

TIAA-CREF Individual & Institutional Services, Inc. 403(b) Custodial Agreement

By signing this form, I certify that:

I have the authority and legal capacity to establish this Custodial Agreement and to direct the purchase of mutual fund shares; am of legal age in my state; and believe each investment is a suitable one for me.

I have received, read and agree to the Custodial Agreement with TIAA-CREF Individual & Institutional Services, Inc.

I authorize TIAA-CREF Individual & Institutional Services, Inc., and its designees to act on any instructions believed to be genuine for any service authorized in the Custodial Agreement, Enrollment Form, and Contribution Allocation Administrative Form. TIAA-CREF Individual & Institutional Services, Inc., and its designees may use reasonable procedures to confirm that instructions given by telephone or electronic means are genuine and are not liable for acting on these instructions. All services are subject to conditions set forth in the prospectuses.

I understand that the 403(b) Custodial Agreement will correspond to one of my existing sets of TIAA and CREF Group Supplemental Retirement Annuity contracts.

Under penalties of perjury, I certify that the taxpayer identification number shown on this form is my correct Social Security number and I am a U.S. person.

The Internal Revenue Service does not require your consent to any provision of this document.

▶ PLEASE COMPLETE AND SIGN:

Last Name

First Name

MI

 - -

Social Security Number

 - -

Date

Signature (Owner, Participant)

Name of Institution

Receipt by the Participant of a confirmation of the purchase of the fund shares indicated in a manner acceptable to TIAA-CREF Individual & Institutional Services, Inc., will serve as notification of the acceptance by TIAA-CREF Individual & Institutional Services, Inc., as Custodian of the Participant's Account as of the date of such confirmation.



Personal Information Verification Form

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, residence 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.

Please provide your name and Social Security number below and return this form with your enrollment material. If the address and telephone number you provided on your enrollment form are not your residence address and telephone number, please complete the information requested below. Any correspondence will be sent to the mailing address you provided on your enrollment form.

Name: _____
Last First Middle

Social Security Number: ____ - ____ - ____ Date of Birth: ____ / ____ / ____
mm / dd / yyyy

Residence Address: _____
Street Address

City State Zip Code

Home Telephone Number: (____) ____ - _____

Please submit this form along with your enrollment form to avoid any delay in issuing your contract.

TIAA-CREF Individual & Institutional Services, Inc.