

To the best of my knowledge and belief, the applicant owns existing life insurance policies or annuity contracts.

Yes

No

To the best of my knowledge and belief, the applicant is replacing, discontinuing, or changing existing life insurance policies or annuity contracts.

Yes

No

### For contracts to be issued in North Carolina

I did not record the applicant's information on the enrollment form. The information on the enrollment form was recorded by the applicant.

I recorded the information on the enrollment form and certify that the information I recorded completely and accurately represents the information provided by the applicant.

Agent Signature (Title, First Name, Middle Name, Last Name)

Date (mm/dd/yyyy)

# TIAA-CREF TRUST COMPANY, FSB TRADITIONAL, ROTH, AND SIMPLIFIED EMPLOYEE PENSION IRA ADOPTION AGREEMENT



Please check the appropriate box:

Traditional     Roth     Simplified Employee Pension (SEP)

**By signing this form, I certify that:**

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 Individual Retirement Accounts Disclosure Statement and the TIAA-CREF Trust Company, FSB Custodial Agreement.

I understand that I may revoke this Agreement by notifying the Custodian, in writing, within seven days after receiving the Disclosure Statement.

I authorize the TIAA-CREF Trust Company, FSB, and their designees to act on any instructions believed to be genuine for any service authorized in the Custodial Agreement, Enrollment Form, and Contribution Allocation Administrative Form. I believe the TIAA-CREF Trust Company, FSB, and their designees use reasonable procedures to confirm that instructions given by telephone or electronic means are genuine and are not liable for acting on these instructions. All services are subject to conditions set forth in the prospectuses.

I understand that each TIAA-CREF Funds IRA will correspond to one of my existing sets of TIAA and CREF Individual Retirement Annuity contracts. I understand that the beneficiary designation information applicable to my TIAA and CREF Individual Retirement Annuity contracts will apply to the corresponding TIAA-CREF Funds IRA.

If I am an existing owner of TIAA and CREF Individual Retirement Annuity contracts, this Agreement applies to:

all my TIAA-CREF IRAs or  
 only the following TIAA-CREF IRA contract numbers:

**Under penalties of perjury, I certify that the Taxpayer Identification Number (TIN) shown on this form is my correct Social Security Number (SSN) and I am a U.S. person.**

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

Please print your name here:

Social Security Number

 -  - 

**Please sign here:**

Signature (Owner, Depositor)

Date (mm/dd/yyyy)

 /  / 

Receipt by the Depositor of a confirmation of the purchase of the fund shares indicated in a manner acceptable to TIAA-CREF Trust Company, FSB will serve as notification of the acceptance by TIAA-CREF Trust Company, FSB as Custodian of the Depositor's Account as of the date of such confirmation.





# TIAA-CREF INVESTMENT SOLUTIONS IRA TRANSFER OR ROLLOVER AUTHORIZATION

Please print in capital letters and only use black or dark blue ink. Provide all information requested.

Use this form ONLY to move funds to a TIAA-CREF Investment Solutions IRA. Complete this form to authorize the transfer or rollover of funds to TIAA-CREF. A separate transfer form with an original signature must be completed and returned to TIAA-CREF for each carrier or fund provider from which you are transferring/rolling over funds. A separate form is needed for each account. If you want to complete multiple transfers, you may copy this form.

**MAIL THIS FORM TO:**

TIAA-CREF  
IRA Department  
PO Box 1271  
Charlotte, NC 28201

**OVERNIGHT MAILING ADDRESS:**

TIAA-CREF  
IRA Department  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

Upon receipt of your form, TIAA-CREF will send a letter of acknowledgment to you and contact your current carrier or fund provider requesting the funds.

If you have any questions, please call our Telephone Counseling Center at **800 842-2252**, Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET).

## 1. TELL US ABOUT YOURSELF

Title  First Name  Middle Name

Last Name

Street Address

City  State  Zip Code

Daytime Telephone Number  Extension

Birth Date (mm/dd/yyyy)  Social Security Number or Taxpayer ID Number

- I am transferring assets to a new TIAA-CREF IRA  
 I am transferring assets to an existing IRA contract

TIAA IRA Contract Number  CREF IRA Contract Number







# TIAA-CREF INVESTMENT SOLUTIONS IRA TRANSFER OR ROLLOVER AUTHORIZATION

Please attach a copy of your most recent statement for the account you are transferring to TIAA-CREF.

## YOUR TRANSFER

Please complete a separate request for each account. A copy of your statement is required.

### IMPORTANT NOTE TO CURRENT CARRIER OR FUND PROVIDER:

Our client named above authorizes you, as the current carrier or fund provider, to forward to them immediately, any forms that are required to complete this transaction.

## 2. CURRENT CARRIER OR FUND PROVIDER ACCOUNT INFORMATION

Name of current carrier or fund provider that issued the contract being transferred or rolled over

Telephone Number

Street Address

City

State

Zip Code

## 3. SOURCE OF TRANSFER Choose one.

Brokerage Account or a Mutual Fund Company

Annuity or Life Insurance Company

IRA at a Bank or Credit Union

Other *Please specify*

If you do not know the type of funds that are being transferred/rolled over, please contact your current carrier or fund provider.

## 4. TYPE OF ACCOUNT YOU ARE ROLLING OVER

401(a)

401(k)

403(b)

403(b) (7)

414(h)

457(b) Public

Keogh Profit Sharing

SEP IRA

Roth IRA\*

Simple IRA\*\*

Traditional IRA

Keogh Money Purchase

Roth 403(b)

Roth 401(k)

Defined Benefit Plan

Roth 457(b)

Other - Tax Qualified *Please specify*

\* A Roth IRA can only be rolled over/transferred to another Roth IRA.

\*\* SIMPLE IRA must have been established for at least two years. If prior to the two year holding period, and is otherwise an early distribution, the additional tax imposed by the IRS (because of the early distribution) is increased from 10% to 25% of the amount distributed.

CONTINUED ON NEXT PAGE



Please complete a separate request for each account. A copy of your statement is required.

**5. LIQUIDATION INSTRUCTIONS**

Check the terms of your current investment. Certain surrender charges may apply. Please check the appropriate box(es).

**CERTIFICATES OF DEPOSIT**

Account Number

Maturity Date (mm/dd/yyyy)

Please liquidate the CD **IMMEDIATELY** and transfer proceeds to TIAA-CREF. I am aware of and acknowledge the penalty I will incur from any early withdrawal.

Please liquidate the CD **AT MATURITY** and transfer proceeds to TIAA-CREF.  
*(Please submit this request no earlier than 30 days before the maturity date. TIAA-CREF is not liable if your CD term is renewed or if penalty fees are incurred as a result of transferring/rolling over funds from a CD.)*

**OTHER INVESTMENTS**

Account Number

Liquidate my entire account immediately and transfer proceeds to TIAA-CREF.

Liquidate only a portion of my account as detailed below and transfer proceeds to TIAA-CREF.

Investments to be transferred/rolled over	# of shares	or Percent	or Dollar Amount
<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"/>

\*A fee may be imposed by your current carrier or fund provider for this service. Also, some firms may not provide this service.

**6. WIRE TRANSFER REQUEST**

Are you requesting that the funds be sent to us as a wire transfer?\*

Yes     No

CONTINUED ON NEXT PAGE





# TIAA-CREF INVESTMENT SOLUTIONS IRA TRANSFER OR ROLLOVER AUTHORIZATION

\* You may change your allocation at any time in the future. If your allocation is invalid in any way, the funds being transferred will be allocated to the CREF Money Market Account. If you need additional space for your allocation choices, please provide them on a separate page with your name and Social Security number.

## 7. ALLOCATE YOUR FUNDS

Use the current allocation on file for this account for the funds being transferred.

**OR**

Select the investment allocation for the funds being transferred.\*

For information about the investments available, or, if you need help creating an allocation, please call us at **800 842-2252** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET).

Full Investment Name	Allocation Percent
<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"/> %
	<b>1 0 0</b> %

Please use only whole numbers and make sure your total allocation equals 100%.

CONTINUED ON NEXT PAGE



If you are over age 70½, you may need to begin distributions on this amount during this calendar year. Please contact us at **800 842-2252**.

**8. AUTHORIZATION AND SIGNATURE**

I certify these funds are eligible to rollover or transfer to an IRA.

I authorize the current carrier or fund provider listed in Section 2 to liquidate and transfer/rollover the assets from my account as stated in Section 5. I authorize the current carrier or fund provider to remit the proceeds to TIAA-CREF in the form of a check or wire transfer. I authorize TIAA-CREF to apply these proceeds according to the instructions in Section 7.

The current carrier or fund provider is hereby authorized to release information pertaining to the contributions and earnings attributable to the transfer/rollover amount and any other information necessary to expedite this transaction, as requested by TIAA-CREF.

I am aware that certain penalties and/or surrender charges may apply.

I have read and understand the above conditions and I request that TIAA-CREF accept a transfer/rollover of funds to my TIAA-CREF IRA account. By signing below, I agree to be bound by these conditions.

Please sign in only black or dark blue ink.



Signature (required)

Today's Date (mm/dd/yyyy)

**9. MEDALLION SIGNATURE GUARANTEE (IF APPLICABLE)**

Some carriers or fund providers may require a medallion signature guarantee. If your current carrier or fund provider does, please complete the following section and have it medallion-stamped. A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature from a national or state bank, federal savings and loan association, savings bank or member of a national stock exchange who is a member of the medallion signature program. **A notary public is not an acceptable medallion signature guarantee.**

I certify that the above named person as described whose identity is known or proven to me, personally appeared before me on the date and location listed below.

Today's Date (mm/dd/yyyy)

City

State

Zip Code

Signature of Certifying Officer

Print Name of Certifying Officer

Title of Certifying Officer

Authorized Officer to Place Stamp Above



# ELECTRONIC FUNDS TRANSFER (EFT)/ AUTOMATIC INVESTMENT PLAN (AIP) AUTHORIZATION



This form authorizes TIAA-CREF to transfer funds electronically from your bank to TIAA-CREF. The minimum contribution for Electronic Funds Transfer (one-time or recurring) is \$100. Please complete and return this form to **TIAA-CREF, P.O. Box 105326, Atlanta, GA 30348-9953** or submit with your Enrollment Form in the **green** envelope provided.

**If you are setting up EFT contributions to more than one TIAA-CREF contract, you will need to submit an additional EFT authorization for each contract with an original signature on each form. Allow at least 7 business days for these services to be activated after we receive your form.**

If you have questions, please call our Telephone Counseling Center at **800 842-2776**, Monday to Friday 8 a.m. to 10 p.m. and Saturday 9 a.m. to 6 p.m., ET.

**Please print in upper case using black or dark blue ink and provide all information requested.**

## 1 Personal information

Title: Mr, Mrs, Dr, other  First Name                      MI

Last Name

Social Security Number    -   -     Daytime Telephone Number    -    -

## 2 Bank information

Bank Account Type:  Checking  Savings/Money Market

Last Name of Account Owner                First Name of Account Owner

Last Name of Joint Owner                First Name of Joint Owner

Bank Name

Bank Telephone Number    -    -

Bank Account Number                    Bank Routing Number (ABA)

*Please check with your financial institution to make sure it is able to transact an electronic funds transfer. If your financial institution is a Non-Participating Depositing Financial Institution, it cannot perform an electronic funds transfer.*



### 3 Contribution information

Apply my contribution to (select one):

TIAA-CREF Account Number

OR

A new TIAA-CREF Account (enrollment form enclosed)

The minimum contribution for Electronic Funds Transfer (one-time or recurring) is \$100.

I would like to initiate:

A one-time contribution of: \$         .   For Tax Year

For IRAs, one-time contributions are applied to the current calendar year unless otherwise specified.

Recurring monthly contributions of: \$         .

All recurring contributions are applied to the current calendar year, and your monthly contribution cannot exceed 1/12th of your annual contribution limit.

The first Electronic Funds Transfer should begin on:

Month Day Year  
  /   /

Please allow at least 7 business days after we receive this form for these services to be activated.

The contributions will be allocated according to the instructions that we have on file for this account. You may change your allocation at any time using Account Access at [www.tiaa-cref.org](http://www.tiaa-cref.org), or by calling our Automated Telephone Service at **800 842-2252**, available 24 hours a day, 7 days a week.

### 4 Signature

I hereby authorize and request TIAA-CREF to make contributions to the TIAA-CREF IRA above. TIAA-CREF is authorized to instruct my bank to present Automated Clearing House (ACH) transactions or Depository Transfer Checks (DTCs) on my account indicated in this form. I agree to indemnify TIAA-CREF from any liability for any losses TIAA-CREF may sustain in relying on these instructions. TIAA-CREF will use reasonable procedures to verify the authenticity of these instructions, including the use of personal identification or encrypted passwords. I understand that anyone who can properly identify my account and provide my user ID and password can change these instructions. For recurring payments, this authorization will remain in effect until I notify TIAA-CREF to the contrary by telephone, online or in writing, and TIAA-CREF has sufficient time to implement any change. TIAA-CREF reserves the right to stop this service at any time.

Authorized Signature on Account

Print Name

Month Day Year  
  /   /





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# TIAA-CREF INVESTMENT SOLUTIONS IRA ROTH CONVERSION FORM

Please print in upper case using black or dark blue ink and provide all the information requested.

If you have questions regarding converting assets to a Roth IRA please contact our Telephone Counseling Center at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. and Saturday from 9 a.m. to 6 p.m. (ET)

Return this form in the envelope provided in your enrollment kit, or to:

**TIAA-CREF**  
**Box 1268**  
**Charlotte, NC**  
**28201-9935**

Use this form to convert TIAA-CREF Investment Solutions Traditional IRA assets to a TIAA-CREF Investment Solutions Roth IRA. *This one form can be used to convert TIAA-CREF annuities and mutual funds, as well as self-directed brokerage assets in the account, to your TIAA-CREF Investment Solutions Roth IRA.* You may also use this form to convert a TIAA-CREF Investment Solutions Traditional IRA to any of the TIAA-CREF affiliate Roth IRAs.

If you are converting assets from another carrier, do not complete this form; use the TIAA-CREF Investment Solutions IRA Transfer/Rollover Form.

If you are converting assets from a TIAA-CREF retirement plan, do not complete this form; use the Cash Withdrawal or Rollover From Your Retirement Annuity Form.

## PERSONAL INFORMATION

Title    First Name             Middle Name

Last Name

Social Security Number           Citizenship

Daytime Telephone Number           Extension     Evening Telephone Number

E-mail Address  State of Residence

### Your delivering TIAA-CREF Traditional IRA Contract Information

TIAA  CREF

### Choose One:

Your receiving TIAA-CREF Roth IRA Contract/Account Number Information (Choose One)

Investment Solutions Contract Numbers TIAA  CREF

Brokerage Services Contract/Account Number

Portfolio Advisor Contract/Account Number

Mutual Funds Contract/Account Number

Trust Company Contract/Account Number

I am opening a new TIAA-CREF Roth IRA (contract/account numbers are pending).

CONTINUED ON NEXT PAGE





# TIAA-CREF INVESTMENT SOLUTIONS IRA ROTH CONVERSION FORM

Conversions from an Investment Solutions Traditional IRA to an Investment Solutions Roth IRA will be done in-kind (without liquidating).

## Amounts to be converted to your TIAA-CREF Roth IRA: (select only one)

Convert my entire account. This will include all annuity accounts, all mutual funds and all assets held in Brokerage.

Conversions from an Investment Solutions Traditional IRA to a TIAA-CREF affiliate Roth IRA are converted in cash and invested in the designated sweep account.

Investment description*	# of shares or "ALL"	Dollar Amount
<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"/>
<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"/>

\* Use a separate sheet of paper to list additional assets, if necessary.

**Note:** The full amount of cash required for tax withholding for both Federal and State **MUST** be available within non-Brokerage assets (TIAA-CREF annuities and/or TIAA-CREF mutual funds).

## TAX WITHHOLDING ELECTION (PLEASE READ THE TAX WITHHOLDING INFORMATION)

### Tax Withholding Election Information (Rates are subject to change without notice)

Unless instructed otherwise, we are required to withhold federal income tax (and state income tax, depending on your residency) from Roth conversions. You may elect not to have federal income tax withheld by completing this section. In some cases, you may elect not to have state income tax withheld. If no election is made, 10% federal income tax and applicable state income tax will be withheld unless you indicate otherwise. You may owe a federal early withdrawal penalty on the funds if you are not yet 59½ (because the IRS will treat this money as a withdrawal from your IRA), and you will also owe income taxes. Penalties may be incurred under the estimated tax rules if your withholding and/or tax payments are not sufficient for the tax year. You may revoke your election at any time before your Roth conversion is processed. Your election remains effective until revoked. Taxes withheld from your conversion in accordance with your instructions will not be reversed. For additional information regarding federal and state tax withholding, contact your tax professional.

CONTINUED ON NEXT PAGE





Note: State income tax withholding may be required when you elect federal income tax withholding.

**TAX WITHHOLDING ELECTION (CONTINUED)**

**Federal Income Tax Withholding (select one)**

If an election is not made below, federal specific default elections will be applied.

- Do not withhold Federal Income Tax from the Roth Conversion Amount.
- Withhold 10% Federal Income Tax from the Roth Conversion Amount.
- Withhold  % or \$  Federal Income Tax from the Roth Conversion Amount.

**State Income Tax Withholding (select one)**

Your state of residence withholding will apply as a minimum (when applicable). If an election is not made below, state specific required withholding will be applied.

- Do not withhold State Income Tax from the Roth Conversion Amount.
- Withhold State Income Tax from the Roth Conversion Amount according to my state of residency.
- Withhold  % or \$  State Income Tax from the Roth Conversion Amount.

**YOUR SIGNATURE**

I authorize TIAA-CREF to convert my TIAA-CREF Traditional IRA to a TIAA-CREF Roth IRA. By signing below, I acknowledge that I understand that a conversion from a Traditional IRA to a Roth IRA is treated as a taxable distribution subject to federal tax withholding unless I have specifically requested above that TIAA-CREF not withhold federal taxes and I am eligible to opt out of withholding; state tax withholding rules may also apply; and the distribution is not eligible for capital gains treatment or income averaging.

Under penalties of perjury, you certify that the taxpayer identification number shown on this form is your correct Social Security number. The Internal Revenue Service does not require your consent to any provision of this document.

Your Signature (required)

Date (mm/dd/yyyy)



# TIAA-CREF INVESTMENT SOLUTIONS IRA 60-DAY ROLLOVER REQUEST

Print in upper case using black or dark blue ink and provide all information requested.

Please return completed forms and rollover check to:

**Regular Mail:**  
TIAA-CREF  
IRA Rollover Department  
P.O. Box 532093  
Atlanta, GA 30353-2093

**Overnight mail:**  
TIAA-CREF  
IRA Department  
8500 Andrew  
Carnegie Blvd.  
Charlotte, NC 28262

If you have questions or need help locating your contract numbers, call us at **800 842-2252**

Monday – Friday  
8 a.m. – 10 p.m. (ET)

Saturday  
9 a.m. – 6 p.m. (ET)

Or visit us online at [tiaa-cref.org](http://tiaa-cref.org) 24 hours a day. Have your user ID and password ready

Use this form to rollover qualified retirement funds received from an alternate financial services provider.

## 1. PROVIDE PERSONAL AND ACCOUNT INFORMATION

First Name  Middle Initial

Last Name

Address

City  State  Zip Code

Daytime Telephone Number  -  -  Extension

Birth Date (mm/dd/yyyy)  /  /  Social Security Number

I am rolling over funds to a **new** TIAA-CREF IRA

**OR**  
 I am rolling over funds to an **existing** TIAA-CREF IRA:

TIAA IRA Contract Number

CREF IRA Contract Number



**2. YOUR ACCOUNT AT THE PRIOR INVESTMENT COMPANY**

Name of Investment Company

Investment Company Telephone Number

 —  — 

Account Number

Rollover Amount

\$

Tell us the type of funds you're rolling over.

- 401(a)  
  401(k)  
  403(b)  
  403(b) (7)  
  414(h)  
  457(b) Public  
 Keogh  
  Roth IRA  
  SIMPLE IRA  
  Traditional IRA  
  Defined Benefit Plan  
 SEP IRA  
  Roth 401(k)  
  Roth 403(b)  
  Roth 457(b)

**ALLOCATION INFORMATION**

Your rollover will be invested according to your allocation instructions on file. If you would like to change your allocation, please visit our website at [www.tiaa-cref.org](http://www.tiaa-cref.org) or call us at **800 842-2252**.

You must sign and date this section.

**3. SIGN YOUR FORM**

I authorize TIAA-CREF to complete my 60-day rollover request to my TIAA-CREF IRA contract.

Your Signature (REQUIRED)

Today's Date (mm/dd/yyyy)

 /  / 


# HELP ENSURE TIMELY ACTIVATION OF YOUR IRA

PLEASE READ CAREFULLY AND FOLLOW THE INSTRUCTIONS BELOW

**If there is an additional document behind this page, then your state requires that TIAA-CREF give you important information (sometimes called a “replacement notice”) with your IRA application materials.**

This notice appears directly behind this page. Your state MAY or MAY NOT require that you sign a copy of the notice and return it to TIAA-CREF.

**Please check the replacement notice to determine what your state requires, then follow the instructions below.** (If there is no document behind this page, no action is needed. Simply discard this page.)

## IF YOUR STATE **DOES NOT** REQUIRE YOU TO SIGN AND RETURN THE NOTICE, THEN:

- You only need to read the notice and keep it with your important papers.

## IF YOUR STATE **DOES** REQUIRE YOU TO SIGN AND RETURN THE NOTICE, THEN:

- Fully complete all areas. Do not make any corrections or additional marks on the notice. Copies must be clean.
- If you're replacing a life insurance or annuity contract (see the notice for details), fully complete all applicable sections. Don't use “ditto” marks to indicate a repeated answer.
- Complete all areas in the signature section (Examples: Print Name, Signature, Date).
- The date of signature on your replacement notice must be before or the same as the date of signature on your application.
- Sign and return the replacement notice to TIAA-CREF along with your other application materials.
- Return only one set. The duplicate set is for your records.

### **QUESTIONS? WE'RE HERE TO HELP.**

Call and speak to a TIAA-CREF consultant at **800 842-2888**.



Financial Services

## IMPORTANT INFORMATION ABOUT YOUR APPLICATION FOR A NEW TIAA-CREF ANNUITY



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

Thank you for your interest in a TIAA-CREF annuity. Since the annuity you are applying for may replace an existing life insurance policy or annuity contract, we are required under state law to send you information concerning replacement. If a replacement is occurring, please sign the enclosed *Notice To Applicants Regarding Replacement* and complete and sign the *Statement By Applicant Regarding Notification of Replacement*. Both should be returned with your application.\*

The purpose of the *Notice* is to ensure that you are aware of the implications that may be associated with replacing a life insurance policy or annuity contract that you currently have. One of the implications may be that there is a surrender charge if existing coverage is cancelled. The *Statement* provides you with the choice of whether you want us to notify your existing insurer of this transaction.

**NOTE:** An application is considered **incomplete** if we **do not** receive a set of signed replacement forms for each contract to be issued. Please retain a copy of the forms for your records.

If you have any questions, please call our Telephone Counseling Center at 800-842-2776 Monday to Friday from 8:00 a.m. to 10:00 p.m. ET and Saturday from 9:00 a.m. to 6:00 p.m. ET.

\* Directions for returning completed enrollment materials to TIAA-CREF:

- For **institutional retirement products** (RA, GRA, SRA, or GSRA) return your enrollment materials to your benefits office.
- For **individual retirement products** (IRA, Keogh, or ATRA) use the business reply envelope provided in your enrollment kit or, if you've downloaded enrollment materials from our website, use the postage-paid business reply label.



Teachers Insurance and Annuity Association  
730 Third Avenue, New York NY 10017

STATE OF OKLAHOMA

NOTICE TO APPLICANTS REGARDING REPLACEMENT OF  
LIFE INSURANCE OR AN ANNUITY. THIS NOTICE IS FOR  
YOUR BENEFIT AND IS REQUIRED BY LAW.

1. If you are urged to purchase life insurance and to surrender, lapse, or in any other way change the status of existing life insurance, the insurance company is required to give you this notice.
2. It may not be advantageous to drop or change existing life insurance in favor of new life insurance, whether issued by the same or a different insurance company. Some of the disadvantages are:
  - a. The amount of the annual premium under an existing policy may be lower than that under a new policy having the same or similar benefits.
  - b. Generally, the initial costs of life insurance policies are charged against the cash value increases in the earlier policy years, the replacement of an old policy could result in the policyholder sustaining the burden of these costs twice.
  - c. The incontestable and suicide clauses begin anew in a new policy. This could result in a claim under a new policy being denied by the company which would have been paid under the old policy.
  - d. Existing policies may have more favorable provisions than new policies in such areas as settlement options and disability benefits.
  - e. An existing policy may have a reserve value in addition to any cash value which may be of some benefit to the insured.
  - f. The insurance company carrying your current insurance policy can often make a desired change on terms which would be more favorable than if existing insurance is replaced with new insurance.
3. It may not be advantageous to change an existing policy to reduce paid-up or extended term insurance or to borrow against its loan value beyond your expected ability or intention to repay in order to obtain funds for premiums on a new policy.
4. There may be a situation in which a replacement policy is advantageous. You may want to receive the comments of the present insurance company before deciding this important financial matter.

I hereby acknowledge that I received the above "Notice to Applicants Regarding Replacement of Life Insurance or an Annuity" before I signed the application for the proposed new insurance.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant's Printed Name

## DEFINITIONS

**Premiums:** Premiums are the payments you make on the life insurance or annuity contract. They are unlike deposits in a savings or investment program because if you drop the policy you might get back less than you paid in.

**Cash Surrender Value:** This is the amount of money you can get if you surrender your life insurance policy or annuity. If there is a policy loan, the cash surrender value is the difference between the cash value printed in the policy and loan value. Not all policies have cash surrender values.

**Lapse:** A life insurance policy may lapse when you do not pay the premiums within the grace period. If your policy had a cash surrender value, the insurer might change your policy to as much extended term insurance or paid-up insurance as the cash surrender value will buy. Sometimes the policy lets the insurer borrow from the cash surrender value to pay the premiums.

**Surrender:** You surrender a life insurance policy when you either let it lapse or tell the company you want to drop it. If a policy has a cash surrender value, you can receive such value in cash if you return the policy to the company with a written request.

**Place on Extended Term:** This means you use your cash surrender value to change your insurance to term insurance with the same insurer. In this case, the net death benefit will be the same as before but you will only be covered for a specified period of time.

**Borrow Policy Loan Values:** If your life insurance policy has a cash surrender value, you can usually borrow all or part of said amount from the insurer. Interest will be charged according to the terms of the policy, and if the loan and unpaid interest ever exceeds the cash surrender value the policy will be terminated. If you die, the amount of the loan and any unpaid interest due will be subtracted from the death benefits.

**Evidence of Insurability:** This means proof that you are an acceptable risk. You have to meet the standards of the insurer regarding age, health, occupation, and such other standards as the insurer feels necessary to be eligible for coverage.

**Incontestable Clause:** This says that after one (1) or two (2) years, according to the provisions of the contract, the insurer shall not resist a claim because you made a false or incomplete statement when you applied for the policy. During the first two (2) years if there are false or incomplete answers on the application and the insurer discovers them, the insurer can deny a claim as if the policy has never existed.

**Suicide Clause:** This says that if you commit suicide after being insured for less than two (2) years, your beneficiaries will receive only a refund of the premiums that were paid.

STATE OF OKLAHOMA

STATEMENT BY APPLICANT REGARDING NOTIFICATION  
OF REPLACEMENT TO THE REPLACED INSURER

I have read the "NOTICE TO APPLICANTS REGARDING REPLACEMENT OF LIFE INSURANCE OR AN ANNUITY" which was furnished to me with the application for this policy.

(Applicant: Please sign ONE of the following statements.)

1. Please notify my present insurer(s) regarding this transaction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant' Printed Name

2. Please do not notify my present insurer(s) regarding this transaction.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Applicant' Printed Name

The signature of the applicant shall be that of the insured unless someone other than the insured is the owner of the policy. If someone other than the insured is the owner of the policy, the owner must sign. If the insured is under eighteen (18) years of age, the parent is deemed to be the owner of the policy.





# TIAA-CREF INVESTMENT SOLUTIONS IRA REQUEST TO ADD SELF-DIRECTED BROKERAGE SERVICES (OPTIONAL)

Please print in capital letters and only use black or dark blue ink. Provide all information requested.

**Note:** The Brokerage Account Registration section must be completed in its entirety, or the account will not be opened. You must have a U.S. residential address to open the account.

**MAIL THIS FORM TO:**  
TIAA-CREF  
IRA Department  
P.O. Box 1271  
Charlotte, NC 28201

**OVERNIGHT MAILING ADDRESS:**  
TIAA-CREF  
IRA Department  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262

**QUESTIONS?**  
Please call us at  
**800 927-3059**  
Monday to Friday from  
8 a.m. to 7 p.m.

**Note:** Interested party will receive duplicate statements and confirmations.

## BROKERAGE ACCOUNT REGISTRATION

Complete this form only if you want access to stocks, bonds, CDs and third-party mutual funds through brokerage services.

Choose only one option:  Traditional IRA  Roth IRA  SEP IRA

### Account Owner

Title  First Name  Middle Name

Last Name

Social Security or Tax ID Number  Gender  Male  Female Birth Date (mm/dd/yyyy)

Country of Citizenship (if not U.S.)

Daytime Phone  Evening Phone

### Residential Address (You must be a U.S. resident to open the account. No PO Boxes please.)

Address

City  State  Zip Code

### Mailing Address (If different from your U.S. residential address.)

Address

City  State  Zip Code  Country

### Employment Information

Employer  Your Title/Occupation

Address

City  State  Zip Code



**Affiliation Information**

I am or an immediate family member is, a director, a 10% shareholder, or a policymaking 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

\*You will need to obtain a letter from your firm's compliance department acknowledging their approval for you to open an account with TIAA-CREF Brokerage. The compliance letter must accompany this enrollment form.

I am (i) a senior military, governmental or political official in a non-U.S. country, or (ii) closely associated with or an immediate family member of such an official.

CONTINUED ON NEXT PAGE





# TIAA-CREF INVESTMENT SOLUTIONS IRA

## REQUEST TO ADD SELF-DIRECTED BROKERAGE SERVICES (OPTIONAL)

### YOUR INVESTMENT PROFILE

Investment Knowledge (choose only one)

None     Limited     Good     Extensive

Investment Experience (in years)

Equity                      Fixed Income                      Mutual Funds                      Options  
 Years                       Years                       Years                       Years

Investment Objective (choose only one, if you choose multiple selections this will delay your enrollment)

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-\$249,999     Over \$250,000

Approximate Net Worth, Excluding Primary 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%

Money market sweep vehicle

Cash Balances with TIAA-CREF Brokerage Services will be automatically invested in a Liquid Insured Deposits Account.

### Interested Party (Optional)

Title                      First Name                      Middle Name  
                                           

Last Name

Street Address

City                      State                      Zip Code  
                                            





# TIAA-CREF INVESTMENT SOLUTIONS IRA REQUEST TO ADD SELF-DIRECTED BROKERAGE SERVICES (OPTIONAL)

## SIGN YOUR FORM

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 or 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 return.

I acknowledge that the account application is not for a foreign financial institution or a private banking account.

I acknowledge, by signing this agreement, that I have received, have read, understand, and agree to the terms and conditions as described in the enclosed TIAA-CREF Self-Directed Brokerage Account Customer Account Agreement, and the TIAA-CREF Trust Company, FSB Custodial Agreement and Disclosure Statement. I understand the eligibility requirements for the type of IRA deposit I am making and state that I do qualify to make the deposit. I also understand it is my responsibility for understanding contribution limits for IRAs. Overcontributions may result in IRS penalties.

I understand that each TIAA-CREF Self-Directed Brokerage Account will correspond to one of my existing sets of TIAA and CREF Individual Retirement Annuity contracts. I understand that the beneficiary designation information applicable to my TIAA and CREF Individual Retirement Annuity contracts will apply to the corresponding TIAA-CREF Self-Directed Brokerage Account.

I also certify that the information that I have provided is true and correct. I represent that I am of legal age and have legal capacity to make this investment. I understand that the Internal Revenue Service does not require my consent to any provision of the document other than the certifications required to avoid backup withholding.

**Investment products are distributed by TIAA-CREF Individual & Institutional Services, LLC, a member of FINRA and SIPC. Investment products are not insured by the FDIC; are not deposits or other obligations of the TIAA-CREF Trust Company, FSB, TIAA-CREF or any bank; are not guaranteed by the TIAA-CREF Trust Company, FSB, TIAA-CREF or any bank; and are subject to investment risks, including possible loss of principal invested.**

**I hereby adopt the TIAA-CREF Self-Directed Brokerage Account Customer Account Agreement. I acknowledge this agreement contains a predispute Arbitration Clause at paragraph 15 on pages 4 and 5.**

Please sign in only black or dark blue ink.



Signature (owner)

Today's Date (mm/dd/yyyy)

Print Name

### FOR INTERNAL USE, IF APPLICABLE

Representative Name (Title, First Name, Middle Name, Last Name)

Representative Number

Today's Date (mm/dd/yyyy)

Principal Approval

Account Number

 - 



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# Incoming Account Transfer Form Instructions

To ensure efficient transfer processing, please provide all information requested on the TIAA-CREF Brokerage Services Incoming Account Transfer Form as outlined within the instructions below.

**NOTE: Please attach a full copy of the most current statement (dated within six months) of the account that you are transferring into TIAA-CREF Brokerage.** Additional documentation may be required if the transfer results in a change in ownership or if there is a question as to ownership.

Example 1 – a Letter of Authorization is required and must be signed by all account owners when transferring an individual account into a joint account or when a joint account is transferred into an individual account.

Example 2 – a “Same Name Letter” is required when different registrations exist for the same owner, i.e., John H. Doe is also John Henry Doe is also John Doe.

## 1. TIAA-CREF BROKERAGE ACCOUNT INFORMATION

---

**Name(s) on Account:** This is the title or registration of your TIAA-CREF Brokerage account. Example: John H. Doe, John and Mary Doe, John H. Doe Living Trust.

**Brokerage Account Number:** Please leave the account number blank if this is accompanying a new account application. If you are transferring into an already established account, enter your existing brokerage account number. A separate transfer form is required for each account receiving transferred assets.

**Social Security Number (SSN):** List the SSN of the primary account owner or the Tax ID number of the Trust account if applicable. Enter the joint owner's SSN if applicable.

**Type of Account:** Check only one option. Complete a separate form for each account registration.

## 2. DELIVERING ACCOUNT INFORMATION

---

**Name(s) on Account:** This is the title or registration of the account you are transferring from. Enter this just as it appears on your statement. Example: John H Doe, John and Mary Doe, John H Doe Living Trust. This registration should match the TIAA-CREF Brokerage account registration.

**Social Security Number (SSN):** List the SSN of the primary account owner or Tax ID number of the Trust account if applicable.

**Delivering Account Number:** This is your account number at the delivering firm as it appears on your statement.

**Type of Account:** Check only one option. Complete a separate form for each account registration.

**Delivering Institution name, contact information and address:** This is the name of the company that currently holds your account. Please provide a contact name and phone number so that we may address any concerns on your transfer request. Please provide a physical overnight mailing address to expedite your transfer request.

## 3. TRANSFER INSTRUCTION

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Indicate the type of transfer you are requesting by checking the appropriate box. Only one box should be checked.

**Transfer my entire account In Kind:** This is a full transfer request. This option only applies if the delivering account is a brokerage account. TIAA-CREF Brokerage Services (TCBS) cannot accept written instructions to sell assets held in brokerage accounts. You must contact the delivering firm to sell any assets you would like to liquidate prior to submitting your transfer request form. TCBS will transfer all assets held in the delivering account “In Kind.”

**Transfer only the assets listed below In Kind:** This is a partial transfer request. This option only applies if the delivering account is a brokerage account. TCBS cannot accept written instructions to sell assets held in brokerage accounts. You must contact the delivering firm to sell any assets you would like to liquidate prior to submitting your transfer request form. TCBS will transfer “In Kind” only the assets listed in this section.

**Direct Mutual Fund Company Transfers:** This is a transfer of your mutual fund holdings held directly at the Mutual Fund company. Complete a separate form for each mutual fund company transfer. List each fund name and account number that you would like to transfer. You must provide the number of shares or enter “ALL” if you would like to transfer the entire position. You must indicate either “In Kind” or “Liquidate” for each fund being transferred. If liquidation is selected you will receive the current market price once your transfer request has been received, reviewed, and determined to be in good order by the delivering firm. If no indication is selected, the transfers will be processed “In Kind.”

### **3. TRANSFER INSTRUCTION** *(Continued)*

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**Dividend Reinvestment Plan/Direct Registration Transfers:** This is a transfer of equity holdings held directly with the transfer agent. Do not complete a transfer form for the physical certificates you possess. The Transfer Agent will only deliver whole shares; any fractional shares will be redeemed.

**Bank or Credit Union Transfers:** This is a transfer of any retirement plan carried by a bank or credit union containing Certificates of Deposit. You must indicate whether you would like to liquidate your CD immediately and transfer cash, or if you want to liquidate your CD at maturity and then transfer the cash. If you choose to liquidate your CD prior to maturity, penalties may be imposed by your bank. If you elect to transfer at maturity, please submit your transfer request 30 days prior to maturity. Requests to transfer checking or non-retirement savings accounts will not be accepted.

**Direct Rollover request from a Qualified Retirement Plan (QRP) or 403(b) Plan:** Please consult with your Plan Administrator for procedures on moving your plan assets. Many plans require additional paperwork and/or authorization from the plan administrator before assets can be transferred. Additionally, some plans may not allow "In Kind" transfers.

### **4. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATION**

---

Check each box that applies. This section applies to Retirement Account transfers only.

If you are transferring a retirement account and are over the age of 70½, read this section carefully.

For retirement accounts in which Pershing LLC acts as the custodian or servicing agent, all termination fees due to the prior custodian must be satisfied prior to any transfer of assets. Any deposits made to your Pershing LLC custodian account to reimburse fees once the transfer is processed shall be applied as a current year contribution.

### **5. PARTICIPANT SIGNATURE AND CERTIFICATION**

---

The form must be read, signed, and dated by all account holders. Signatures must match account titles. Example. John H. Doe should also be signed as John H Doe.

**Send completed forms to:**

TIAA-CREF Brokerage Services  
P.O. Box 1280  
Charlotte, NC 28201

**Overnight Mail:**

TIAA-CREF Brokerage Services  
8500 Andrew Carnegie Blvd.  
Charlotte, NC 28262



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# TIAA-CREF Brokerage Services Incoming Account Transfer Form

- Use this form only to transfer assets into your TIAA-CREF Brokerage accounts.
- If you are transferring assets from more than one account, please complete a separate form for each account.
- **A copy of the most current statement (dated within six months) of the account you are transferring is required.**
- Transfers must occur between “like” registered accounts. (e.g., from a joint account into a joint account).
- Questions? Please call us at **800 927-3059** Monday to Friday from 8 a.m. to 7 p.m. (ET).

## 1. TIAA-CREF BROKERAGE ACCOUNT INFORMATION

Name(s) on Account (as it appears on your statement)

Brokerage Account Number (leave blank if new account)

Pershing Clearing Number

Social Security Number/Tax ID Number

Joint Account Owner's Social Security Number (only if applicable)

**TYPE OF ACCOUNT** (Check only one. Complete a separate transfer form for each registration type)

**Nonretirement:**  Individual  Joint  Custodial  Trust  Other

**Retirement:**  Traditional IRA  Rollover IRA  Roth IRA  SEP IRA  Inherited IRA

## 2. DELIVERING ACCOUNT INFORMATION

Name(s) on Account (as it appears on your statement)

Delivering Account Number

Social Security Number/Tax ID Number

**TYPE OF ACCOUNT** (Check only one. Complete a separate transfer form for each registration type)

**Nonretirement:**  Individual  Joint  Custodial  Trust  Other

**Retirement:**  Traditional IRA  Rollover IRA  Roth IRA  SEP IRA  Inherited IRA  
 Qualified Plan

Name of Delivering Institution (Brokerage Firm, Mutual Fund Company, Bank, etc.)

Delivering Firm's Clearing Number (if known)

Contact Person's Name

Contact Person's Phone Number

Delivering Firm's Address (No P.O. Box)

City

State

Zip code



**3. TRANSFER INSTRUCTION** (Choose only one)

**NOTE:** Money market funds must be liquidated and will be transferred as cash.

- Transfer my entire account in kind.** (All liquidation requests must be made through your delivering firm by you prior to submitting a full transfer request.)
- Transfer only the assets listed below in kind.** (All liquidation requests must be made through your delivering firm by you prior to submitting a partial transfer request. If you need additional space, you may copy this page to indicate your instructions.)

Security description/Symbol/CUSIP

Number of Shares or "All"


- Direct Mutual Fund Company Transfers.** (All dividends/capital gains will be reinvested, unless otherwise specified. If you have requested a liquidation, your market price is not guaranteed. You will receive the current market price after your transfer request is received, reviewed, and determined to be in good order by the delivering firm. If no indication is made, all transfers will occur in kind. If you need additional space, you may copy this page to indicate your instructions. Please complete a separate transfer form for each fund family.)

Fund Name/Symbol/CUSIP

Fund Account Number

Number of Shares or "All"

Method

Fund Name/Symbol/CUSIP	Fund Account Number	Number of Shares or "All"	Method
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate
			<input type="checkbox"/> In Kind <input type="checkbox"/> Liquidate

- Dividend Reinvestment Plan/Direct Registration Transfer.** (Do not complete a transfer form for physical certificates that you currently hold.) **NOTE:** Transfer agent will electronically send position or issue a certificate for whole shares and redeem fractional shares.

- Bank or Credit Union Transfers for retirement accounts only.** (Check only one. We cannot request transfers of retail accounts.)
  - Liquidate my CD/savings account **immediately** and transfer cash. I acknowledge there may be a penalty for my early withdrawal from my CD.
  - Liquidate my CD/savings **at maturity** and transfer cash. Maturity must be within 30 days of the date the transfer was submitted.

Specify the CD maturity date:  /  /   
(month/day/year)

- Direct Rollover Request From A Qualified Retirement Plan or 403(b) Plan** (Check only one.) Please consult with your plan administrator prior to submitting a transfer request. Your plan may require additional paperwork to be completed before the funds can be rolled over.
  - I have contacted my plan administrator and submitted to my plan all the required paperwork.
  - I have contacted my plan administrator and there is no additional paperwork required.



**4. RETIREMENT PLAN RESTRICTIONS AND CERTIFICATIONS**

- Age 70 1/2 restrictions:** If you are over the age of 70 1/2 you attest that the amount to be transferred will not include the required minimum distribution (RMD) for the current year pursuant to Section 401 (a) (9) of the Internal Revenue Code.
- Rollover Certification of Employee:** I understand the rules and conditions and I have met the requirements for making a rollover. Due to the important tax consequences of rolling over funds or property, I have been advised to see a tax professional. All information provided by me is true and correct and may be relied on by Pershing LLC. I assume full responsibility for this rollover transaction and will hold neither Pershing LLC nor TIAA-CREF Brokerage Services liable for any adverse consequences that may result. I hereby irrevocably designate this contribution in funds or other property as a rollover contribution.

**For Internal Use Only:**

**To the Prior Trustee:**  
 Pershing LLC accepts appointment as successor custodian.  
 Please be advised that \_\_\_\_\_ does hereby accept appointment as successor custodian.  
Successor Custodian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**5. PARTICIPANT SIGNATURE AND CERTIFICATION**

To the Delivering Firm Named Above: If this account is a qualified retirement account, I have amended the applicable plan so that it names as successor custodian the trustee listed below. Unless otherwise indicated in the instruction above, please transfer all assets in my account to Pershing without penalties, such assets may be transferred within the time frames required by NYSE Rule 412 or similar rule of FINRA or other designated examining authority.

Unless otherwise indicated in the instructions above, I authorize you to liquidate any nontransferable proprietary money market fund assets that are part of my account and transfer the resulting credit balance to the successor custodian.

I authorize you to deduct any outstanding fees due to you from the credit balance in my account. If my account does not contain a credit balance, or if the credit balance in the account is insufficient to satisfy any outstanding fees due to you, I authorize you to liquidate the assets in my account to the extent necessary to satisfy that obligation. If certificates or other instruments in my account are in your physical possession, I instruct you to transfer them in good deliverable form, including affixing any necessary tax waivers, to enable the successor custodian to transfer them in its name for the purpose of the sale, when, and as directed to me.

I understand that upon receiving a copy of this transfer information, you will cancel all open orders for my account on your books. I affirm that I have destroyed or returned to you credit/debit cards and/or unused checks issued to me in connection with my brokerage account. I understand that you will contact me with respect to the disposition of any assets in my brokerage account that are nontransferable.

X \_\_\_\_\_ Date  
Client's Signature  
X \_\_\_\_\_ Date  
Joint Client's Signature

**Signature Guaranteed By:**

Signature Guarantee obtained by TIAA-CREF



# Postage-Paid Business Reply Envelope for the IRA enrollment forms

*For use on laser and inkjet printers.*

To print the envelope located on the next page:

- Insert a standard business envelope (No. 10 size) into your printer
- Follow the envelope print instructions for your printer
  - Set the printer's print quality to high or to photo print
- Insert the completed and signed IRA enrollment forms and mail

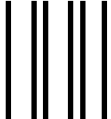
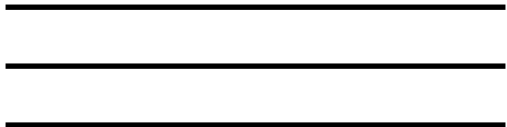
This postage-paid business envelope is only to be used for the return of the downloaded and completed IRA enrollment forms.

## **CAUTION**

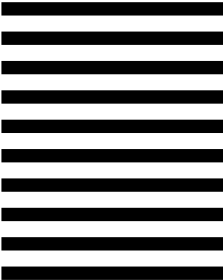
Please do not tape a printed image of this envelope onto an envelope. The Post Office will not deliver this mail. It will be returned.

You may also mail your completed forms without using the postage-paid business reply envelope to:

TIAA-CREF  
PO. Box 105326  
Atlanta, GA 30348



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**BUSINESS REPLY LABEL**  
FIRST-CLASS MAIL      PERMIT NO.6353      NEW YORK, NY

POSTAGE WILL BE PAID BY THE ADDRESSEE

TIAA-CREF  
PO BOX 105326  
ATLANTA GA 30348-9953