

## OPEN YOUR DEFERRED COMPENSATION ACCOUNT

### NEED HELP?

Call 800-842-2252  
Weekdays, 8 a.m. to  
10 p.m. (ET), or visit  
[TIAA.org](https://www.tiaa.org).

### FILL OUT YOUR INFORMATION FORM

**STEP 1 CHOOSE YOUR INVESTMENTS**  
Select from the list of investment choices available under your employer's plan. Please review the prospectuses for the investment choices before making your selections. See next page for how to access the prospectuses.

**STEP 2 TELL US ABOUT YOURSELF**  
Provide basic information to establish your account.

**STEP 3 NAME YOUR BENEFICIARIES**

**STEP 4 SIGN YOUR FORM**  
If you need to make a change please initial and date next to the correction.

### RETURN YOUR COMPLETED FORM

Return your completed form to your employer's HR/Benefits office. You also may need to complete a deferred compensation agreement with your employer.

### 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.

**You should consider the investment objectives, risks, charges and expenses carefully before investing. Please call 877-518-9161 or log on to [TIAA.org](https://www.tiaa.org) for paper copies of the product and fund prospectuses that contain 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 at 877-518-9161. 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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## CHOOSE YOUR ALLOCATION

### NEED HELP?

For assistance in choosing an allocation or filling out your form, please call us at **800 842-2252**.

### YOUR INVESTMENT CHOICES

Use this form to make your investment choices. For detailed descriptions and performance information, please go to [tiaa.org](http://tiaa.org) or read the prospectus. To have copies of paper prospectuses sent to you at no charge, please call TIAA at **877 518-9161**. Pick your own investments to build a diversified mix that's right for you. If your employer's plan offers mutual funds as an investment choice, participants with non-U.S. addresses may be subject to certain investment restrictions, including restrictions on purchases of mutual funds.

Please use only whole numbers and make sure your total allocation equals 100%. **HELPFUL TOOL:** Visit [www.tiaa.org/calcs](http://www.tiaa.org/calcs) to use our Asset Allocation Evaluator to help you create an allocation.

Before making your investment choices and completing your enrollment form, please read the prospectuses and investment-related information, including plan fees and expenses and current investment performance, go to [www.tiaa.org/PRO](http://www.tiaa.org/PRO) and enter your six digit prospectus access code or plan number. You can obtain this by calling TIAA at **800 842-2252** or from your Benefits Office. If you prefer, you can obtain paper copies of the product and fund prospectuses by calling **877 518-9161**. Please note that on your enrollment form, you will be asked to confirm that you have received and accessed the relevant prospectus(es) and/or product literature for your investment choices. Please read the prospectuses carefully before investing.

Percentage	Investment Name
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**INFORMATION FORM**

FOR TIAA & CREF 457(b) NONQUALIFIED DEFERRED COMPENSATION PLAN  
OF A TAX-EXEMPT EMPLOYER



Please print in capital letters and only use black or dark blue ink.

**TELL US ABOUT YOURSELF**

Title    First Name             Middle Name

Last Name

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

Your Spouse's Name  E-mail Address

Daytime Phone  Evening Phone

**Residential Address** (No PO Boxes please.)

Address

City  State   Zip Code  Country

**Mailing Address** (If different from your residential address.)

Address

City  State   Zip Code  Country

**Employment Information**

Employer

Campus/Branch  Plan ID

**Your Investment Allocation**

**Important Information**

- ▶ Please be sure to provide instructions on how to allocate your contributions to the investments offered under the deferred compensation plan on the "Choose Your Allocation" form. If your asset allocation is missing or incomplete in any way, your contributions will be automatically invested in accordance with the plan's applicable default investment account selected by your employer.





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

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

## NAME YOUR BENEFICIARIES

### 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

CONTINUED ON NEXT PAGE



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

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.

### 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



**INFORMATION FORM**

**SIGN YOUR FORM**

Nonqualified deferred compensation plans of tax-exempt employers are subject to special tax rules. Make sure you have discussed these tax consequences with your employer and/or tax advisor.

Your employer's plan may offer mutual funds as an investment choice in addition to the TIAA and CREF annuities. All contributions must be remitted under the terms of your employer's plan.

The investment vehicles you may select under your employer's plan are used only to measure the investment performance of your nominal account under the plan. **The accumulations in and benefit payments from the CREF accounts, the TIAA Variable Annuity Separate Account, and the mutual funds are variable and not guaranteed; the value of these investment products in your nominal account depends on the investment performance of the accounts.** The investment vehicles used to measure the investment performance of your nominal account under the plan remain the property of your employer and are subject to its general creditors until paid or made available according to the terms of the plan. For more information contact your plan administrator.

Your ability to make transfers and withdrawals may be limited by the terms of your employer's plan. This includes in-service withdrawals before termination of employment which may not be permitted. Otherwise, you may transfer among any of the available annuity accounts and non-annuity mutual funds.

The amount and value of any accumulation units transferred from any account within a TIAA Variable Annuity Separate account may be affected by redemption charges imposed by the investments in which the account invests.

Your beneficiary designation will apply to your TIAA and CREF annuities and to the mutual fund accounts under this plan only.

**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
- TIAA Business Continuity Policy
- TIAA Privacy 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 plan by means of either the TIAA website ([tiaa.org](http://tiaa.org)), the website from which this form was downloaded, a CD accompanying my enrollment form, or at the special web address [www.tiaa.org/PRO](http://www.tiaa.org/PRO) using the Prospectus Access Code provided in my enrollment materials. 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 800 842-2252. 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.org](http://tiaa.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.

Please sign in only black or dark blue ink.



Signature (Applicant)

Date (mm/dd/yyyy)

Signature (Employer's Authorized Official or Plan Representative)

Date (mm/dd/yyyy)



**INFORMATION FORM**  
FOR TIAA & CREF 457(b) NONQUALIFIED DEFERRED COMPENSATION PLAN  
OF A TAX-EXEMPT EMPLOYER

**FOR TIAA AGENT USE, IF APPLICABLE**

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

Agent CRD Number