NUVEEN FUNDS

nuveen A TIAA Company

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

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 selection of account beneficiaries.

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.

1. ACCOUNT REGISTRATION (REQUIRED) Owner's Name Please print or type. Prefix First Name MI Last Name Name of Entity If you are opening an entity account as beneficiary due to death of the owner in this section and you are an authorized signer, you must complete the Nuveen Funds Legal Entity Beneficial Ownership Certification Form F40212 in order for the account to be established along with this form. Social Security Number/ Date of Birth (mm/dd/yyyy) Taxpayer Identification Number Citizenship For foreign accounts, one of the following must be provided: 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) Nonresident ID or Passport Number Address Street or P.O. Box (APO and FPO addresses will be accepted) City Zip Code State

(Continued)

TFDIA F11153 (11/25)



L. ACCOUNT REGIS	TRATION (REQUIRED) (COI	NTINUED)	
ddress (If the above address i	is a P.O. Box, you must also provide a street	t address) City State	Zip Code
trimary Dhono Numbor	Phone Number Type	Secondary Phone Number Phone Number T	- I
rimary Phone Number			Home Business
li i Di Ni I			Trome Business
Iternate Phone Number	Phone Number Type Mobile Home Bus	Email Address iness	
	Mobile Hollie Bus		
roker-Dealer		Branch Number (if known) Representativ	ve Number (if known
or Custodial IDAs Only			
or Custodial IRAs Only ustodian's Name			
ISLOUIAITS INAITIE			
cial Security Number/ xpayer Identification Num tizenship For foreign account	/ _	nm/dd/yyyy) D or passport number with country of issuance along with photocopy or	f ID.
U.S. Resident No	on-U.S. Citizen Nonresident,	Non-U.S. Citizen	(Specify country)
Nonresiden	t ID or Passport Number		
ddress If different than above.		City State	Zip Code
aurooo ii umorone alan aboro.			
rimary Phone Number	Phone Number Type	Secondary Phone Number Phone Number T	jype
	Mobile Home Bus	iness Mobile	Home Busines
ternate Phone Number	Phone Number Type	Email Address	
	Mobile Home Bus	iness	
. TYPE OF IRA			
	ate boxes in 2A, 2B, 2C or 2D, and	provide the information specified for your investment typ	e.
TRADITIONAL IRA ONLY		,	
New Contribution to a	Nuveen Funds Traditional IRA for ta	ax year	
Transfer from an existin	ng Traditional IRA or a direct rollove	r from a retirement plan	
Indirect Rollover			
or indirect IRA rollovers, p	please check the box that correspo	ands to the source of money now being rolled over:	
Traditional Contributory	/ IRA	Traditional Rollover IRA (established only	with funds received
Roth Contributory IRA		from retirement plan distributions)	
		Retirement Plan	
Roth Conversion IRA (rontinued)	not included under SECURE Act)		

TFDIA F11153 (11/25)



2. TYPE OF IRA (CONTINUED)

B. 1.

2.

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.

INHERITED FUNDS (CHECK ONE BOX IN SECTION 1 AND 2):		
Opening the Following Account Type:		
Traditional IRA OR Roth IRA		
Please identify your beneficiary relationship with the original owner of the beneficiary type. If you need further guidance, contact your tax advisor. Not additionally complete the Installment Distributions/Required Minimum D	te: If you select a beneficiary typ Distribution section.	oe marked by an asterisk (*), you must
The SECURE Act modified the Internal Revenue Code definition of a retirement account be distributing assets from an inherited retirement account. This in turn impacts when an inle property law. As a result, we need to confirm your beneficiary type in the relation to the of inherited retirement account from being considered abandoned, we recommend you mai contacting customer service.	herited retirement account is considere original owner from whom you inherited	ed abandoned under a state's unclaimed the retirement account. To prevent your
Name of Decedent	Value of account as of 12/31 of prior year	PIN (Nuveen Clients Only)
indine of Bosecont	\$	THY (Naveshi Ghenia Giny)
Decedent's Date of Birth (mm/dd/yyyy)		
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 Dece	edent (DCD) IRA	
Non-Spouse beneficiary registering account as a Decedent (DC Note: The SECURE Act now requires most non-spouse beneficiary year after the year of death of the IRA owner. You should discuss	aries to receive the balance in an	-
II. Designated Beneficiary		
If you are opening an entity account as beneficiary due to death of t complete the Nuveen Funds Legal Entity Beneficial Ownership Certif with this form.		
III. Non-Designated Beneficiary		

(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.					
First Generation Designated Beneficiary Select this option if y of deceased, child over the age of 18.)	First Generation Designated Beneficiary Select this option if you are not eligible for Life Expectancy (sibling of deceased, grandchild of deceased, child over the age of 18.)				
INHERITING FROM A BENEFICIARY (NOT THE ORIGINAL OWNER):					
The previous beneficiary:					
	Last Name				
Date of Birth (mm/dd/yyyy) Date of Death (mm/dd/	(yyyy)				
	s Eligible Designated Sole Spouse Beneficiary* (2 nd or > Gen EDB-Sole greater beneficiary when the first generation beneficiary was an Eligible				
	s Eligible Designated Minor of Deceased Owner* (2 nd or > Gen EDB- eater beneficiary when the first generation beneficiary was a minor son er.				
	s Eligible Designated Beneficiary – Other* (2 nd or > Gen EDB-Other) eneficiary when the first generation beneficiary was eligible for Life direct decedent of the original account owner.				
	s a Designated Beneficiary (2nd or > Gen DB) Select this option if first 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)Value Fund (1159) **Nuveen Emerging Markets Nuveen Kansas** \$ \$ **Debt Fund** (2794) Municipal Bond Fund (5007) **Nuveen Emerging Markets Nuveen Kentucky** \$ \$ Equity Fund (67) Municipal Bond Fund (5008) **Nuveen Emerging Markets** Nuveen Large Cap Growth Fund \$ \$ Equity Index Fund (69) **Nuveen Large Cap** Nuveen Equity Index Fund (65) \$ \$ Responsible Equity Fund (62)* Nuveen Equity Long/Short Fund **Nuveen Large Cap Select Fund** \$ \$ (5044)(2605)Nuveen Flexible Income Fund Nuveen Large Cap Value Fund \$ % \$ (5052)(85)**Nuveen Floating Rate Income** Nuveen Large Cap \$ \$ Value Opportunities Fund (5034) Fund (5064) Nuveen Georgia Nuveen Lifecycle \$ \$ Municipal Bond Fund (5006) Retirement Income Fund (70) **Nuveen Global Dividend** Nuveen Lifestyle \$ \$ Aggressive Growth Fund (94) Growth Fund (3037) **Nuveen Global Equity Income** Nuveen Lifestyle \$ \$ Conservative Fund (78) Fund (1759) **Nuveen Global Infrastructure Fund** \$ Nuveen Lifestyle Growth Fund (93) \$ (6725)**Nuveen Global Real Estate** Nuveen Lifestyle Income Fund (77) \$ \$ Securities Fund (7270) Nuveen Lifestyle Moderate Fund Nuveen Green Bond Fund (2608) \$ \$ **Nuveen Limited Term** Nuveen High Yield Fund (95) \$ \$ Municipal Bond Fund (5001) Nuveen High Yield Income Fund Nuveen Louisiana \$ \$ (5055)Municipal Bond Fund (5009) Nuveen High Yield Municipal Bond **Nuveen Managed Allocation Fund** \$ % Fund (5000) (99)**Nuveen Inflation Linked Bond Nuveen Maryland** \$ \$ Fund (90) **Municipal Bond Fund (5010) Nuveen Intermediate Duration Nuveen Massachusetts** \$ % \$ Municipal Bond Fund (1170) Municipal Bond Fund (5011) **Nuveen International** Nuveen Michigan \$ \$ **Municipal Bond Fund (5012) Bond Fund** (2957) **Nuveen International Nuveen Mid Cap Value** \$ \$ Equity Fund (61) Opportunities Fund (6786)†† **Nuveen Mid Cap Value Fund Nuveen International** \$ \$ Opportunities Fund (49) **Nuveen International** Nuveen Minnesota Intermediate % \$ \$ Responsible Equity Fund (2762) Municipal Bond Fund (6804)

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



^{*} 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 Teleph	one Purchase F	Privileges in Sec	tion 4 or the Auto	matic Investmen	t Plan in Se	ction 7.
Type of Account Checking S	avings						
Name of Primary Bank Account Owner			Name of Joint	t Bank Account Ov	wner		
Bank Name			ABA Routing I	Number			
Bank Phone Number			Bank Account	t Number			
ATTACH A VOIDED BANK C	HECK OR PREPRI	NTED SAVINGS	DEPOSIT SLIP.	This will ensure ac	ccurate bank inf	ormation.	
7. AUTOMATIC INVESTMENT	PLAN						
If you would like to participate in the N below the amount to invest, the freque occur on both the $1^{\rm st}$ and the $15^{\rm th}$, while (Please also complete Section 6.) FUND NAMES AND FUND CODES ARE	ncy, the first mont le monthly investm	h to begin debi nents occur on	ting your accou	nt and the time in	terval. Semimon	thly investm	nents
FUND NAME	FUND CODE	DOLLAR AMOU	NT	SEMI MONTHLY	START MONTH	1 ST MONTH	15™ MONT
		\$					
		\$					
		\$					
		\$					
						7	

8. DUPLICATE STATEMENTS			
Please complete this section if you wi	sh someone else to receive copie	s of your statements.	
Please send a duplicate copy of my s	tatement to the address below:		
First Name		MI Last Name	
Street Address		City	State Zip Code
Street Address		City	State Zip code
Doubles - Talankan - Namakan			
Daytime Telephone Number			
9. DESIGNATE YOUR BENEF	ICIARIES		
We will transfer ownership of your IRA to	your primary beneficiaries upon yo	ur death. Your primary bene	eficiaries will share equally in your IRA unless
you specify different percentages below	v. If a primary beneficiary predecea	ases you, his or her share o	of your IRA shall be divided proportionately
			beneficiaries only if there are no surviving
			are equally in your IRA unless you specify of your death, we will transfer ownership of
your IRA to your estate. All percentages		t beneficialies at the time	or your death, we will transfer ownership or
Note: If more than one primary and/or	contingent beneficiary is designate		indicated, equal percentages totaling 100%
			uired minimum distributions after your death.
The distribution period for non-spouse advisor before choosing your beneficia		10 years after the year of	death. You should consult a professional tax
	1100.		
Primary Beneficiary First Name		MI Last Name	
That Name		IVII LASE IVAING	
Social Security Number/ Taxpayer Identification Number	Data of Pirth (many (dd (many)	Relationship	Percentage
laxpayer identification number	Date of Birth (mm/dd/yyyy)	Relationship	
			%
Primary 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 Security Number/			
Taxpayer Identification Number	Date of Birth (mm/dd/yyyy)	Relationship	Percentage
Contingent Beneficiary			
First Name		MI Last Name	
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)

EUD UMNIED

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	
Mailing 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 (11/25)



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)
	/ 20
CUSTODIAN ACCEPTANCE	
UMB Bank, n.a. will accept appointment as Custodian of the Depositor's IRA. Receipt by the Deposit fund shares indicated above will serve as notification of UMB Bank, n.a.'s acceptance of appointment as Custodian of UMB Bank, n.a.'s acceptance of appointment as Custodian of UMB Bank, n.a.'s acceptance of appointment as Custodian of the Depositor's IRA.	•
UMB BANK, N.A., CUSTODIAN	
Ву	Date (mm/dd/yyyy)
	/ 20



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

Prefix First Name	MI	Last Name
Social Security Number/		
Taxpayer Identification Number	Date of Birth (mmddyyyy)	Entity Role
Mailing Address	City	State Zip Code
3. LEGAL ENTITY INFORMATION (for w	hich the Account is being opened)	
Name of Entity	milion the Account is being opened)	
value of Lifety		
Totity's Mailing Address	City	Ctata 7in Coda
Entity's Mailing Address	City	State Zip Code
	pdating the information in Section 2 or Sec	tion 3, Account Number
Please check this box if you are u and fill in the existing account nu	-	tion 3, Account Number
and fill in the existing account nu	mber.	tion 3, Account Number
and fill in the existing account nu	mber.	tion 3, Account Number
	JIRED)	
and fill in the existing account numbers. 2. CONTROL PERSON (REQUAN individual must be named here.	JIRED)	
and fill in the existing account numbers. 2. CONTROL PERSON (REQUAN individual must be named here. Name of Control Person (First, MI, Las	JIRED)	
and fill in the existing account numbers. 2. CONTROL PERSON (REQUAN individual must be named here.	JIRED) st) Date of Birth (mm/dd,	/yyyy) Social Security Number
and fill in the existing account numbers. 2. CONTROL PERSON (REQUAN individual must be named here. Name of Control Person (First, MI, Lasters). Residential Address	mber. JIRED) st) Date of Birth (mm/dd,	/yyyy) Social Security Number / State Zip Code
and fill in the existing account numbers. 2. CONTROL PERSON (REQUAN individual must be named here. Name of Control Person (First, MI, Lasters). Residential Address	mber. JIRED) st) Date of Birth (mm/dd, City Illowing must be provided: Alien ID or passport number	/yyyy) Social Security 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
PRIIVIARY	AUTHURIZED	IIVIJIVIIJUAI

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.

