

A TIAA Company

# NUVEEN FUNDS ACCOUNT APPLICATION

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Please send your signed and completed application to Nuveen Funds per the Return Completed Forms section below or in the enclosed postagepaid 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) Please print or ty	pe. Check ONE box only.				
Individual	Transfer on Death (TOD) (select one) Individual Joint				
Joint Account (Joint Owners have rights of survivorship unless you indicate	(add your beneficiary designation in section 11.)				
otherwise.)	Estate				
Uniform Gifts to Minors (UGMA) or Uniform Transfers to Minors	Trusts (Please attach the initial page(s) of the trust agreement identifying the parties to the trust and the signature page(s). Foreign trusts are not				
(UTMA) State	permitted to have shareholder accounts.)				
If you are opening any of the accounts in the section below, you must co Ownership Certification F40214 in order for the account to be establish	•				
Corporation (A copy of the certified articles of incorporation and business license of the corporation must be attached. Please also select S or C	Statutory Trust (The initial page(s) of the trust agreement identifying the parties to the trust, the date, and the signature page(s) must be attached.)				
Corporation	Nonprofit, Foundation or Other $501(c)(3)$ (Copy of the articles of incorporation must be attached.)				
Limited Liability Company	Unincorporated Association				
Partnership (Copy of the partnership agreement must be attached.)	Other If you select other, please specify and include any other applicable documents.:				
Check below if exempt from verification due to:					
Financial institution regulated by a federal functional regulator	Bank regulated by a state bank regulator				
Publicly traded corporation Ticker/Symbol	Sole Proprietorship				
Name of Individual, Custodian (one per account), Entity, or Trust					
Prefix First Name	MI Last Name				
Name of Entity or Trust					
Name of Entity or Trust					
Social Security Number/					
Taxpayer Identification Number Date of Birth (mmddyyyy)					
(Continued)					

(Continued)



1. ACCOUNT REGISTRATION (REQUIRED) (CONTINUED)		
Name of Individual, Custodian (one per account), Entity, or Trust (continued)		
Address (If the below address is a P.O. Box, you must also provide a street address)	City	State Zip Code
Address Street or P.O. Box (APO and FPO addresses will be accepted)	City	State Zip Code
Are you an existing Nuveen Funds Shareholder? Yes No		
If yes, please list ONE of your Nuveen Funds' Account Numbers		
Citizenship For foreign accounts, one of the following must be provided: non-U.S. citizen II	D or passport number with country of issuance	along with photocopy of ID.
U.S. Resident Non-U.S. Citizen Nonresident, Non-U.S. Citizen	zen	(Specify country)
Non-U.S. Citizen ID or Passport Number		
Primary Phone Number Phone Number Type Sec	ondary Phone Number Phone Nu	mber Type
Mobile Home Business	Mobil	e Home Business
Alternate Phone Number Phone Number Type Ema	ail Address	
Mobile Home Business		
Check One:		
	ity (Authorized Signer) Executor	
For additional trustees, or executors, please attach a separate piece of pa		
Prefix First Name	MI Last Name	
Role of Entity - Authorized Signer		
Social Security Number/ Taxpayer Identification Number Date of Birth (mm/dd/yyyy)		
Taxpayer Identification Number Date of Birth (mm/dd/yyyy)		

(Continued)



1. ACCOUNT REGISTRATION (REQUIRED) (CONTINU	JED)	
Joint Owner, Minor, Trustee(s) Mailing Address (Only required if different	from owner's street address)	
Address Street or P.O. Box (APO and FPO addresses will be accepted)	City	State Zip Code
Address (If the above address is a P.O. Box, you must also provide a street address	s) City	State Zip Code
Citizenship For foreign accounts, one of the following must be provided: non-U.S. of	citizen ID or passport number with country	of issuance along with photocopy of ID.
U.S. Resident Non-U.S. Citizen Nonresident, Non-U.		(Specify country)
Non-U.S. Citizen ID or Passport Number		
Primary Phone Number Type	Secondary Phone Number	Phone Number Type
Mobile Home Business		Mobile Home Business
Alternate Phone Number Phone Number Type	Email Address	
Mobile Home Business		
Broker-Dealer Information		
Broker-Dealer	Branch Number (if known)	Representative Number (if known)
Financial Advisor Name		
Financial Advisor Street Address	City	State Zip Code
Financial Advisor Telephone Number Financial Advisor Email Advisor Financial Financia Financial Financial Financial Financial Financial Financial	dress	

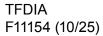


# 2. INITIAL INVESTMENT

Be sure to read the current prospectuses carefully before investing. The minimum investment per fund is \$2,500 unless you plan to participate in our Automatic Investment Plan. (See Section 9.) The minimum initial investment for a UGMA or UTMA account is also \$2,500 per fund. Please indicate below the amount to be invested per fund.

A CLASS									
FUND NAME (FUND CODE)	AMOUNT	PERCENT		FUND NAME (FUND CODE)	AMOL	JNT P	ERCE	TV	
Nuveen 5-15 Year Laddered Tax Exempt Bond Fund (98)	\$		%	Nuveen Floating Rate Income Fund (5064)	\$				%
Nuveen All-American Municipal Bond Fund (1167)	\$		%	Nuveen Georgia Municipal Bond Fund (5006)	\$				%
Nuveen Arizona Municipal Bond Fund (5002)	\$		%	Nuveen Global Dividend Growth Fund (3037)	\$				%
Nuveen Bond Index Fund (91)	\$		%	Nuveen Global Equity Income Fund (1759)	\$				%
Nuveen California High Yield Municipal Bond Fund (1780)	\$		%	Nuveen Global Infrastructure Fund (6725)	\$				%
Nuveen California Municipal Bond Fund (5003)	\$		%	Nuveen Global Real Estate Securities Fund (7270)	\$				%
Nuveen Colorado Municipal Bond Fund (5004)	\$		%	Nuveen Green Bond Fund (2608)	\$				%
Nuveen Connecticut Municipal Bond Fund (5005)	\$		%	Nuveen High Yield Fund (95)	\$				%
Nuveen Core Bond Fund (66)	\$		%	Nuveen High Yield Income Fund (5055)	\$				%
Nuveen Core Equity Fund (64)	\$		%	Nuveen High Yield Municipal Bond Fund (5000)	\$				%
Nuveen Core Impact Bond Fund (45)	\$		%	Nuveen Inflation Linked Bond Fund (90)	\$				%
Nuveen Core Plus Bond Fund (96)	\$		%	Nuveen Intermediate Duration Municipal Bond Fund (1170)	\$				%
Nuveen Credit Income Fund (6942)	\$		%	Nuveen International Bond Fund (2957)	\$				%
Nuveen Dividend Growth Fund (5031)	\$		%	Nuveen International Equity Fund (61)	\$				%
Nuveen Dividend Value Fund (6759)	\$		%	Nuveen International Opportunities Fund (49)	\$				%
Nuveen Emerging Markets Debt Fund (2794)	\$		%	Nuveen International Responsible Equity Fund (2762)	\$				%
Nuveen Emerging Markets Equity Fund (67)	\$		%	Nuveen International Value Fund (1159)	\$				%
Nuveen Emerging Markets Equity Index Fund (69)	\$		%	Nuveen Kansas Municipal Bond Fund (5007)	\$				%
Nuveen Equity Index Fund (65)	\$		%	Nuveen Kentucky Municipal Bond Fund (5008)	\$				%
Nuveen Equity Long/Short Fund (5044)	\$		%	Nuveen Large Cap Growth Fund (68)	\$				%
Nuveen Flexible Income Fund (5052)	\$		%	Nuveen Large Cap Responsible Equity Fund (62)*	\$				%

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





<sup>\*</sup> Effective 12/13/24 the Nuveen Social Choice Low Carbon Equity Fund merged into Nuveen Large Cap Responsible Equity Fund.

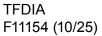
<sup>\*\*</sup> Effective 2/28/25 the following name change was made: Nuveen Mid Cap Growth Opportunities Fund was renamed Nuveen Small/Mid Cap Growth Opportunities Fund.

<sup>&</sup>lt;sup>†</sup> Effective 3/1/25 Nuveen Mid Cap Growth Fund was renamed to Nuveen Quant Mid Cap Growth Fund.

# 2. INITIAL INVESTMENT (CONTINUED)

A CLASS	ANACHAIT	DEDOCAL	FUND MAME (FUND CODE)	AMOUNT	DEDOCAL
FUND NAME (FUND CODE)	AMOUNT	PERCENT	FUND NAME (FUND CODE)	AMOUNT	PERCENT
Nuveen Large Cap Select Fund (2605)	\$	%	Nuveen Nebraska Municipal Bond Fund (5022)	\$	%
Nuveen Large Cap Value Fund (85)	\$	%	Nuveen New Jersey Municipal Bond Fund (5013)	\$	%
Nuveen Large Cap Value Opportunities Fund (5034)	\$	%	Nuveen New Mexico Municipal Bond Fund (5014)	\$	%
Nuveen Lifecycle Retirement Income Fund (70)	\$	%	Nuveen New York Municipal Bond Fund (5015)	\$	%
Nuveen Lifestyle Aggressive Growth Fund (94)	\$	%	Nuveen North Carolina Municipal Bond Fund (5016)	\$	
Nuveen Lifestyle Conservative Fund (78)	\$		Nuveen Ohio Municipal Bond Fund (5017)	\$	
Nuveen Lifestyle Growth Fund (93)	\$	<u> </u>	Nuveen Oregon Intermediate Municipal Bond Fund (6779)	\$	
Nuveen Lifestyle Income Fund (77)	\$	%	Nuveen Pennsylvania Municipal Bond Fund (5018)	\$	%
Nuveen Lifestyle Moderate Fund (79)	\$		Nuveen Preferred Securities and Income Fund (5040)	\$	
Nuveen Limited Term Municipal Bond Fund (5001)	\$	%	Nuveen Quant International Small Cap Equity Fund (2966)	\$	%
Nuveen Louisiana Municipal Bond Fund (5009)	\$	%	Nuveen Quant Mid Cap Growth Fund (86)†	\$	%
Nuveen Managed Allocation Fund (99)	\$	%	Nuveen Quant Small Cap Equity Fund (88)	\$	%
Nuveen Maryland Municipal Bond Fund (5010)	\$	%	Nuveen Quant Small/Mid Cap Equity Fund (2956)	\$	
Nuveen Massachusetts Municipal Bond Fund (5011)	\$	%	Nuveen Real Asset Income Fund (6732)	\$	%
Nuveen Michigan Municipal Bond Fund (5012)	\$	<u> </u>	Nuveen Real Estate Securities Fund (817)	\$	
Nuveen Mid Cap Value Opportunities Fund (6786)††	\$	%	Nuveen Real Estate Securities Select Fund (89)	\$	
Nuveen Mid Cap Value Fund (87)	\$	%	Nuveen Short Duration High Yield Municipal Bond Fund (5026)	\$	%
Nuveen Minnesota Intermediate Municipal Bond Fund (6804)	\$		Nuveen Short Duration Impact Bond Fund (2609)	\$	
Nuveen Minnesota Municipal Bond Fund (6484)	\$	<u> </u>	Nuveen Short Term Bond Fund (97)	\$	
Nuveen Missouri Municipal Bond Fund (1186)	\$	<u> </u>	Nuveen Short Term Bond Index Fund (2797)	\$	
Nuveen Money Market Fund (63)	\$	<u> </u>	Nuveen Short Term Municipal Bond Fund (5024)	\$	
Nuveen Multi Cap Value Fund (1157)	\$	%	Nuveen Small Cap Growth Opportunities Fund (2454)	\$	%

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





<sup>\*</sup> Effective 12/13/24 the Nuveen Social Choice Low Carbon Equity Fund merged into Nuveen Large Cap Responsible Equity Fund.

<sup>\*\*</sup> 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.

 $<sup>^\</sup>dagger\,$  Effective 3/1/25 Nuveen Mid Cap Growth Fund was renamed to Nuveen Quant Mid Cap Growth Fund.

# 2. INITIAL INVESTMENT (CONTINUED)

A CLASS						
FUND NAME (FUND CODE)	AMOUNT	PERCENT	FUND NAME (FUND CODE)	AMOUNT	PERCENT	
Nuveen Small Cap Select Fund (5061)	\$	9	Nuveen Strategic Income Fund (1345)	\$		%
Nuveen Small Cap Value Fund (6740)	\$	9	Nuveen Strategic Municipal Opportunities Fund (6992)	\$		%
Nuveen Small Cap Value Opportunities Fund (5028)	\$	9	Nuveen Virginia Municipal Bond Fund (5019)	\$		%
Nuveen Small/Mid Cap Growth Opportunities Fund (6449)**	\$	9	Nuveen Winslow Large-Cap Growth ESG Fund (5049)	\$		%
Nuveen Small/Mid Cap Value Fund (5037)	\$	9	Nuveen Wisconsin Municipal Bond Fund (5020)	\$		%
			Total Amount or Percentage	\$		%
Please indicate payment method b	elow (U.S. dolla	ars only):	Wire D	Pate (mm/dd/yyyy)		
Check made payable to Nuveen	Funds	ire assets directly. (S	See prospectuses for instructions.)	/ / _2	0	
Payment from other Nuveen ac	count: (Payments	under \$2,500 will be re	eturned.)			
Existing Mutual Fund acco	unt number					
(Complete the Redemption and Transfe	er Form for Non-IRA	Accounts F11416)				
Existing other Nuveen acco	ount					
(Please complete required paperwork	and direct funds to	the new account.)				

Please note: Third-party checks 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 noncorporate accounts.



<sup>\*</sup> Effective 12/13/24 the Nuveen Social Choice Low Carbon Equity Fund merged into Nuveen Large Cap Responsible Equity Fund.

<sup>\*\*</sup> 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.

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<sup>&</sup>lt;sup>††</sup> Effective 7/1/25 Mid Cap Value 1 Fund was renamed to Nuveen Mid Cap Value Opportunities Fund.

3. COST BASIS ELECTION METHOD (CHOOSE ONE.)									
Please select <b>one</b> of the cost basis determination methods from the list be Average Cost will be recorded as your Cost Basis Method. If you select the secondary cost basis method; otherwise, you will be defaulted into First In	Specific Lot Identification method, you are required to select a								
ACST – Average Cost: A method that calculates the gain/loss by adding up the number of shares owned as well as the total dollar amount of the shares; the dollar amount is divided by the number of shares. The average price of covered securities is calculated separately from noncovered securities, as if they were in two accounts.									
FIFO - First In First Out: A standing order to sell the oldest shares in the	the account first.								
LIFO – Last In First Out: A standing order to sell the newest shares in t	the account first.								
HCFO - High Cost First Out: A standing order to sell the most expensive	ive shares in the account first.								
LCFO - Low Cost First Out: A standing order to sell the least expensive	e shares in the account first.								
LGUT - Loss/Gain Utilization: A method that evaluates losses and gains conjunction with a holding period.	ns and then systemically selects lots based on that gain/loss in								
SLID - Specific Lot Identification: The shareholder designates specific	c shares for each redemption.								
Secondary Reporting Method Required (SLID only)									
4. DUPLICATE STATEMENTS									
Complete this section if you wish someone else to receive copies of your s	statements.								
Please send a duplicate copy of my statement to the address below:									
First Name	MI Last Name								
Street Address	City State Zip Code								
Daytime Telephone Number									



#### 5. TELEPHONE OPTIONS

These services allow you to invest, redeem or exchange by telephone or web among your identically registered accounts. You will also have access to your account through the Automated Telephone Service (ATS) and the Internet. See the Nuveen Funds prospectuses for details. These services will be automatically added to your account unless you check **No** below.

### **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 8.

#### Telephone Exchange

This option permits exchanges among Nuveen Funds with the same account registrations (\$50 minimum to an existing account/\$2,500 minimum to a new account or UGMA/UTMA account).

#### **Telephone Redemption**

This option lets you redeem shares by telephone. The proceeds may be mailed to your account address, transferred to your bank by ACH, or wired to your bank account (\$5,000 minimum for wire).

For ACH or wire transactions, please complete Section 8.

If you do not want telephone options check this box No									
	_								
6. DISTRIBUTION 0	PTIONS								
Unless you choose an optio	n below, all dividends and cap	ital gains will be reinvested. See the p	prospectuses for other available distribution options.						
Dividends in Cash	Capital Gains in Cash	Check to Address on Record	Automated Clearing House (ACH) to Bank on						
			File (Section 8 must be completed.)						
Note: Whatever ontion is s	elected for dividends, short-to	erm canital gains will automatically	use the same method						

#### 7. CHECK WRITING PRIVILEGES—SIGNATURE CARD FOR MONEY MARKET FUND ONLY

For Money Market Fund only: Complete this section for check writing privileges. All Shareholders must sign below. However, only one signature will be required on each check. You can write checks for \$250 or more on your Nuveen Money Market Fund. A checkbook will be mailed to the address on the account 10 days after the account has been established.

Please note: You cannot write a check to redeem shares from the Money Market Fund for 10 days after sending us a check or automatic investment plan payment to purchase shares in the fund, or if your Money Market Fund Account does not otherwise have a sufficient balance to support the redemption check.

By signing this form, I agree to all of State Street Bank's checking account rules, and to any conditions and limitations on redeeming shares of the Nuveen Money Market Fund by check, including any described in the Nuveen Mutual Funds prospectus. I also agree that:

- State Street Bank is authorized to effect a redemption of sufficient shares in my account to cover payment of checks drawn upon this account.
- State Street Bank and Nuveen Funds reserve the right to change, revoke or close any checking account, and neither shall incur any liability to me for honoring checks or for effecting redemptions to pay checks, nor for returning checks that have not been accepted.
- The signatures are authentic, and, for organizations, I have submitted an original or certified resolution authorizing the individuals with legal capacity to sign and act on behalf of the organization.

# PLEASE SIGN HERE

Print Name of Owner, Custodian, or Trustee, etc.	Your Signature	Today's Date (mm/dd/yyyy)
		/ / 20
Print Name of Joint Owner or Co-Trustee, etc. (if any)	Your Signature	Today's Date (mm/dd/yyyy)



8. BANK INFORMATION								
You must complete this section if you	ı requested Telephone F	Redemption v	ria ACH or w	/ire, Telepho	ne Purcha	se, or the Automa	atic Investme	nt Plan.
Type of Account Checking	Savings							
Name of Primary Bank Account Own	ner		Name of J	Joint Bank A	ccount O	wner		
Bank Name			ABA Routi	ing Number				
Bank Phone Number			Bank Acco	ount Numbe	er			
ATTACH A VOIDED BANK	CHECK UD DDEDDINITE	ED SVVINGS	DEDUCIT C	IID This wi	II oncuro s	accurate bank ir	formation	
ATTACH A VOIDED BANK	CHECK OK PREPRINT	ED SAVINGS	DEFUSII 3	olir. IIIIS WI	ii eiisuie d	accurate Dalik II	iioiiiiatioii.	
If you would like to participate in the below the amount to invest, the freq occur on both the 1st and the 15th, w (Please also complete Section 8.) FUND NAME AND FUND CODES ARE	uency, the first month to hile monthly investmen	o begin debit	ing your ac	count and t	he time in	terval. Semimon	thly investme	ents
FUND NAME	FUND CODE	DOLLAR AMO	DUNT	SEMI	MONTHLY	START MONTH	1 <sup>ST</sup> MONTH	I 15™ MONI
		\$						
		\$						
		Φ						
		\$						
		\$						
		Ψ						
10. TRUSTED CONTACTS (	OPTIONAL)							
Trusted contacts are people you know about your account, your well-being contacts for each individual. A co-ox FOR OWNER  First Name of Contact Person	, or if we suspect you a	re the victim ould not be a	of fraudule	ent activity. I	f this is a Section 12	joint account, p	lease add res	
Date of Birth (mm/dd/yyyy)	Phone Number	r		Email	Address			
Mailing Address			City			State	Zip Code	;
IF IOINT OWNED								
First Name of Contact Person	Last Na	ame				Relationship		
Date of Birth (mm/dd/yyyy)	Phone Number	r		Email	Address			
Mailing Address			City			State	Zip Code	,



# 11. DESIGNATE YOUR BENEFICIARIES

NOTE: Applicable only to Individual or Joint account types, indicated in section 1.

If there are no surviving contingent beneficiaries at the time of your death, we will transfer ownership of your account to your estate.

When designating beneficiaries, you consent to establishing a Transfer on Death account, and we will transfer ownership of your account to your primary beneficiaries upon your death. Your primary beneficiaries will share equally in your account unless you specify different percentages below. If a primary beneficiary predeceases you, his or her share shall be divided proportionately among the surviving primary beneficiaries. In addition, we will transfer ownership of your account to your contingent beneficiaries only if there are no surviving primary beneficiaries at the time of your death. If a beneficiary should predecease you and you want that beneficiary's share to go to his or her lineal descendants, check "per stirpes." Otherwise, a beneficiary's rights end with the death of that beneficiary, and the estate of a predeceased beneficiary has no claim to or interest in your account. If you do not check "per stirpes" and the beneficiary predeceases you, their share will be divided among surviving beneficiaries (if any).

All percentages must total 100%.

# PRIMARY BENEFICIARY(IES)

I designate the following as my Primary Beneficiary(ies) to receive any amounts due at my death. (Please take note that the Custodian or a joint owner may not be designated as the Beneficiary.) For additional beneficiaries, please attach a separate piece of paper.

Lineal Des	cendants Per Stirpes					
Yes, a	dd Per Stirpes (For eve	ry beneficiary)				
PRIMARY E	BENEFICIARY 1					
Prefix	First Name		MI	Last Name		
Social Sec	curity Number	Date of Birth (mm/dd/yyyy)		Relationship		Percent %
Custodian	(If the beneficiary is a mino	)		Relationship		
Address St	treet or P.O. Box (APO an	d FPO addresses will be accepted.)	City		State	Zip Code
Address (If	the above address is a P.O.	Box, you must also provide a street address.)	City		State	Zip Code
Primary Ph		Number Type S  Mobile Home Business	Secondary P	hone Number I	Phone Number Type  Mobile Hom	e Business
Alternate F			Email Addres	S		
		Mobile Home Business				

(Continued)



# $\textbf{11. DESIGNATE YOUR BENEFICIARIES} \ (\texttt{CONTINUED})$

PRIMARY BENEFICIARY 2

Prefix	First Name				MI	Last Name			
Social Securi	ty Number the beneficiary is a min		te of Birth (	(mm/dd/yyyy)		Relationship Relationship			Percent %
Address Stre	et or P.O. Box (APO	and FPO address	ses will be acc	cepted.)	City		Stat	e Zip	Code
Address (If the	e above address is a P	O. Box, you must	also provide	a street address	city		Stat	e Zip	Code
Primary Phor	ne Number Ph	one Number	Type Home	Business	Secondary F	Phone Number	Phone Number	Type Home	Business
Alternate Pho	one Number Ph	one Number	Type Home	Business	Email Addre	SS			
to receive any Lineal Desce Yes, add	e Primary Beneficia y amounts due. (Pl ndants Per Stirpes Per Stirpes (For ex BENEFICIARY 1 First Name	ease note tha	at the Custo	-	-	_		ungent b	enencial y(les)
Social Securi	ty Number		te of Birth (	(mm/dd/yyyy)		Relationship Relationship			Percent %
Address Stre	et or P.O. Box (APO	and FPO address	ses will be acc	cepted.)	City		Stat	e Zip	Code
Address (If the	e above address is a P	O. Box, you must	also provide	a street address	.) City		Stat	e Zip	Code
Primary Phor	ne Number Ph	one Number Mobile	Type Home	Business	Secondary F	Phone Number	Phone Number	Type Home	Business
Alternate Pho	one Number Ph	one Number Mobile	Type Home	Business	Email Addre	ss			

(Continued)



# 11. DESIGNATE YOUR BENEFICIARIES (CONTINUED)

Phone Number Type Mobile

Home

#### **CONTINGENT BENEFICIARY 2** Prefix First Name MI Last Name Date of Birth (mm/dd/yyyy) Social Security Number Relationship Percent Custodian (If the beneficiary is a minor) Relationship Address Street or P.O. Box (APO and FPO addresses will be accepted.) City State Zip Code Address (If the above address is a P.O. Box, you must also provide a street address.) City State Zip Code Primary Phone Number Phone Number Type Secondary Phone Number Phone Number Type **Business** Mobile Home Mobile Home **Business**

Percent (Total 100%)

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

**Business** 

**Email Address** 



Alternate Phone Number

# 12. 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.

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 selection of account beneficiaries.

To request assistance with accessing a prospectus, privacy policy, or business continuity policy please contact us at **800-257-8787** or go to www.Nuveen.com.

- 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 owner 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.

(Continued)



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 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(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 non-citizen 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.

Signature (Owner, Custodian, Trustee, Executor, Entity (Authorized signer))	Title or Capacity	Today's Date (mm/dd/yyyy)
		/ 20
Signature (Joint Owner, Co-Trustee, Co-Executor, etc.)	Title or Capacity	Today's 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

Kansas City, MO 64121-9140

OVERNIGHT:

Nuveen Funds
801 Pennsylvania Ave
Suite 219140

Kansas City, MO 64105-1307



Please Sign Here