



YOUR TIAA-CREF INFORMATION FORM

1 Provide your personal information

Be sure to provide all the information requested. If you do not have a Social Security number, please provide your taxpayer identification number.

Important Information About Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions, including us, to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, Social Security number and other information that will allow us to identify you, such as your home telephone number. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

2 Choose your allocation of plan contributions

We have included information about the accounts to help you complete the "Plan Contribution Allocation Administrative Form" at the end of your information form. You may change your allocation at any time.

Creating your allocation

Using whole numbers, choose the percentages you want to allocate to each account. The three-digit account numbers and descriptions are provided with your information form. Write the account numbers and percentage allocated to each in the appropriate columns. If you are allocating to more than 10 funds, use a separate page and include your name and Social Security number on it. If your allocation is invalid in any way, your contributions will be allocated to the account designated by your employer's plan, as specified in the accompanying materials. Upon receiving clarification from you, we will apply all future contributions according to your instructions.

If you need help choosing an allocation, call our consultants at **800 842-2888** Monday to Friday from 8 a.m. to 10 p.m. ET and Saturday from 9 a.m. to 6 p.m. ET.

3 Designate your beneficiary(ies)

Your primary beneficiary(ies) will be paid any survivor benefit existing under the contract at your death. If there are no surviving primary beneficiaries, your contingent beneficiary(ies) will receive these benefits. If you are married, provisions under your employer's plan may require you to name your spouse as primary beneficiary for at least a portion of the

benefit. Complete *Waiver of Spouse's Right to Pre-retirement Death Benefits* if you have designated someone other than your spouse as primary beneficiary. You can call a consultant at 800 842-2888 for further information about choosing your beneficiaries.

4 Indicate any existing contracts

We are complying with a regulatory requirement in asking that you provide information on existing contracts.

5 Indicate your agreement by signing

Remember to...

▶ Choose your initial allocation of contributions

▶ Obtain your spouse's signature (if applicable)

Under your employer's plan, your spouse has the right to a death benefit. If the plan is subject to the Employee Retirement Income Security Act (ERISA), your spouse is entitled to at least 50% of the death benefit specified by the plan. If the plan is not subject to ERISA, your spouse is entitled to the percentage stipulated by the plan. Your spouse must consent to any beneficiary designation that doesn't meet these requirements by signing the waiver at the end of your form in the presence of a Notary or Plan Representative. Generally, you can waive these rights only if you are at least age 35. If you are younger than 35 and want to name someone other than your spouse, please contact your benefits office for more information.

▶ Next steps...

Return your information form to your employer's benefits office. You may need to complete a salary reduction agreement with your employer.

Complete the *Transfer/Rollover Authorization to TIAA-CREF* form. If you have funds with another financial carrier that you would like to consolidate with TIAA-CREF, just return the *Transfer/Rollover Authorization* form to us. Before making a transfer, be sure to consider any surrender charges the other company may deduct.

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Designate your beneficiary(ies) Make sure that the percentage allotted to all beneficiaries in each class totals 100%.

Name(s) of primary beneficiary(ies)

1.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>
2.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>
3.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>
4.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>

Name(s) of contingent beneficiary(ies)

1.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>
2.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>
3.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>
4.	Name (First, Middle Initial, Last)	Percentage
	<input type="text"/>	<input type="text"/> %
	Social Security Number*	Date of Birth (mm/dd/yyyy)
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
		Relationship to you
		<input type="text"/>

*(if unavailable, provide later)



4 Indicate any existing contracts

Will these annuities replace an existing annuity contract/certificate or life insurance policy from another company?

If so, from what company?

Contract Number

5 Indicate your agreement by signing

Important: Please read the following information carefully.

By completing this form, you are directing your employer to allocate funds under your employer's plan to TIAA or CREF's annuities and/or to mutual fund accounts offered by TIAA-CREF or by other vendors. All of your rights under these funding vehicles are subject to the terms of your employer's plan. Your employer, or other plan fiduciary, may decide to cease offering any of these funding vehicles as allocation options under the plan and, should your employer or other plan fiduciary decide to do so, you may be required to transfer your accumulations in such plan funding option to another plan funding option.

Subject to the terms of your employer's plan, within 120 days after the later of termination of employment or the specific date stipulated by your employer's plan, withdrawals and transfers from the TIAA Traditional Annuity may be made available in a lump sum. Such withdrawals and transfers are subject to a surrender charge. At all other times, withdrawals and transfers from the TIAA Traditional Annuity must be spread over an 84-month period.

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

Your beneficiary designation will apply to the TIAA and CREF annuities and to the mutual fund accounts for which TIAA keeps records. Under your employer's plan, your spouse has the right to a death benefit. If the plan is subject to ERISA, your spouse is entitled to at least 50% of the death benefit specified by the plan. If the plan is not subject to ERISA, your spouse is entitled to the percentage stipulated by the plan. Your spouse must consent to any beneficiary designation that doesn't meet this requirement by completing the "Waiver of Spouse's Right to Pre-retirement Death Benefits" Form (see other side).

In accordance with the terms of your employer's plan, fees associated with the administration of the plan may be deducted from accumulations held on your behalf in the TIAA or CREF annuities or in any of the mutual fund accounts.

I have read and acknowledge all provisions of this form.

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.

Signed

Date (mm/dd/yyyy)

 / /

If you would like to receive CREF's Statement of Additional Information, which supplements the CREF prospectus, check here.



Plan contribution allocation administrative form

Enter the three-digit number and name from the list of the TIAA and CREF annuity accounts and the available mutual funds, from TIAA-CREF Mutual Funds and other financial institutions, provided with this form. If the account number and name don't match, we will use the account number for your allocation choice. If you need additional space for your allocation choices, please provide them on a separate page and include your name and Social Security number.

	Account Number	Account Name	Allocation Percent
1.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
2.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
3.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
4.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
5.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
6.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
7.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
8.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
9.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
10.	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
			100%

Obtain your spouse's signature

Waiver of spouse's right to pre-retirement death benefits

If you have waived your spouse's right to a pre-retirement survivor death benefit under your employer's plan and/or ERISA, your spouse must consent to the waiver.

Consent by Spouse (Must Be Witnessed)

With this consent I am voluntarily and irrevocably *giving up my right* to a qualified pre-retirement survivor death benefit. I recognize that any pre-retirement death benefit payable under these annuities or the mutual funds will be paid to the beneficiaries as described in the information form.

Signed (Spouse)

Social Security Number

 - -

Date (mm/dd/yyyy)

 / /

Signature of Notary Public or Plan Representative

Date (mm/dd/yyyy)

 / /


The TIAA Real Estate and CREF variable annuities are distributed by TIAA-CREF Individual & Institutional Services, LLC. This form must be accompanied or preceded by current TIAA Real Estate and CREF prospectuses. For additional copies, call 877 518-9161. You can also read or download our prospectuses on our Web Center at www.tiaa-cref.org. Read them carefully before investing or sending money.

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