

You may use this form to make a distribution or to effect a direct transfer from an IRA to an IRA (either Traditional IRA to Traditional IRA or Roth IRA to Roth IRA) with another Custodian; a direct rollover from a Qualified Plan, 403(b) or 457(b) to a Traditional IRA or Roth IRA (with respect to designated Roth contributions); or a conversion rollover from a Traditional IRA to a Roth IRA. The assets may be from another fund family or within Nuveen. Make sure you attach a copy of your existing account statement, any other forms required by your current custodian/trustee, and an IRA Adoption and New Account Agreement form if you do not have an existing IRA of the type necessary to receive the assets. Please refer to the disclosure statement for more details on whether any tax or penalty applies to your distribution. Of course, you should consult your tax advisor before making a decision. For death benefits payouts, please use the Beneficiary IRA Inheritance request form.

You cannot use a single form to take distributions from BOTH traditional IRAs and Roth IRAs. Please use a separate IRA Distribution Form for each type of IRA from which you are taking distributions.

By signing this form, investor(s) acknowledges that neither Nuveen Funds nor any affiliate or service provider to Nuveen has provided the investor(s) with advice, recommendations, or suggestions as to any specific investment decisions. Investors in Nuveen Funds 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.

Send your signed and completed form to Nuveen Funds per the Return Completed Forms section below or in the enclosed customer reply envelope. Please contact Nuveen Funds with any questions at 800-257-8787.

1. ACCOUNT REGISTRATION (REQUIRED)

Please print or type. Attach a copy of your current IRA statement to help expedite this process.

Type of IRA:

☐ Traditional IRA ☐ Roth IRA ☐ Simple IRA ☐ SEP IRA

Prefix First Name MI Last Name

Social Security Number/
Taxpayer Identification Number Date of Birth (mm/dd/yyyy) / /

Account Number

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 ☐ Mobile ☐ Home ☐ Business Secondary Phone Number Phone Number Type ☐ Mobile ☐ Home ☐ Business

Alternate Phone Number Phone Number Type ☐ Mobile ☐ Home ☐ Business Email Address



2. DEATH BENEFIT PAYOUT

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 included Nuveen Funds Legal Entity Beneficial Ownership Certification Form in order for the account to be established.

Address Street or P.O. Box (APO and FPO addresses will be accepted.) City State Zip Code

Daytime Phone Number Social Security Number

IRA Owners Subject to Required Minimum Distributions (RMDs): Not applicable for deceased Roth IRA account owners. In the year of the IRA owner's death, if the owner had reached their required beginning date and was subject to RMDs, any unpaid amounts for that year must be distributed to you as a beneficiary and cannot be transferred to your inherited IRA.

These amounts must be paid to you. Check and complete if applicable.

- ☐ Distribute the amount of the remaining RMD in a single payment.
- ☐ I will calculate my own RMD amount (option is for individuals with multiple IRAs). Please distribute \$ to satisfy the remaining RMD.
- ☐ 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.



3. IRA DISTRIBUTION

☐ **Normal** (You are age 59½ or older.)

☐ **Premature** (You are under age 59½ and no exception applies. If you believe an exception to the early distribution penalty may apply, speak with your professional tax advisor on how to report on your tax return.)

☐ **Premature — Exception Applies** (You are under age 59½ and you know an exception to the early distribution penalty applies.)

☐ **Death**

☐ **Disability Exception**

☐ **Remove excess contribution** of \$ made for the tax year. If the corrective distribution is made by or before the filing deadline for the tax year of the excess contribution, earnings (gains or losses) attributable to the contribution(s) will also be returned.

☐ **Transfer** (transfer funds directly to):
 Name of Trustee/Custodian:

Street Address City State Zip Code

☐ **Other** (box to write in information)

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 visit [irs.gov/retirement-plans/plan-participant-employee/rollovers-of-retirement-plan-and-ira-distributions](https://www.irs.gov/retirement-plans/plan-participant-employee/rollovers-of-retirement-plan-and-ira-distributions).

4. DISTRIBUTION AMOUNTS

☐ **Fixed Amount.** Please distribute \$ from my Nuveen Mutual Funds IRA(s).

☐ **Entire Balance**

☐ **Dividend and Capital Gains Earnings.** (You must be age 59½ or older.) Any earnings on your IRAs will be sent to you.

☐ **Required Minimum Distribution (RMD).** Please select life expectancy factor:

☐ Single Life Expectancy

☐ Calculate my Required Minimum Distribution based on the Uniform Life Expectancy Table.

☐ My spouse is my sole primary beneficiary and is more than 10 years younger than I am. Calculate my Required Minimum Distribution based on the Joint Life Expectancy Table.



5. DISTRIBUTION INSTRUCTIONS

☐ Withdraw my distributions from all of my Nuveen Mutual Funds IRAs on a prorated basis.

☐ Withdraw my distributions from all my Nuveen Mutual Funds IRAs listed below.

FUND ACCOUNT NUMBER	PERCENTAGE
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

Systematic RMDs must pull from all Fund accounts.

If you wish to aggregate all of your Fund balances, you will need to manually recalculate your distribution each year.

6. QUALIFIED CHARITABLE DISTRIBUTIONS

Account Number

How much would you like to distribute? (Please select only one.)

☐ I would like to distribute \$ proportionately from all available investments to all Nonprofit Organizations.
(Enter the dollar amount here and leave the specific investment section below blank.)

☐ I would like to distribute the following amount(s) to Nonprofit Organizations. Indicate either the dollar amount OR percentage from each account. Percentages must be in whole numbers. The total amount will represent the total charitable distribution.

In the event you plan on making distributions to multiple charities or other party distributions, you can allocate how much each charity is to receive in Section 8, option F of this form. Please consult your professional tax advisor regarding your personal tax matters and the tax law associated with Qualified Charitable Distributions.

Investment Account/Fund Name	Number of Shares		Percent of Fund Value		Withdrawal Amount
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	OR	<input type="text"/> <input type="text"/> <input type="text"/> %	OR	\$ <input type="text"/>
Total must equal 100%			<input type="text"/> <input type="text"/> <input type="text"/> %	Total \$	<input type="text"/>

IMPORTANT: Please be sure to complete Section 8, option F.



7. TAX WITHHOLDING ELECTION**FEDERAL TAX WITHHOLDING ELECTION (CHECK ONE.)**

We are required to withhold federal income taxes at a rate of 10% on your taxable IRA distributions, unless you elect to not have withholding apply. If you do not check a box, taxes will be withheld at a rate of 10% (except for qualified distributions from Roth IRAs). The withholding election will remain in effect on your systematic withdrawal plan until revoked by you. You may change your election at any time by sending a written request prior to the distribution.

- ☐ I hereby notify Nuveen that I decline to provide a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I understand that federal withholding will be withheld at the default rate of 10%.
- ☐ I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am making a federal withholding election as indicated on my substitute federal form W-4R Withholding Certificate by entering a rate between 0% and 100% (including 0% and 100%) on line 2.
- ☐ I am providing a substitute federal form W-4R Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions. I am choosing to have no federal income tax withheld by entering "-0-" on line 2 taxes.

Note: Generally, you are not permitted to elect to have federal income tax withheld at a rate of less than 10% (including 0%) on payments to be delivered outside of the United States and its territories.

If you are a nonresident, non-U.S. citizen, you must certify your foreign tax status by providing IRS Form W-8BEN prior to requesting a distribution. A W-8BEN is maintained on file for a three-year period.

STATE TAX WITHHOLDING ELECTION

State income tax withholding may be required from your distribution. If state withholding is mandatory, we will withhold at the rate required by your state. Please note that the state may allow you to elect not to have withholding applied, to choose additional withholding, or to specify the rate of withholding. For more information on tax withholding call **800-257-8787**.

8. DISTRIBUTION SCHEDULE

Please indicate the beginning month, date, and frequency of your distributions.

- ☐ One-time Distribution ☐ Systematic Distribution: Beginning Month of Distributions:
- Distribution Frequency: Distribution Date:
- ☐ Monthly ☐ Quarterly ☐ Annually ☐ 1st of the month ☐ 15th of the month

- ☐ Check here if this is a change to an existing systematic withdrawal plan. An existing systematic withdrawal plan based on life expectancy cannot be changed.



9. DISTRIBUTION INSTRUCTIONS (CHOOSE ONE ONLY.)

Please indicate how you would like to receive your distribution payments. A medallion signature guarantee is required for options B, D, or F.

- ☐ A. Mail my distribution check to the address on my IRA account. If you have had an address change within the last 30 days, we require a medallion signature guarantee.
- ☐ B. Deposit my distribution directly into my checking or savings account using the Automated Clearing House. A medallion signature guarantee is required if banking information is not on file. *Attach a voided bank check or savings deposit slip. This will ensure accurate bank information.*

Bank Name

ABA Routing Number

Type of Account:

☐ Checking ☐ Savings

Bank Account Number

Name of Primary Bank Account Owner

- ☐ C. Please deposit my distribution directly into my Nuveen Mutual Funds non-IRA account(s), registered in my name, listed below.

Fund Name	Fund Code	Account Number	Allocation/ Percentage
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> %

- ☐ D. Mail my distribution check to an address other than the address on record or to my current address, which has changed within the last 30 days. A medallion signature guarantee is required. Mail to:

Payee Name (if different from registration)

Street Address

City

State

Zip Code

- ☐ E. Designate all or \$ of the excess contribution to a current year contribution.

(Continued)



9. DISTRIBUTION INSTRUCTIONS (CHOOSE ONE ONLY.) (CONTINUED)

☐ F. Charitable Distributions: A medallion signature guarantee is required in Section 10.

1. Name of Nonprofit Organization	Attention		
<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Total Distribution Amount			
\$ <input type="text"/>			

2. Name of Nonprofit Organization	Attention		
<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Total Distribution Amount			
\$ <input type="text"/>			

3. Name of Nonprofit Organization	Attention		
<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Total Distribution Amount			
\$ <input type="text"/>			

4. Name of Nonprofit Organization	Attention		
<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/>
Total Distribution Amount			
\$ <input type="text"/>			

For additional payees, please provide the requested information on a separate piece of paper and attach.



10. SIGNATURE

For your protection, Nuveen may require additional verification of your identity before accepting your transaction as in good order. You agree that your transaction will be valued as of the market close on the business day that all of the steps necessary to verify your identity and the transaction to be in good order have been completed. You also agree that in the event these steps are completed after the market close on a business day, then your transaction will be valued as of the market close on the next business day. The amount of money that you receive will depend on the share or unit price on the day on which your transaction is deemed to be in good order. Due to market fluctuations, the price your shares or units ultimately receive could be less than the share or unit price when you initiated this transaction. It is also possible that if we are unable to reach you to verify this transaction within five days, this transaction may be canceled.

Note: This paragraph only applies if you completed Section 6. I acknowledge that it is my responsibility to ensure the distribution(s) complies with the requirements of Sec. 1201 of the Pension Protection Act of 2006 and Sec. 408(d)(8) of the Internal Revenue Code of 1986, as amended. I assume full responsibility for any adverse tax consequences that may arise as a result of the distribution(s). I have consulted with my own tax advisor and understand the federal and state tax consequences of distribution(s). I have provided a current mailing address to the charitable organization(s). I understand that this is required in order for the charitable organization(s) to provide me with a proper receipt for my contribution. I further acknowledge that Nuveen has not provided me with legal or tax advice about the distribution(s).

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.

Please sign exactly as your name appears on your account confirmation statement. I certify that the statements made on this IRA Distribution Form are true, complete, and accurate.

Your Signature

Today's Date (mm/dd/yyyy)

 / / 2 0

11. MEDALLION SIGNATURE GUARANTEE

To deposit your distribution directly into your checking or savings account not on file (Section 9, option B), or to receive your distribution at an address other than the one on your account or your address has been changed within the last 30 days (Section 9, option D), or if you have opted for a Charitable Distribution (Section 9, option F), you must have the signature in Section 10 guaranteed.**

** A medallion signature guarantee is not the same as a notarized signature. You must obtain a medallion signature guarantee from a bank or trust company, savings bank, savings and loan association, or a member of a national stock exchange which participates in the medallion signature guarantee program.

RETURN COMPLETED FORM(S) TO:

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

STANDARD MAIL:

Nuveen Funds
P.O. Box 219140
Kansas City, MO 64121-9140

OVERNIGHT:

Nuveen Funds
801 Pennsylvania Ave
Suite 219140
Kansas City, MO 64105-1307

