

TIAA-CREF BROKERAGE SERVICES AUTOMATED INVESTMENT PLAN (AIP) APPLICATION

Complete this form to set up automatic investments into existing mutual fund position(s) held in your brokerage account QUESTIONS? 800 927-3059 For account information, to check the status of your request or any questions: Monday — Friday 8 a.m. — 7 p.m. (ET)	1. ACCOUNT INFORMATION TIAA-CREF Brokerage Account Number Social Security/T Account Registration (as it appears on your statement)	Tax ID Number
Return this form to: TIAA-CREF Brokerage Services PO Box 1280 Charlotte, NC 28201 Or fax to: 800 914-8922	2. INVESTMENT SELECTIONS All AIP purchases will be made from the cash and/or money market fund balance in your brokerage account. Funds must be available prior to any AIP purchase. New Instruction	
* If your purchase date falls on a weekend or a holiday, the purchase will be made on the next business day. If we are unable to process your request by the beginning date, your purchase will be made on the next scheduled date. Note: Mutual fund position must be established in your TIAA-CREF Brokerage account prior to starting an AIP Transaction. Fee(s) may apply.	Start Date* (mm/dd/yyyy) CUSIP/ Symbol Fund Name	Amount (\$100 minimum) (if applicable)

TIAA-CREF Brokerage Services is a division of TIAA-CREF Individual & Institutional Services, LLC. Member FINRA/SIPC. 8500 Andrew Carnegie Boulevard, Charlotte, NC 28262





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Note: All owners on the TIAA-CREF Brokerage account must sign this authorization.

3.

. AGREEMENT AND SIGNATURE					
I authorize Pershing, LLC through TIAA-CREF Individual & Institutional Services, LLC (TIAA-CREF), to execute					
automatic investments into the fund(s) listed on Section 2. I understand that in order for my AIP to begin, the fund position must be established in my TIAA-CREF Brokerage account. I understand that it is my responsibility to ensure that funds are available in my brokerage account prior to any AIP purchase. If a debit balance is created as a result of my AIP purchase, I agree to take immediate action to cover the debit balance. I understand that TIAA-CREF reserves the right to take action in my brokerage account to cover any debit					
				without prior notice. I understand that these transactions will be s	subject to the published commission and
				fee schedule.	
Signature (account owner, trustee, or custodian)	Date				
Signature (joint account owner or trustee)	Date				