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Use this form to capture beneficial ownership and control information for TIAA Trust, N.A. ("TIAA Trust") to comply with the FinCEN Customer Due Diligence Final Rule.

The Customer Due Diligence Final Rule was put in place to provide transparency into the nature/purpose of customer relationships for the purpose of developing customer risk profiles and conducting ongoing monitoring, that incorporates beneficial ownership information, for unusual activity.

TIAA is required to identify, collect and verify the identity or personal information of individuals (also known as "beneficial owners" or "BO") who own either equity or control (or both) of an impacted legal entity client, subject to certain exclusions and exemptions.

"Ownership" is defined as an individual who has 25% or more equity, interest in the legal entity and "control" is defined as an individual with significant responsibility to manage, control, or direct a legal entity.

STEP 1: LEGAL ENTITY INFORMATION Please print using black ink. NOTE: "For-profit" or "Nonprofit" status	Account Number		
determines the information required per the Customer Due Diligence Final Rule.			
Full Name of Legal Entity			
Address			
City	Stat	te Zip Code	
Entity is for profit			
OR			
Entity is nonprofit			
If your legal entity is listed below and is structured as a nonprofit, skip Step 3 because t	he rule only requires co	ontrol information	1.

- NFP/charity/foundation
- Religious organization
- Healthcare
- Teaching hospital
- Nonprofit college, university or private K-12 institution
- Botanical garden
- Economic development organization
- Environmental organization
- Library
- Museum
- Performing arts
- Public broadcasting
- Research/scientific organization
- Social agency
- Support organization
- Trade association





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STEP 2: CONTROLLING PERSON

Fill out the following information for one individual with significant responsibility for managing the legal entity listed in Step 1, such as a) an executive officer or senior manager (such as chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, treasurer); or b) any other individual who regularly performs similar functions. Please attach articles of incorporation, Secretary's Certificates and/or other applicable entity documentation.

Name (First Name, Middle Initial, Last Na	me, Suffix)			
Use data currently on file.	Social Security Number/ Taxpayer Identification Number ¹	Date of Birth (mm/do	l/yyyy)	
address				
City			State	Zip Code
Passport Number ²	Country of Issuance		Significa	ant Responsibility
IOTE: If appropriate, an individual listed	d in Step 3 may also be listed in this section.			
elationship or otherwise, owns 25 Applicable.") L. Name (First Name, Middle Initial, Last	5% or more of the legal entity listed in Step 3	1. (II IIO IIIUIVIQUAI MEETS	uns aeiln	Ownership Percentage
(,			
	Social Security Number/ Taxpayer Identification Number ¹	Date of Birth (mm/do	І/уууу)	
Use data currently on file.				
Address				
City			State	Zip Code
Passport Number ²	Issued by (State/Country/Province)			





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	ne, Suffix)		Percentage %
Use data currently on file.	Social Security Number/ Taxpayer Identification Number ¹	Date of Birth (mm/dd/yyyy)	
Address			
City		State	Zip Code
Passport Number ²	Issued by (State/Country/Province)		
Name (First Name, Middle Initial, Last Na	ne, Suffix)		Ownership Percentage
Name (First Name, Middle Initial, Last Nat	Social Security Number/ Taxpayer Identification Number¹	Date of Birth (mm/dd/yyyy)	Percentage
	Social Security Number/	Date of Birth (mm/dd/yyyy)	Percentage
Use data currently on file.	Social Security Number/	Date of Birth (mm/dd/yyyy)	





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4. Name (First Name, Middle Initial, Last Nam	e, Suffix)		Percentage %
Use data currently on file.	Social Security Number/ Taxpayer Identification Number ¹	Date of Birth (mm/dd/yyyy)	70
Address			
City		State Zip) Code
Passport Number ²	Issued by (State/Country/Province)		
¹ U.S. person: Provide Social Security Numb Foreign person: Provide Tax Identification I			
² Foreign person who is not a U.S. citizen: Pi If no individual meets this definition, pleas	rovide passport number and country of issuar se write "Not Applicable."	nce, or other similar identification number.	
STEP 4: CERTIFICATION			
hereby certify, to the best of my knowle	dge, that the information provided in this 1	form is complete and correct, as of the da	te of signature.
Individual's Name (First Name, Middle Initia	I and Last Name)	Title	
Your Signature		Today's Date (mm/	/dd/yyyy) / 20

RETURN COMPLETED FORM(S) TO:

STANDARD MAIL:

TIAA Trust

Attn: Account Services

211 N. Broadway, Suite 1000

St. Louis, MO 63102-2733

