

# YOUR TIAA-CREF ENROLLMENT FORM



## FIRST:

### Make your contribution allocations

We have included information about the accounts or funds that you should refer to when you complete the “Plan Contribution Allocation Administrative Form.” The transfer and withdrawal restrictions of the accounts and funds differ and should be taken into consideration. You may change your allocation at any time.

Using whole numbers, choose the percentage you want to allocate to each account or fund. The three-digit account and fund numbers and descriptions are provided with your enrollment form. Write the account or fund number and percentage allocated to each in the

appropriate columns. If you are allocating to more than 10 accounts or 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 automatically invested for you. Upon receiving clarification from you, we will apply all future contributions according to your instructions.

If you need help choosing an allocation, speak to a TIAA-CREF consultant at **800 TIAA-CREF (800 842-2273)** Monday to Friday from 8 a.m. to 10 p.m. (ET) and Saturday from 9 a.m. to 6 p.m. (ET).

## THEN:

### 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 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 the “Waiver of Spouse's Right to Preretirement Death Benefits” if you have designated someone other than your spouse as primary beneficiary. You can call a consultant at **800 TIAA-CREF (800 842-2273)** 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

#### ▶ 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.

#### ▶ Return your enrollment form

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

## YOUR INVESTMENT CHOICES

**FOR MORE INFORMATION:** For detailed descriptions and performance information for each of these accounts and funds go to [www.tiaa-cref.org/brandeis](http://www.tiaa-cref.org/brandeis)

### RETIREMENT ACCOUNTS AND FUNDS

ASSET CLASS	TYPE	FUNDS/ACCOUNTS (FUND/ACCOUNT NUMBER)
EQUITIES	VARIABLE ANNUITY	CREF Equity Index Account (008) <sup>105</sup> CREF Growth Account (007) <sup>105</sup> CREF Global Equities Account (006) <sup>105</sup> CREF Stock Account (002) <sup>105</sup>
REAL ESTATE	VARIABLE ANNUITY	TIAA Real Estate Account (009) <sup>105</sup>
FIXED INCOME	VARIABLE ANNUITY	CREF Bond Market Account (005) <sup>105</sup> CREF Inflation-Linked Bond Account (010) <sup>105</sup>
MONEY MARKET	VARIABLE ANNUITY	CREF Money Market Account (003) <sup>78, 105</sup>
GUARANTEED	GUARANTEED ANNUITY	TIAA Traditional Account (001) <sup>105</sup>
MULTI-ASSET	VARIABLE ANNUITY	CREF Social Choice Account (004) <sup>105</sup>

**IMPORTANT:** If the asset allocation you choose on the following page is invalid in any way, your contributions will be automatically invested for you in the Money Market Fund.

**78 An investment in the CREF Money Market Account is not a deposit of any bank and is neither insured nor guaranteed by the Federal Deposit Insurance Corporation or any other U.S. government agency.**

<sup>105</sup> Annuities are designed for retirement savings or for other long-term goals. They offer several payment options, including lifetime income. Payments from TIAA and CREF variable annuities are not guaranteed, and the payment amounts will rise or fall depending on investment returns.



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# PLAN CONTRIBUTION ALLOCATION ADMINISTRATIVE FORM

## Make Your Contribution Allocations

If you need help creating an allocation, you can use our **Asset Allocation Calculator** at [www.tiaa-cref.org/calcs](http://www.tiaa-cref.org/calcs). You can also have a custom portfolio prepared for you by calling us at **800 TIAA-CREF (800 842-2273)**. Either way, you'll answer a series of questions and a sample portfolio will be suggested based on your risk tolerance and investment preferences.

Enter the name and three-digit number of your allocation choices in the spaces provided. Please use whole numbers only and make sure your total allocation equals 100%. If the account number and name don't match, we will use the account number for your allocation choice.

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





# 2

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

## Name(s) of primary beneficiary(ies)

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

## Name(s) of contingent beneficiary(ies)

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

\*(if unavailable, provide later)



### 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

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. Under federal law, distributions before age 59½ or termination of employment may be prohibited, limited, and/or subject to substantial tax penalties. The TIAA and CREF certificates and amounts in any of the mutual funds cannot be assigned.

Your ability to take loans and make transfers and withdrawals may be limited by the terms of your employer's plan. Otherwise, you may transfer among any of the available annuity accounts and mutual funds. Loans are only available from the TIAA Traditional Annuity. Cash withdrawals and transfers from the TIAA Traditional Annuity are not currently subject to a surrender charge. If such a charge is imposed in the future, you would receive three months' advance notice, and the charge would only apply to subsequently remitted premiums including any amounts transferred from CREF accounts, the TIAA Real Estate Account, or the mutual funds after the charge is imposed.

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. 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."

**I have read and acknowledge all provisions of this enrollment 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.

The following information does not apply to New York applicants. Some states require a fraud warning to appear on the form. These states, including Arkansas, Kentucky, Maine and New Mexico require a warning substantially similar to the following:

People who file applications for insurance or statements of claim commit a fraudulent insurance act if they: knowingly do so with intent to injure, defraud or deceive any insurance company or another person; and/or knowingly include in their application or statement of claim any materially false or misleading information; and/or knowingly conceal information, for the purpose of misleading, concerning any fact material to the application or claim.

A fraudulent insurance act is a crime, and penalties may include imprisonment, fines, denial of insurance and civil damages.

New Jersey residents, please note: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Ohio residents, please note: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

District of Columbia residents, please note: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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## OBTAIN YOUR SPOUSE'S SIGNATURE

### Waiver of spouse's right to preretirement death benefits

If you have waived your spouse's right to a preretirement survivor death benefit under your employer's plan and/or ERISA, your spouse must consent to the waiver. Generally, waiving spousal rights is available if you are age 35 or older.

The date of your spouse's signature must be the same or later than the date you signed your enrollment form.

#### Consent by Spouse (Must Be Witnessed)

With this consent I am voluntarily and irrevocably giving up my right to a qualified preretirement survivor death benefit. I recognize that any preretirement death benefit payable under these contracts will be paid to the beneficiaries as described in the enrollment form.

#### Signature of Spouse

Spouse's Date of Birth (mm/dd/yyyy)

 /  / 

Social Security Number

 -  - 

Date (mm/dd/yyyy)

 /  / 

#### Signature of Notary Public or Plan Representative

Date (mm/dd/yyyy)

 /  / 

## IMPORTANT INFORMATION

Please check the appropriate box and sign below to acknowledge you have received the prospectuses for the investment options available under your retirement plan:

I acknowledge that I consent to receiving and have received the prospectuses for the investment options available under my retirement plan by means of the accompanying CD. I further acknowledge that I am able to access the prospectuses on the accompanying CD through a computer.

*In order to sign this acknowledgement, you must have access to a computer with a CD drive and must be able to download, view and print the prospectuses. Paper prospectuses can be ordered, both now and in the future, by calling toll-free **877 518-9161** or by going to [www.tiaa-cref.org](http://www.tiaa-cref.org).*

*If you are unable to acknowledge that you have received and can access the prospectuses on the accompanying CD, please call toll-free **877 518-9161** to request copies of the paper prospectuses at no charge, or go to your benefits office and request paper prospectuses.*

I acknowledge that I have received paper prospectuses for the investment options available under my retirement plan.

#### Participant's Signature

Date (mm/dd/yyyy)

 /  / 

**You should consider the investment objectives, risks, charges and expenses carefully before investing. This publication must be preceded or accompanied by a current prospectus. Please call 877 518-9161 or go to [www.tiaa-cref.org](http://www.tiaa-cref.org) for additional copies that contain this and other information. Please read the prospectus carefully before investing.**

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