



HOW TO ENROLL WITH TIAA-CREF

To enroll, you must complete your Enrollment Form and Plan Contribution Allocation Administrative Form, and sign the notice on prospectuses and documents. There is also one optional form – the Spousal Waiver Form – that depends on your beneficiary designation if you are married.

Your enrollment with TIAA-CREF can be completed in five easy steps that are outlined below.

STEP ONE

COMPLETE YOUR ENROLLMENT FORM

The 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 Administrative Form. For information about the accounts available in your plan, please see the accompanying “**Your Investment Choices.**” 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 (Applicable only if you are married)

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, 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.

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

SIGN NOTICE ON PROSPECTUSES AND DOCUMENTS

You should read the prospectuses for the accounts and funds carefully before you invest. Please acknowledge that you have received the prospectuses and supplementary documents on CD by signing the notice.

STEP FIVE

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.

You may want to consolidate additional retirement assets into this TIAA-CREF account from another financial carrier. To do so, complete the **Transfer/Rollover Authorization to TIAA-CREF** form. Be sure to consider any surrender charges that another company may deduct before making a transfer.

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.

For this reason, we request 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. Without this information, we may not be able to open an account or process any transactions for you.

State regulations require that you provide information on any existing annuity or life insurance contracts that would be replaced by the TIAA-CREF account for which you are applying. If your new TIAA-CREF account is going to replace more than one existing contract, please include that information on an additional page with 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. and Saturday from 9 a.m. to 6 p.m. ET.



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

Name(s) of contingent beneficiary(ies)

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

*(if unavailable, provide later)



3 Indicate any existing contracts

Will these annuity contracts replace an existing annuity contract 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.

The TIAA and CREF annuity contracts and amounts in any of the mutual funds do not provide for loans and cannot be assigned. Under federal law, distributions before age 59½ or before termination of employment may be prohibited, limited and/or subject to substantial tax penalties. Your ability to make withdrawals and transfers from the TIAA and CREF annuity contracts is subject to the terms of these contracts and may be limited. The TIAA annuity contract does not allow lump-sum cash withdrawals from the TIAA Traditional Annuity and transfers must be spread over a ten-year period. Transfers among the TIAA Real Estate Account, all CREF accounts and any of the mutual funds may be made in a lump sum.

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 contracts 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)

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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 ADMINISTRATIVE FORM

For information about the investments available in your plan, please review “Your Investment Choices.” If you need help creating an allocation, you can use our **Asset Allocation Evaluator** at www.tiaa-cref.org/calcs. You can also have a custom portfolio prepared for you by calling us at **800 842-2776**.

Please refer to “Your Investment Choices” for the names and three-digit numbers of your investment choices, and enter in the spaces provided. Please use only whole numbers and make sure your total allocation equals 100%. If the number and name don’t match, we will use the number for your allocation choice. If you are allocating to more than ten accounts or funds, you may copy this page and include your name and Social Security number to indicate your instructions.

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



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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. 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 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 or the mutual funds 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)

 / /

NOTICE ON PROSPECTUSES AND DOCUMENTS

Included in your enrollment package is a CD with links to online editions of the following:

- Prospectuses for the investment options available under your plan
- Month-end performance information
- TIAA-CREF Privacy Policy
- TIAA-CREF Business Continuity Statement
- Statements of Additional Information, which supplement the prospectuses

I consent to receiving and have received the prospectuses for the investment options available under my retirement plan and supplementary documents by means of the accompanying CD. If I would prefer to receive paper copies of these documents, I understand that, now or at any time, I can order them at no charge by calling toll-free 877 518-9161 or by visiting www.tiaa-cref.org.

Signed (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.

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