



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

**ENROLLMENT FORM**

FOR TIAA & CREF GROUP SUPPLEMENTAL RETIREMENT ANNUITY (GSRA) CERTIFICATES  
(FOR 457(b) NONQUALIFIED DEFERRED COMPENSATION PLANS OF A GOVERNMENTAL 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 retirement 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 Qualified Default Investment Alternatives or otherwise applicable default investment, which can be located in the plan's Summary Plan Description available from your employer.





# ENROLLMENT FORM

FOR TIAA & CREF GROUP SUPPLEMENTAL RETIREMENT ANNUITY (GSRA) CERTIFICATES  
(FOR 457(b) NONQUALIFIED DEFERRED COMPENSATION PLANS OF A GOVERNMENTAL EMPLOYER)

Regulations require that we ask if you are replacing an existing annuity contract/certificate or life insurance policy with this enrollment.

## LIST ANY EXISTING CONTRACTS /CERTIFICATES (IF APPLICABLE)

Do you own any annuity contracts /certificates or life insurance policies?

Yes  No

Does this enrollment replace, discontinue or change an existing annuity contract /certificate or life insurance policy?

- If yes, provide contract /certificate number and company name below.
- If no, skip this step and proceed to 'Name Your Beneficiaries'.

Contract /Certificate Number

Company Name

## NAME YOUR BENEFICIARIES

**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%.

### 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



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

# ENROLLMENT FORM

FOR TIAA & CREF GROUP SUPPLEMENTAL RETIREMENT ANNUITY (GSRA) CERTIFICATES  
(FOR 457(b) NONQUALIFIED DEFERRED COMPENSATION PLANS OF A GOVERNMENTAL EMPLOYER)

**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



# ENROLLMENT FORM

FOR TIAA & CREF GROUP SUPPLEMENTAL RETIREMENT ANNUITY (GSRA) CERTIFICATES  
(FOR 457(b) NONQUALIFIED DEFERRED COMPENSATION PLANS OF A GOVERNMENTAL EMPLOYER)

## SIGN YOUR FORM

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 nonqualified deferred compensation plan. Under federal law, distributions before age 70½ or severance from employment may be prohibited or limited. The TIAA and CREF certificates and amounts in any of the mutual funds cannot be assigned.

Your ability to 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 non-annuity mutual funds. 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 the CREF accounts, the TIAA Variable Annuity Separate accounts, or the mutual funds after the charge is imposed. **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. The accumulations in and benefit payments from the CREF accounts, the TIAA Variable Annuity Separate accounts, 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 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-CREF Business Continuity Policy
- TIAA-CREF 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-CREF website ([tiaa-cref.org](http://tiaa-cref.org)), the website from which this form was downloaded, a CD accompanying my enrollment form, or at the special web address [tiaa-cref.org/PRO](http://tiaa-cref.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 **800 842-2273**. 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-cref.org](http://tiaa-cref.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

Date (mm/dd/yyyy)



FINANCIAL SERVICES  
FOR THE GREATER GOOD®

FOR TIAA & CREF GROUP SUPPLEMENTAL RETIREMENT ANNUITY (GSRA) CERTIFICATES  
(FOR 457(b) NONQUALIFIED DEFERRED COMPENSATION PLANS OF A GOVERNMENTAL EMPLOYER)

**ENROLLMENT FORM**

**FOR YOUR PROTECTION, WE PROVIDE THIS NOTICE / WARNING REQUIRED BY MANY STATES**

This notice/warning does not apply in New York.

Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or a statement of claim for insurance benefits containing materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and may be subject to criminal penalties, including confinement in prison, and civil penalties. Such action may entitle the insurance company to deny or void coverage or benefits. Also:

**CO:** Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DC, VA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FOR TIAA AGENT USE, IF APPLICABLE**

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

Agent CRD Number

Replacement requirements:

 Exempt Subject to Replacement Requirements

To the best of my knowledge and belief, the applicant owns existing life insurance policies or annuity contracts.

 Yes No

To the best of my knowledge and belief, the applicant is replacing, discontinuing, or changing existing life insurance policies or annuity contracts.

 Yes No

**For contracts to be issued in North Carolina**

I did not record the applicant's information on the enrollment form. The information on the enrollment form was recorded by the applicant.

I recorded the information on the enrollment form and certify that the information I recorded completely and accurately represents the information provided by the applicant.

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

Date (mm/dd/yyyy)