

# ENROLLING WITH TIAA-CREF



IN ORDER TO ENROLL WITH TIAA-CREF, YOU MUST COMPLETE TWO FORMS – the Enrollment and Plan Contribution Allocation Forms – and sign the Consent to Electronic Delivery. There is also one optional form – the Spousal Waiver Form – that depends on your marital status. When these are ready, simply return your completed forms to your employer's benefits office. Your enrollment with TIAA-CREF can be completed in four easy steps that are outlined below.

## STEP ONE

### COMPLETE YOUR ENROLLMENT FORM

The easy-to-understand instructions will guide you through completing your enrollment form. Please be sure to read the agreement in section 4 before signing and dating the form.

## STEP TWO

### SELECT YOUR ALLOCATION

Select the accounts to which you would like to allocate your contributions by completing the Plan Contribution Allocation Form. Please keep in mind that there may be transfer and withdrawal restrictions on some or all of the accounts and funds. You may change your allocation at any time in the future.

If your allocation is invalid in any way, your contributions will be allocated to the CREF Money Market Account. Upon receiving clarification from you, we will apply all future contributions according to your instructions.

## STEP THREE

### COMPLETE THE SPOUSAL WAIVER FORM (If Applicable)

If your employer's retirement plan is subject to the Employee Retirement Income Security Act (ERISA), your spouse is entitled to at least 50% of the death benefit under the plan. If the plan is not subject to ERISA, your spouse is entitled to the percentage specified by the plan. Therefore, if you are married, your spouse must consent and sign the waiver if you wish to name someone else for more than 50% (or the amount specified by

the plan) of the death benefit. If you are not married, you do not need to complete this form.

Generally, waiving spousal rights is available if you are age 35 or older. If you're under 35 and wish to designate someone other than your spouse as beneficiary, please contact your benefits office.

## STEP FOUR

### YOUR NEXT STEPS

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

This is a good time to think about consolidating additional retirement assets into this TIAA-CREF account from another financial carrier. To do so, complete the Transfer/Rollover Authorization to TIAA-CREF form and return it to us. Before making a transfer, be sure to consider any surrender charges the other company may deduct.

### GENERAL 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.

This is the reason we ask for your name, address, date of birth, Social Security number (or taxpayer identification number), telephone number and other information that will allow us to identify you. Unless you provide this information, we may not be able to open an account or process any transactions for you.

We are also following state regulations when we ask that you provide information on any existing annuity or life insurance contracts that are being replaced by the TIAA-CREF account for which you are now applying. If your new TIAA-CREF account is going to replace more than one existing contract, please include that information on an additional page that includes your name and Social Security number.

**Need Help?** For assistance in choosing an allocation or filling out your form, please call us at **800 842-2776** Monday to Friday from 8 a.m. to 10 p.m. or Saturday from 9 a.m. to 6 p.m. (ET).



# ENROLLMENT FORM FOR TIAA AND CREF GROUP SUPPLEMENTAL RETIREMENT ANNUITY CERTIFICATES

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  
□□□□    □□□□□□□□□□□□□□    □□□□□□□□□□□□□□□□

Last Name    Suffix: Jr, Sr, other    Social Security Number  
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Date of Birth (mm/dd/yyyy)    Gender    Spouse's Name  
□□ / □□ / □□□□□□    □ F    □ M    \_\_\_\_\_

Daytime Telephone Number    Extension    Evening Telephone Number  
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E-mail Address  
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Residence Address (no P.O. boxes)  
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City    State    Zip Code  
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Mailing Address (if different)  
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City    State    Zip Code  
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Employer    Plan ID (4-6 digits, if available)  
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Job Title/Position    Campus/Branch  
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**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 Form.



# 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)**

1. First Name                MI  Last Name                 Percentage    %

Social Security Number\*    -   -       Date of Birth (mm/dd/yyyy)   /   /      Relationship to you

2. First Name                MI  Last Name                 Percentage    %

Social Security Number\*    -   -       Date of Birth (mm/dd/yyyy)   /   /      Relationship to you

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

1. First Name                MI  Last Name                 Percentage    %

Social Security Number\*    -   -       Date of Birth (mm/dd/yyyy)   /   /      Relationship to you

2. First Name                MI  Last Name                 Percentage    %

Social Security Number\*    -   -       Date of Birth (mm/dd/yyyy)   /   /      Relationship to you

\*(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

All premiums must be remitted under the terms of your employer's tax-deferred annuity plan. Under federal law, distributions before age 59½ or before termination of employment may be prohibited, limited, and/or subject to substantial tax penalties. These certificates cannot be assigned.

Your ability to take loans and make transfers and withdrawals may be limited by the terms of your employer's plan. Loans are not available from the TIAA separate accounts or from the CREF accounts. 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. The amount and value of any accumulation units transferred from any account within a TIAA separate account may be affected by redemption charges imposed by the investments in which the account invests.

CREF and TIAA separate account accumulations and benefit payments are *variable* and *not guaranteed*; they depend on the investment performance of these 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 Preretirement 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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# SELECT YOUR ALLOCATION

## PLAN CONTRIBUTION ALLOCATION FORM

For information about the accounts available in your plan, please see **Your Investment Choices**. If you need help creating an allocation, you can use our **Asset Allocation Evaluator** 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 **800 842-2776**.

Choose Option A or Option B for your investment account allocations.

**OPTION A Choose a TIAA Access Lifecycle Account** Choose one Lifecycle Account closest to your estimated year of retirement.

<input type="checkbox"/>	<b>TIAA Access Lifecycle 2010</b>	2008	53% Equities
		Target:	47% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2015</b>	2008	61% Equities
		Target:	39% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2020</b>	2008	69% Equities
		Target:	31% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2025</b>	2008	77% Equities
		Target:	23% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2030</b>	2008	85% Equities
		Target:	15% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2035</b>	2008	90% Equities
		Target:	10% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2040</b>	2008	90% Equities
		Target:	10% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2045</b>	2008	90% Equities
		Target:	10% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle 2050</b>	2008	90% Equities
		Target:	10% Non-equities
<input type="checkbox"/>	<b>TIAA Access Lifecycle Retirement Income</b>	2008	40% Equities
		Target:	60% Non-equities

**OPTION B Build Your Own Portfolio**  
Enter the name and three-digit number of your allocation choices in the spaces provided. Please use only whole numbers 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 Number	Account Name	Allocation Percent
1. <input type="text"/>	<input type="text"/>	1. <input type="text"/> <input type="text"/> <input type="text"/> %
2. <input type="text"/>	<input type="text"/>	2. <input type="text"/> <input type="text"/> <input type="text"/> %
3. <input type="text"/>	<input type="text"/>	3. <input type="text"/> <input type="text"/> <input type="text"/> %
4. <input type="text"/>	<input type="text"/>	4. <input type="text"/> <input type="text"/> <input type="text"/> %
5. <input type="text"/>	<input type="text"/>	5. <input type="text"/> <input type="text"/> <input type="text"/> %
6. <input type="text"/>	<input type="text"/>	6. <input type="text"/> <input type="text"/> <input type="text"/> %
7. <input type="text"/>	<input type="text"/>	7. <input type="text"/> <input type="text"/> <input type="text"/> %
8. <input type="text"/>	<input type="text"/>	8. <input type="text"/> <input type="text"/> <input type="text"/> %
9. <input type="text"/>	<input type="text"/>	9. <input type="text"/> <input type="text"/> <input type="text"/> %
10. <input type="text"/>	<input type="text"/>	10. <input type="text"/> <input type="text"/> <input type="text"/> %
		<b>100%</b>





# SPOUSAL WAIVER FORM (IF APPLICABLE)

## WAIVER OF SPOUSE'S RIGHT TO PRERETIREMENT DEATH BENEFITS

If you wish to waive 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.

**The date of your spouse's signature must be the same or later than the date you sign 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 annuities will be paid to the beneficiaries as described in the enrollment form.

**Signed** (Spouse)

Social Security Number

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Date (mm/dd/yyyy)

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**Signature of Notary Public or Plan Representative**

Date (mm/dd/yyyy)

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## CONSENT TO ELECTRONIC DELIVERY

**Please check the box below acknowledging your receipt of the following documents:**

- Prospectuses for the investment options available to you
- TIAA-CREF Privacy Policy
- TIAA-CREF Business Continuity Policy

I acknowledge that I consent to receiving and have received the above-referenced documents through TIAA-CREF's website ([www.tiaa-cref.org](http://www.tiaa-cref.org)) or by means of the CD accompanying my enrollment form. I further acknowledge that I am able to access these documents on the website or the CD. I understand that this acknowledgment applies only to this initial enrollment.

*In order to sign this acknowledgment, you must either have access to the website noted above or a computer with a CD drive. In either case, you must also be able to download, view and print the documents. 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, 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 accessed the documents on the website or CD, please call us toll-free at 877 518-9161 to request paper versions at no charge.*

**Note:** Unless indicated above, I acknowledge that I have received paper copies of the above-referenced documents.

**Signature** (Applicant)

Date (mm/dd/yyyy)

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**You should consider the investment objectives, risks, charges and expenses carefully before investing. Please read the prospectuses for the accounts and funds carefully before you invest. This form must be accompanied or preceded by current prospectuses. For additional copies, call 877 518-9161 or visit [www.tiaa-cref.org](http://www.tiaa-cref.org).**

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