NUVEEN FUNDS

nuveen A TIAA Company

selection of account beneficiaries.

TRADITIONAL AND ROTH IRAS NEW ACCOUNT FORM/ADOPTION AGREEMENT

Page 1 of 12

You should use this form to establish a new Nuveen Fund by making a contribution to a Traditional or Roth IRA or a transfer or rollover from an existing Traditional or Roth IRA. To transfer assets to open a new account, you must also complete an IRA Asset Transfer Form. You can open only one IRA per New Account Form/Adoption Agreement. Please note the following:

- Do not use this form to transfer assets to an existing Nuveen Funds Traditional or Roth IRA. Complete only the IRA Asset Transfer Form.
- Do not use this form if you are converting a Traditional IRA to a Roth IRA. Complete the *Roth IRA Conversion Form/Adoption Agreement*. By signing this form, investor(s) acknowledges that neither Nuveen Funds nor any affiliate or service provider to Nuveen Funds has provided the investor(s) with advice, recommendations or suggestions as to any specific investment decisions. Investors in Nuveen Funds are urged to consult their own professional advisors before making investment-related decisions, including but not limited to those related to transfer or rollover from retirement plans, purchase or sale of investments, selection or retention of investment managers, or

Please send your signed and completed application to Nuveen Funds per the Return Completed Forms section below or in the enclosed postage-paid business-reply envelope. Please contact Nuveen Funds with any questions at 800-257-8787.

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 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, address, date of birth, Social Security number and other information that will allow us to identify you (including a state-issued driver's license or other government-issued identification). This information will be verified to ensure the identity of all individuals opening a mutual fund account. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

First Name		MI	Last Name			
у						
У						
·						
• •	•		•			
-	eficial Ownership Certifica	ition Fo	rm F40212 in order for th	ie account t	o be e	stablished alor
-						
	Date of Birth (mm/dd/yyyy)					
	/ / / /					
r foreign accounts, one of the following r	must be provided: ID or passport	number	with country of issuance along v	vith photocopy	of ID.	
r foreign accounts, one of the following r	nust be provided: ID or passport Nonresident, Non-U.S. C		with country of issuance along v	vith photocopy	of ID.	(Specify country)
	Nonresident, Non-U.S. C		with country of issuance along v	vith photocopy	of ID.	(Specify country)
	•	Nuveen Funds Legal Entity Beneficial Ownership Certifica y Number/	Nuveen Funds Legal Entity Beneficial Ownership Certification Fo y Number/	Nuveen Funds Legal Entity Beneficial Ownership Certification Form F40212 in order for the . y Number/	Nuveen Funds Legal Entity Beneficial Ownership Certification Form F40212 in order for the account to . y Number/	y Number/

(Continued)

TFDIA F11153 (06/25)



Address (If the above address is a P.O. Box, you must also provide a street	address) City	State Zip Code
address (if the above address is a P.O. Box, you must also provide a street	dudless) City	State Zip Code
Primary Phone Number Phone Number Type	Secondary Phone Number	Phone Number Type
	iness	Mobile Home Busines
Alternate Phone Number Phone Number Type	Email Address	
Mobile Home Busi	iness	
roker-Dealer	Branch Number (if known)	Representative Number (if known
or Custodial IRAs Only		
ustodian's Name		
ocial Security Number/ expayer Identification Number Date of Birth (m	om (dd/11001)	
sapayer identification Number Date of Birdi (ii		
itizenship For foreign accounts, one of the following must be provided: ID	O or passport number with country of issuance	along with photocopy of ID.
	Non-U.S. Citizen	(Specify country)
	TOTA G.G. GILLZOTT	(openiy dountry)
Nonresident ID or Passport Number		
ddress If different than above.	City	State Zip Code
rimary Phone Number Phone Number Type	Secondary Phone Number	Phone Number Type
	iness	Mobile Home Busines
Iternate Phone Number Phone Number Type	Email Address	
	iness	
Mobile Home Busi	iness	
Mobile Home Busi 2. TYPE OF IRA Please check the appropriate boxes in 2A, 2B, 2C or 2D, and places.		our investment type.
Mobile Home Busing R. TYPE OF IRA lease check the appropriate boxes in 2A, 2B, 2C or 2D, and properties. TRADITIONAL IRA ONLY	provide the information specified for y	our investment type.
Mobile Home Busi P. TYPE OF IRA lease check the appropriate boxes in 2A, 2B, 2C or 2D, and page 1	provide the information specified for y	our investment type.
Mobile Home Busing And Home Bu	provide the information specified for y	our investment type.
Mobile Home Busi P. TYPE OF IRA Rease check the appropriate boxes in 2A, 2B, 2C or 2D, and position. TRADITIONAL IRA ONLY New Contribution to a Nuveen Funds Traditional IRA for ta	provide the information specified for y	our investment type.
Mobile Home Busi 2. TYPE OF IRA lease check the appropriate boxes in 2A, 2B, 2C or 2D, and point of the contribution to a Nuveen Funds Traditional IRA for tall transfer from an existing Traditional IRA or a direct rollover Indirect Rollover	provide the information specified for y x year r from a retirement plan	
Mobile Home Busing Traditional IRA or a direct rollover or indirect IRA rollovers, please check the box that correspondence in Mobile Home Busing Traditional IRA or a direct rollover or indirect IRA rollovers, please check the box that correspondence in Mobile Home Busing Traditional IRA or 2D, and 1D, and 1D	provide the information specified for y x year r from a retirement plan nds to the source of money now bein	g rolled over:
Mobile Home Busing Researched Home Busing Researched Home Home Busing Researched Home Busin	provide the information specified for y x year r from a retirement plan nds to the source of money now bein	g rolled over: (established only with funds received
Mobile Home Busing Transfer from an existing Traditional IRA or a direct rollover Indirect IRA rollovers, please check the box that correspondence in Mobile Home Busing Traditional IRA and please check the box that correspondence in Mobile Home Busing Transfer from 2A, 2B, 2C or 2D, and place in 2A, 2B, 2C or 2D, and place in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and please check the box that correspondence in 2A, 2B, 2C or 2D, and and an 2B,	provide the information specified for y x year r from a retirement plan nds to the source of money now bein Traditional Rollover IRA	g rolled over: (established only with funds received

TFDIA F11153 (06/25)



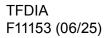
2. TYPE OF IRA (CONTINUED)

Please be advised that you can make only one rollover from an IRA to another (or the same) IRA in any 12-month period, regardless of the number of IRAs you own. Exceptions are trustee-to-trustee transfers and Roth IRA conversions. For more information, please see irs.gov/retirement-plans/plan-participant-employee/rollovers-of-retirement-plan-and-ira-distributions.

Please check the appropriate boxes in 2A (see prior page), 2B or 2C, and provide the information specified for your investment type.

B. INHERITED FUNDS (CHECK ONE BOX IN SECTION 1 AND 2):						
1. Opening the Following Account Type:						
Traditional IRA OR Roth IRA						
Please identify your beneficiary relationship with the original owner of the IRA/Roth IRA in order to open an account. Please beneficiary type. If you need further guidance, contact your tax advisor. Note : If you select a beneficiary type marked by an assadditionally complete the Installment Distributions/Required Minimum Distribution section.						
The SECURE Act modified the Internal Revenue Code definition of a retirement accoundistributing assets from an inherited retirement account. This in turn impacts when an property law. As a result, we need to confirm your beneficiary type in the relation to the inherited retirement account from being considered abandoned, we recommend you contacting customer service.	n inherited retirement account is conside he original owner from whom you inherite	ered abandoned under a state's unclaimed ed the retirement account. To prevent your				
Name of Decedent	Value of account as of 12/31 of prior year	PIN (Nuveen Clients Only)				
	\$	The (National Cally)				
Decedent's Date of Birth (mm/dd/yyyy) 2. Beneficiary (you are) (Choose only one option): I. Eligible Designated Beneficiary Surviving Spouse beneficiary treating IRA as own Surviving Spouse beneficiary registering account as a Decedent Non-Spouse beneficiary registering account as a Decedent	· ,					
Note: The SECURE Act now requires most non-spouse benef year after the year of death of the IRA owner. You should disc	ficiaries to receive the balance in a	-				
II. Designated Beneficiary If you are opening an entity account as beneficiary due to death complete the Nuveen Funds Legal Entity Beneficial Ownership Cowith this form. III. Non-Designated Beneficiary		= -				
ווו. אטוו-הפאצוומופת הפוופווטומו א						

(Continued)





2. TYPE OF IRA (CONTINUED)

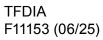
3. Complete if opening a Decedent (DCD) IRA:

Please identify your beneficiary relationship with the original owner of the IRA/Roth IRA in orderto open an account. Please select only **one** beneficiary type. If you need further guidance, contact your tax advisor. **Note:** If you select a beneficiary type marked by an asterisk (*), you must additionally complete the Installment Distributions/Required Minimum Distribution section.

Please select one:

riedse select one.							
INHERITING DIRECTLY FROM THE ORIGINAL OWNER:							
First Generation Non-Designated Beneficiary* (1st Gen NDB) Select this option if the inherited IRA is being transferred to an entity beneficiary (estate, charity, trust)							
First Generation Eligible Designated Sole Spouse Beneficiary (1st Gen EDB-Sole Spouse) Select this option if you are a sole spouse and you are not electing to treat as your own IRA. If you are treating the IRA as your own, skip this section and see the Installment Distribution/Required Minimum Distribution Section below.							
First Generation Eligible Designated Minor Beneficiary of Deceased Owner* (1st Gen EDB-Minor) Select this option if the inherited IRA is for a minor (under the age of 18) who is a direct descendent (son or daughter) of the deceased shareholder.							
	Gen DB) Select this option if you are eligible for Life Expectancy ple designated beneficiary less than 10 years younger than original						
First Generation Designated Beneficiary Select this option if you of deceased, child over the age of 18.)	u are not eligible for Life Expectancy (sibling of deceased, grandchild						
INHERITING FROM A BENEFICIARY (NOT THE ORIGINAL OWNER):							
The previous beneficiary:							
First Name La	ast Name						
Data of Divith (////) Data of Dooth (////							
Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/yyy) Date of Death (mm/dd/yyy)	yy)						
	Eligible Designated Sole Spouse Beneficiary* (2 nd or > Gen EDB-Sole eater beneficiary when the first generation beneficiary was an Eligible						
	Eligible Designated Minor of Deceased Owner* (2 nd or > Gen EDB- ater beneficiary when the first generation beneficiary was a minor son						
	Eligible Designated Beneficiary – Other* (2 nd or > Gen EDB-Other) eficiary when the first generation beneficiary was eligible for Life eect decedent of the original account owner.						
	a Designated Beneficiary (2nd or > Gen DB) Select this option if st generation beneficiary was a designated beneficiary who was not						

(Continued)





2. TYPE OF IRA (CONTINUED)					
C. ROTH IRA ONLY					
New Contribution to a Nuveen Funds Roth IRA for tax year					
Transfer from an existing Roth IRA					
Rollover from a designated Roth account					
Indirect Rollover					
For indirect Roth IRA rollovers, please check the box that corresponds to the source of money now being rolled over. Nuveen Funds will establish the same type of IRA for you.					
Roth Contributory IRA Roth Conversion IRA					
D. RETIREMENT PLAN					
Retirement Plan covered by ERISA					
3. INSTALLMENT DISTRIBUTIONS/REQUIRED MINIMUM DISTRIBUTION					
Complete only if required based on the beneficiary type chosen in section 2.					
IRA Owners Over Required Minimum Distribution Age Important transfer restriction for owners that had reached their RMD Applicable Age* at the time of their death (not applicable for Roth IRAs). In the year of the owner's death, any unpaid Required Minimum Distribution (RMD) amounts for that year cannot be transferred to your IRA. These amounts must be paid to you, the beneficiary of the deceased owner. Check and complete if applicable.					
Distribute the amount of the remaining decedent RMD due in the year of death in a single payment.					
The IRA Owner received all RMDs in the year of their death. There are no remaining RMDs to distribute for the year of the IRA Owner's death.					
*REQUIRED MINIMUM DISTRIBUTION (RMD) APPLICABLE AGE					

You must begin taking minimum distributions from your IRAs and employer retirement plan accounts by your required beginning date (or retirement, if later for employer retirement plan accounts). For IRAs (other than Roth IRAs), your required beginning date is April 1 of the year following the calendar year in which you reach your RMD Applicable Age. For employer-sponsored retirement plans, your required beginning date is April 1 of the year following the calendar year in which you reach your RMD Applicable Age or retire from the plan sponsor, if later.

"YOUR RMD APPLICABLE AGE" IS:

- age 70½ if you were born before 7/1/1949;
- age 72 if you were born on or after 7/1/1949 or in 1950;
- age 73 if you were born between 1951 and 1959; or
- age 75 if you were born on or after 1960.

Please consult your professional tax advisor regarding your personal tax matters.

If you are a beneficiary of an Inherited IRA, there are many factors that must be evaluated to determine when you must take required minimum distributions depending on the beneficiary designation you fall under. Nuveen does not calculate nor provide tax advice, so it is important to consult your professional tax advisor as to the best course of action related to your situation.



4. TELEPHONE OPTIONS

The services below allow you to invest or exchange by telephone or web among your identically registered Nuveen Funds IRA. These services are automatically included unless you opt out by checking **No** below. You will also have access to your IRA through the Automated Telephone Service (ATS) and the internet. See the Nuveen Funds prospectuses for details.

Telephone Purchase

This option lets you invest by telephone with payments transferred by Automated Clearing House (ACH) from your designated bank account to your existing mutual fund account. (\$100 minimum. Please complete Section 6.)

Telephone Exchange

This option permits exchanges between your identically registered Nuveen Funds IRAs. (\$2,000 minimum to a new fund account, \$50 to an existing fund account.)

If you do not want telephone options check this box No

5. INVESTMENT ALLOCATION

For transfers from an existing Traditional IRA held by another institution or a direct rollover from a retirement plan, please fill out only the Investment Allocation section on the IRA Asset Transfer Form. The minimum investment per fund is \$2,000 unless you're electing to make contributions through the Automatic Investment Plan. (Please complete sections 6 and 7.) Please enclose a check payable to: Nuveen Funds.

Please note: Third-party checks or any check not made payable to Nuveen Funds can be accepted for subsequent purchases only and if \$10,000 or less. Cashier's checks can be accepted if \$10,000 or less. All purchases must be in U.S. dollars, and all checks must be drawn on U.S. banks. Nuveen Funds will not accept payment in the following forms: traveler's checks, money orders, credit card convenience checks, cash, counter checks, virtual currency (such as Bitcoin), or starter checks. Nuveen Funds will not accept corporate checks for investment into non-corporate accounts.

Payment from a Transfer: (Please complete form A11745 for transfers. Note: A separate transfer form is required for each transfer.)
Existing Mutual Fund IRA Account Number
Existing other Nuveen IRA Account
Transfer from a Non-Nuveen Account. (Please include a copy of the current custodian's statement.)
Please check here to set this allocation for future investments unless other instructions are received.

A CLASS					
FUND NAME (FUND CODE)	AMOUNT	PERCENT	FUND NAME (FUND CODE)	AMOUNT	PERCENT
Nuveen 5-15 Year Laddered Tax Exempt Bond Fund (98)	\$	%	Nuveen Connecticut Municipal Bond Fund (5005)	\$	%
Nuveen All-American Municipal Bond Fund (1167)	\$	%	Nuveen Core Bond Fund (66)	\$	
Nuveen Arizona Municipal Bond Fund (5002)	\$	%	Nuveen Core Equity Fund (64)	\$	%
Nuveen Bond Index Fund (91)	\$	%	Nuveen Core Impact Bond Fund (45)	\$	%
Nuveen California High Yield Municipal Bond Fund (1780)	\$	%	Nuveen Core Plus Bond Fund (96)	\$	%
Nuveen California Municipal Bond Fund (5003)	\$	%	Nuveen Credit Income Fund (6942)	\$	%
Nuveen Colorado Municipal Bond Fund (5004)	\$	%	Nuveen Dividend Growth Fund (5031)	\$	%

^{*} Effective 12/13/24 the Nuveen Social Choice Low Carbon Equity Fund merged into Nuveen Large Cap Responsible Equity Fund.

 $^{^{\}dagger\dagger}$ Effective 7/1/25 Mid Cap Value 1 Fund was renamed to Nuveen Mid Cap Value Opportunities Fund. (Continued)





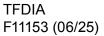
^{**} Effective 2/28/25 the following name change was made: Nuveen Mid Cap Growth Opportunities Fund was renamed Nuveen Small/Mid Cap Growth Opportunities Fund.

[†] Effective 3/1/25 Nuveen Mid Cap Growth Fund was renamed to Nuveen Quant Mid Cap Growth Fund.

5. INVESTMENT ALLOCATION (CONTINUED)

A CLASS **FUND NAME (FUND CODE) AMOUNT** PERCENT FUND NAME (FUND CODE) **AMOUNT PERCENT Nuveen Dividend Value Fund Nuveen International** \$ % \$ (6759)Responsible Equity Fund (2762) **Nuveen Emerging Markets Nuveen International** \$ \$ **Debt Fund** (2794) Value Fund (1159) **Nuveen Emerging Markets Nuveen Kansas** \$ \$ Equity Fund (67) Municipal Bond Fund (5007) **Nuveen Emerging Markets Nuveen Kentucky** \$ \$ Equity Index Fund (69) Municipal Bond Fund (5008) Nuveen Large Cap Growth Fund Nuveen Equity Index Fund (65) \$ \$ Nuveen Equity Long/Short Fund Nuveen Large Cap \$ \$ (5044)Responsible Equity Fund (62)* Nuveen Flexible Income Fund **Nuveen Large Cap Select Fund** \$ % \$ (5052)(2605)**Nuveen Floating Rate Income** Nuveen Large Cap Value Fund \$ \$ % Fund (5064) (85)Nuveen Georgia Nuveen Large Cap \$ \$ Municipal Bond Fund (5006) Value Opportunities Fund (5034) **Nuveen Global Dividend** Nuveen Lifecycle \$ % \$ Growth Fund (3037) Retirement Income Fund (70) **Nuveen Global Equity Income** Nuveen Lifestyle \$ \$ Aggressive Growth Fund (94) Fund (1759) **Nuveen Global Infrastructure Fund** Nuveen Lifestyle \$ \$ Conservative Fund (78) (6725)**Nuveen Global Real Estate** Nuveen Lifestyle Growth Fund (93) \$ \$ Securities Fund (7270) Nuveen Lifestyle Income Fund (77) \$ Nuveen Green Bond Fund (2608) \$ Nuveen Lifestyle Moderate Fund Nuveen High Yield Fund (95) \$ % \$ (79)Nuveen High Yield Income Fund **Nuveen Limited Term** \$ % \$ (5055)Municipal Bond Fund (5001) Nuveen High Yield Municipal Bond Nuveen Louisiana \$ Fund (5000) Municipal Bond Fund (5009) **Nuveen Inflation Linked Bond Nuveen Managed Allocation Fund** \$ \$ Fund (90) **Nuveen Intermediate Duration Nuveen Maryland** \$ % \$ **Municipal Bond Fund (5010)** Municipal Bond Fund (1170) **Nuveen International** Nuveen Massachusetts \$ \$ **Municipal Bond Fund (5011) Bond Fund** (2957) **Nuveen International** Nuveen Michigan \$ \$ Dividend Growth Fund (5068) Municipal Bond Fund (5012) **Nuveen International Nuveen Mid Cap Value** \$ \$ Opportunities Fund (6786)†† Equity Fund (61) **Nuveen Mid Cap Value Fund Nuveen International** \$ \$ Opportunities Fund (49) (87)

 $^{^{\}dagger\dagger}$ Effective 7/1/25 Mid Cap Value 1 Fund was renamed to Nuveen Mid Cap Value Opportunities Fund. (Continued)





^{*} Effective 12/13/24 the Nuveen Social Choice Low Carbon Equity Fund merged into Nuveen Large Cap Responsible Equity Fund.

^{**} Effective 2/28/25 the following name change was made: Nuveen Mid Cap Growth Opportunities Fund was renamed Nuveen Small/Mid Cap Growth Opportunities Fund.

[†] Effective 3/1/25 Nuveen Mid Cap Growth Fund was renamed to Nuveen Quant Mid Cap Growth Fund.

5. INVESTMENT ALLOCATION (CONTINUED)

A CLASS **FUND NAME (FUND CODE) AMOUNT** PERCENT FUND NAME (FUND CODE) **AMOUNT PERCENT Nuveen Minnesota Intermediate Nuveen Real Estate Securities** \$ % \$ Municipal Bond Fund (6804) Fund (817) **Nuveen Minnesota Nuveen Real Estate Securities** \$ \$ Municipal Bond Fund (6484) Select Fund (89) **Nuveen Short Duration High Yield** Nuveen Missouri \$ \$ Municipal Bond Fund (1186) Municipal Bond Fund (5026) **Nuveen Short Duration Impact Nuveen Money Market Fund (63)** \$ \$ **Bond Fund** (2609) Nuveen Multi Cap Value Fund **Nuveen Short Term Bond Fund** \$ \$ (1157)Nuveen Nebraska **Nuveen Short Term Bond Index** \$ \$ Municipal Bond Fund (5022) Fund (2797) **Nuveen Short Term Municipal Nuveen New Jersey** \$ % \$ Municipal Bond Fund (5013) **Bond Fund** (5024) **Nuveen New Mexico Nuveen Small Cap Growth** \$ \$ Municipal Bond Fund (5014) Opportunities Fund (2454) **Nuveen New York Nuveen Small Cap Select Fund** \$ \$ Municipal Bond Fund (5015) (5061)**Nuveen North Carolina Nuveen Small Cap Value Fund** \$ % \$ **Municipal Bond Fund (5016)** (6740)**Nuveen Ohio Municipal Bond Fund Nuveen Small Cap Value** \$ Opportunities Fund (5028) (5017)Nuveen Small/Mid Cap Growth **Nuveen Oregon Intermediate** \$ \$ Municipal Bond Fund (6779) Opportunities Fund (6449)** Nuveen Pennsylvania Nuveen Small/Mid Cap Value \$ \$ Municipal Bond Fund (5018) Fund (5037) **Nuveen Preferred Securities and** Nuveen Strategic Income Fund \$ \$ Income Fund (5040) (1345)**Nuveen Quant International Small Nuveen Strategic Municipal** \$ \$ Cap Equity Fund (2966) Opportunities Fund (6992) **Nuveen Quant Mid Cap Growth** Nuveen Virginia \$ % \$ Fund (86)† Municipal Bond Fund (5019) **Nuveen Quant Small Cap Equity Nuveen Winslow Large-Cap Growth** \$ Fund (88) **ESG Fund** (5049) Nuveen Quant Small/Mid Cap **Nuveen Wisconsin Municipal Bond** \$ \$ % Equity Fund (2956) Fund (5020) **Nuveen Real Asset Income Fund** \$ **Total Amount or Percentage** \$ % (6732)



^{*} Effective 12/13/24 the Nuveen Social Choice Low Carbon Equity Fund merged into Nuveen Large Cap Responsible Equity Fund.

^{**} Effective 2/28/25 the following name change was made: Nuveen Mid Cap Growth Opportunities Fund was renamed Nuveen Small/Mid Cap Growth Opportunities Fund.

[†] Effective 3/1/25 Nuveen Mid Cap Growth Fund was renamed to Nuveen Quant Mid Cap Growth Fund.

^{††} Effective 7/1/25 Mid Cap Value 1 Fund was renamed to Nuveen Mid Cap Value Opportunities Fund.

6. BANK INFORMATION							
You must complete this section if	you request the Telep	ohone Purchase F	Privileges in Se	ction 4 or the Auto	omatic Investmen	t Plan in Se	ction 7.
Type of Account Checking	Savings						
Name of Primary Bank Account C	Owner		Name of Join	nt Bank Account C)wner		
Bank Name			ABA Routing	Number			
Bank Phone Number			Bank Accour	nt Number			
ATTACH A VOIDED BA	NK CHECK OR PREP	RINTED SAVINGS	DEPOSIT SLIP	? This will ensure a	accurate bank inf	ormation.	
7. AUTOMATIC INVESTM	IENT PLAN						
If you would like to participate in below the amount to invest, the froccur on both the $1^{\rm st}$ and the $15^{\rm th}$ (Please also complete Section 6 FUND NAMES AND FUND CODES	requency, the first mo	nth to begin debi tments occur on	ting your acco	unt and the time i	nterval. Semimon	thly investm	nents
FUND NAME	FUND CODE	DOLLAR AMOU	NT	SEMI MONTHLY	START MONTH	1 ST MONTH	15™ MONTH
		\$					
		\$					
		\$					
		\$					

8. DUPLICATE STATEMENTS	1		
Please complete this section if you wi	sh someone else to receive copie	es of your statements.	
Please send a duplicate copy of my st	atement to the address below:		
First Name		MI Last Name	
Street Address		City	State Zip Code
oticet/iddiess		Oity	State Zip Gode
Doubles - Talankana - Normakan			
Daytime Telephone Number			
9. DESIGNATE YOUR BENEF	TOLADIES		
		ur dooth Vour primary hope	oficiaries will chare equally in your IDA unless
			eficiaries will share equally in your IRA unless of your IRA shall be divided proportionately
among the surviving primary beneficiar	ries. We will transfer ownership of y	our IRA to your contingent	beneficiaries only if there are no surviving
			are equally in your IRA unless you specify
different percentages below. If there are your IRA to your estate. All percentages		it beneficiaries at the time	of your death, we will transfer ownership of
, , ,		ad and no nercentages are	indicated, equal percentages totaling 100%
			uired minimum distributions after your death.
The distribution period for non-spouse	beneficiaries is generally limited to		f death. You should consult a professional tax
advisor before choosing your beneficial	ies.		
Primary Beneficiary			
First Name		MI Last Name	
Social Security Number/			
Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage
			%
Primary Beneficiary			
First Name		MI Last Name	
Social Security Number/			
Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage
			70
Contingent Beneficiary			
First Name		MI Last Name	
Social Security Number/			
Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage
			%
Contingent Beneficiary			
First Name		MI Last Name	
Social Coquetty Number /			
Social Security Number/ Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage
			%

Note: If you reside in a community property state, you may need your spouse's consent to your beneficiary designation. You may wish to seek legal advice.



10. TRUSTED CONTACTS (OPTIONAL)

Trusted contacts are people you know and trust who are at least 18 years of age and whom Nuveen Funds may contact if we have questions about your account, your well-being, or if we suspect you are the victim of fraudulent activity. See Section 11 for more information.

First Name of Contact Person Last Name Relationship Date of Birth (mm/dd/yyyy) Phone Number Email Address City State Zip Code

11. SIGNATURES - YOUR SIGNATURE(S) MUST APPEAR TO ESTABLISH THE ACCOUNT

By signing this form, I certify that I have received, read and agree to the terms of the prospectuses for the Nuveen Funds. I have the full authority and legal capacity to purchase shares of the Nuveen Funds, am of legal age in my state to purchase such shares, and believe each investment is suitable.

I authorize Nuveen Funds and their agents to act for any service authorized on this Account Application on any instructions that they believe to be genuine and that are received from me or any person claiming to act as my representative who can provide my account registration. The Nuveen Funds use reasonable procedures (including Shareholder identity verification) to confirm that instructions given by telephone are genuine and are not liable for acting on these instructions. If these procedures are not followed, the Nuveen Funds may be liable for losses due to unauthorized or fraudulent transactions.

To request assistance with accessing a prospectus, privacy policy, or business continuity policy please contact us at 800-257-8787.

- I agree that the Nuveen Funds can redeem shares from my account(s) to reimburse a Fund for any loss due to nonpayment or lack of money.
- I understand that for joint tenant accounts, "I" refers to all Shareholders, and each of the Shareholders agrees that any Shareholder has authority to act on the account without notice to the other Shareholders. Nuveen Funds, in its sole discretion, and for its protection, may require the written consent of all Shareholders prior to acting upon the instructions of any Shareholder.

Corporations or other entities must submit an original or certified resolution authorizing that the individual signing this form has the legal capacity to sign and act on behalf of the corporation/entity.

Trustee(s) Certification: I am/We are the currently acting Trustee(s) and am/are authorized by the trust agreement to purchase shares of the Nuveen Funds. All services are subject to conditions set forth in the Nuveen Funds Prospectuses.

Note: Trustee(s) must immediately notify Nuveen Funds if the trust becomes a foreign trust.

This paragraph is only applicable if you added a Trusted Contact in Section 10. I hereby authorize Nuveen Funds and its affiliates ("Nuveen Funds") to contact the person(s) I have listed above ("Contact") in the event Nuveen Funds has questions or concerns regarding my ability to handle my financial affairs (due to health-related matters or otherwise), potentially harmful financial transactions in my accounts or my whereabouts. In order to address any such questions or concerns, when speaking to my Contact, Nuveen Funds is authorized to: i. Share with the Contact nonpublic information about me and all of my investments/accounts/products/contracts held at Nuveen Funds and its affiliates now or in the future (or any other financial information I may have provided to Nuveen Funds), regardless of any previous election I have made under federal, state or other law regarding the sharing of such information; ii. Share with the Contact any concerns and details surrounding my potential financial exploitation; iii. Confirm with the Contact the specifics of my current contact information and/or health

(Continued)

TFDIA F11153 (06/25)



status; iv. Discuss with the Contact whether any other person has been designated to act on my behalf (through power of attorney, Executor, Trustee or legal guardian or otherwise); and v. Share information obtained from the Contact with its affiliates. I understand this authorization will remain in effect until I notify Nuveen Funds in writing that I am revoking or amending such authority and Nuveen Funds acknowledges the receipt of such revocation and/or amendment. Except as may be required by FINRA Rule 2165, Nuveen Funds is under no obligation to speak to, write to or otherwise interact with the Contact. Nuveen Funds is not responsible for any action taken by the Contact, and Nuveen Funds will not direct the Contact to take any particular action on my behalf. Nuveen Funds suggests that the named Contact(s) not be someone authorized to transact business on the account, or who is already otherwise able to receive the information described above. By signing, I am affirming that the trusted contact person(s) listed in this form are at least 18 years old and, to the best of my knowledge, do not work for Nuveen Funds or its affiliates.

If I am a nonresident, noncitizen of the United States, I acknowledge that the below tax certifications do not apply to me. I have provided Nuveen with an IRS Form W-8BEN within the last three years or will submit a W-8BEN prior to requesting a distribution from this account. I acknowledge that I must have a W-8BEN on file to request a distribution.

Substitute W-9 Request for Taxpayer Identification Number and Certification

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person (as defined in the form W-9 instructions); and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Please Sign Here	
Signature (Owner, Custodian, Trustee or Entity (Authorized Signer))	Today's Date (mm/dd/yyyy)
CUSTODIAN ACCEPTANCE	
UMB Bank, n.a. will accept appointment as Custodian of the Depositor's IRA. Receipt by the Depositud shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment.	•
UMB BANK, N.A., CUSTODIAN	
Ву	Date (mm/dd/yyyy)



RETURN COMPLETED FORM(S) TO:

Please return ALL numbered pages, including any pages you did not need to complete.

STANDARD MAIL: OVERNIGHT:

Nuveen Funds
P.O. Box 219140

OVERNIGHT:

Nuveen Funds
801 Pennsylvania Ave

Kansas City, MO 64121-9140 Suite 219140

Kansas City, MO 64105-1307





LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION FORM

To get started, simply complete the following sections, and return with the appropriate documentation as listed below. Please send your signed and completed form to Nuveen Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. If you have any questions regarding completion of this form, please contact Nuveen Funds at 800-257-8787.

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ENTITY ACCOUNT

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information about the "beneficial owners" of business applicants. Businesses can be abused to disguise involvement in terrorist financing, money laundering, tax evasion, corruption, fraud, and other financial crimes. Requiring the disclosure of key individuals who own or control a legal entity (i.e., the beneficial owners) helps law enforcement investigate and prosecute these crimes.

What this means for you: This form requires you to provide the name, address, date of birth and Social Security number (or passport number or other similar information, in the case of non-U.S. persons) for the such individuals (i.e., the **beneficial owners**). This information will be verified to ensure the identity of all individuals opening a mutual fund account. Until you provide the information we need, we may not be able to open an account or effect any transactions for you.

DEFINING OWNERSHIP

- Beneficial owner: Any natural person who, directly or indirectly, owns 25% or more of the legal entity customer.
- Control person: An individual with significant responsibility to control, manage, or direct the legal entity. This includes a member of the organization with control (including chief executive officer, chief financial officer, chief operating officer, managing member, general partner, president, vice president, or treasurer) and a controlling stake in the organization.

This form requires you to provide the information mentioned above for all of the entity's beneficial owners, including individuals in a control role in the organization.

The number of individuals that satisfy this definition of "beneficial owner" may vary. Under Section 3, depending on the factual circumstances, up to four individuals (but as few as zero) may need to be identified. Regardless of the number of individuals identified under Section 3, you must provide the identifying information of one individual under Section 2. It is possible that in some circumstances, the same individual might be identified under both sections (e.g., the president of Acme, Inc., who is a controlling person may also be a beneficial owner by holding 30% equity interest in the company). Thus, a completed form will contain the identifying information of at least one individual under Section 2, and up to four individuals in Section 3.

Please note this form must be completed along with the appropriate Nuveen Funds Account Application or Adoption Agreement.

Please contact Nuveen Funds at 800-257-8787, if you need assistance obtaining one of these forms:

- Nuveen Funds Account Application (F11154)
- Nuveen Funds Account Application (Non-Retail Class Only) (F11488)
- Nuveen Funds Account Application Advisor Funds (F11624)
- Nuveen Funds Traditional and Roth IRAs New Account Form/Adoption Agreement (F11153)

RETURN COMPLETED FORM(S) TO:

Please return ALL numbered pages, including any pages you did not need to complete.

STANDARD MAIL: OVERNIGHT:

Nuveen Funds

P.O. Box 219140

Kansas City, MO 64121-9140

OVERNIGHT:

Nuveen Funds

801 Pennsylvania Ave

Suite 219140

Kansas City, MO 64105-1307





NUVEEN FUNDS LEGAL ENTITY BENEFICIAL OWNERSHIP CERTIFICATION FORM

Page 1 of 3

1. INDIVI	DUAL OPENING THE	ACCOUNT ON	BEHALF OF 1	HE LE	GAL ENTITY	(REQU	IIRED)	
A. NAME AND	O TITLE OF NATURAL PERSO	N OPENING THE A	CCOUNT (Must pro	vide sign	nature in box und	er Certif	ication Se	ction 4)
Prefix	First Name			MI La	ast Name			
Social Securi		5 . (5)			5 W D I			
laxpayer Ider	ntification Number	Date of Birth (nmddyyyy)		Entity Role			
Mailing Addre	ess		Ci	ty			State	Zip Code
B. LEGAL FN	TITY INFORMATION (for which	ch the Account is h	eing opened)					
Name of Enti	•		ome opomou)					
Name of Life	i.y							
Entity's Maili	ng Address		Ci	ty			State	Zip Code
Please cl	heck this box if you are upd	ating the informat	on in Section 2 or	Section 3	3,	Accou	unt Numb	er
and fill ir	n the existing account numb	er.						
2 CONTR	OL PERSON (REQUIF	PED)						
	must be named here.	(LD)						
	itrol Person (First, MI, Last)		Date of Birth (mm	/dd/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		Social	Security N	Jumher
Nume or com	100 1 013011 (1 113t, 1411, Lu3t)			/ [Oddian		
Residential A	ddress		Ci	tv			State	Zip Code
				-7				, , , , , , , , , , , , , , , , , , ,
Oities as bis =								() ID
	or foreign owners, one of the follow			mber with c	ountry of issuance al	ong with a	a photocopy	of the ID.
U.S.	Resident Non-U.S. Citizer	Nonreside	nt Non-U.S. Citizen		(Specify co	ountry)	
Non-U.S. Citiz	zen ID or Passport Number							



Page 2 of 3 3. BENEFICIAL OWNER INFORMATION (REQUIRED) Any individual who, directly or indirectly, owns 25% or more of the equity interest of the legal entity named above. (If no individual meets this definition, please write "Not Applicable.") A. Name (First, MI, Last) Date of Birth (mm/dd/yyyy) Social Security Number Residential Address City State Zip Code Citizenship For foreign owners, one of the following must be provided: Non-U.S. Citizen ID or passport number with country of issuance along with photocopy of ID. U.S. Nonresident Non-U.S. Citizen Resident Non-U.S. Citizen (Specify country) Non-U.S. Citizen ID or Passport Number B. Name (First, MI, Last) Date of Birth (mm/dd/yyyy) Social Security Number Residential Address City State Zip Code Citizenship For foreign owners, one of the following must be provided: Non-U.S. Citizen ID or passport number with country of issuance along with photocopy of ID. U.S. Resident Non-U.S. Citizen Nonresident Non-U.S. Citizen (Specify country) Non-U.S. Citizen ID or Passport Number Date of Birth (mm/dd/yyyy) C. Name (First, MI, Last) Social Security Number Residential Address City Zip Code State Citizenship For foreign owners, one of the following must be provided: Non-U.S. Citizen ID or passport number with country of issuance along with photocopy of ID. U.S. Resident Non-U.S. Citizen Nonresident Non-U.S. Citizen (Specify country) Non-U.S. Citizen ID or Passport Number D. Name (First, MI, Last) Date of Birth (mm/dd/yyyy) Social Security Number Residential Address City State Zip Code Citizenship For foreign owners, one of the following must be provided: Non-U.S. Citizen ID or passport number with country of issuance along with photocopy of ID.

Nonresident Non-U.S. Citizen



(Specify country)

U.S.

Resident Non-U.S. Citizen

Non-U.S. Citizen ID or Passport Number

4	. CERTIFICATION (REQUIRED)	
I		hereby certify, as the natural person opening the account, to the best of my
k	nowledge, that the information provided above is complete	and correct. Further, I agree to notify Nuveen Funds immediately in writing of

By signing this form, investor(s) acknowledges that neither Nuveen Funds nor any affiliate or service provider to Nuveen Funds has provided the investor(s) with advice, recommendations or suggestions as to any specific investment decisions. Investors in Nuveen Funds are urged to consult their own advisors before making investment-related decisions, including but not limited to, those related to transfer or rollover from retirement plans, purchase or sale of investments, selection or retention of investment managers, or selection of account beneficiaries.

Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and (3) I am a U.S. citizen or other U.S. person; and (4) the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

DDIMADV	AUTHORIZED	INIDIMIDITAL
PRIIVIART	AUTHURIZED	INIJIVIIJUAI

Your Signature	Today's Date (mm/dd/yyyy)
	/ 20

CHECKLIST

Remember to:

Complete Section 1 with individual and entity information.

any changes in the beneficial ownership interest of the above referenced organization.

- Complete Section 2 with controlling party information.
- Complete Section 3 with beneficial owner information.
- Complete the certification in Section 4.
- Complete the appropriate new Account Application and Adoption Agreement and mail in with this form.
- Include any supporting documentation required.
- Make a copy of this form for your records.
- Please contact Nuveen Funds with any questions at 800-257-8787.

