



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.

▶ Important information about your allocation of plan contributions

Subject to the rules of your employer's plan, you can choose an allocation. We have included information about the accounts to help you complete the "Plan Contribution Allocation Administrative Form." You may change your allocation at any time.

Creating your allocation

Using whole numbers, choose the percentage you want to allocate to each account. The three-digit account numbers and descriptions are provided with your enrollment 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 according to your plan's rules. 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.

2 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. You can call a consultant at 800 842-2888 for further information about choosing your beneficiaries.

3 Indicate any existing contracts

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

4 Indicate your agreement by signing

Remember to...

▶ Choose your initial allocation of contributions

457(b)
F10536-IS-605



INFORMATION FORM FOR TIAA AND CREF 457(b) Deferred Compensation Plans

Teachers Insurance and Annuity Association of America-College Retirement Equities Fund, New York, NY



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

1 Provide your personal information

Title: Mr, Mrs, Dr, other	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	Suffix: Jr, Sr, other	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (mm/dd/yyyy)	Gender	Spouse's Name
<input type="text"/>	<input type="checkbox"/> F <input type="checkbox"/> M	<input type="text"/>
Daytime Telephone Number	Extension	Evening Telephone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
E-mail Address	<input type="text"/>	
Residence Address (no P.O. boxes)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mailing Address (if different)		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employer	Plan ID (4-6 digits, if available)	
<input type="text"/>	<input type="text"/>	
Job Title/Position	Campus/Branch	
<input type="text"/>	<input type="text"/>	

Important information about your allocation of plan contributions

All contributions will be allocated in accordance with instructions from your plan sponsor unless you complete the "Plan Contribution Allocation Administrative Form."



3 Indicate any existing contracts

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

If so, from what company?

Contract Number

4 Indicate your agreement by signing

The accumulations in and 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 your TIAA and CREF annuity certificates and to 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 Your right to make a premium allocation is subject to the rules of your employer's plan.

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"/> %
			<hr/> 100%



TIAA-CREF Individual & Institutional Services, LLC, and Teachers Personal Investors Services, Inc., distribute securities products. This form must be accompanied or preceded by current prospectuses. For additional copies, call 877 518-9161 or visit www.tiaa-cref.org. Read them carefully before investing or sending money. TIAA (Teachers Insurance and Annuity Association of America), New York, NY issues annuities.

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