

Use this form to request normal or premature distributions from either your traditional or Roth IRA. 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.

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 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.

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.

PREVIOUS OWNER:

Prefix First Name MI Last Name

Social Security Number/
Taxpayer Identification Number

Date of Birth (mm/dd/yyyy)

/ /

Date of Death (mm/dd/yyyy)

/ /

Account Number

Type of IRA: Traditional Roth SIMPLE

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 PAYEE (REQUIRED)

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 F40214 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 Evening Phone Number Social Security Number

3. BENEFICIARY TYPE SELECTION (REQUIRED)

Please identify your beneficiary relationship with the original owner of the IRA/Roth IRA in order to open an account. Please select only **one** beneficiary type. 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. **Note: If you select a beneficiary type marked by an asterisk (*), you are an eligible designated beneficiary. Therefore, you should not fill out Section III below.**

The SECURE Act modified the Internal Revenue Code definition of a retirement account beneficiary as well as the distribution rules a beneficiary must follow when distributing assets from an inherited retirement account. This in turn impacts when an inherited retirement account is considered abandoned under a state's unclaimed property law. As a result, we need to confirm your beneficiary type in relation to the original owner from whom you inherited the retirement account. To prevent your inherited retirement account from being considered abandoned, we recommend you maintain regular contact with Nuveen by either periodically logging into your account or contacting customer service.

Please 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 that is not a see-through 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.
- 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 21) who is a direct descendent (son or daughter) of the deceased shareholder.
- First Generation Eligible Designated Beneficiary - Other* (1st Gen DB)** Select this option if you are eligible for Life Expectancy payments (chronically ill beneficiary, disabled beneficiary, eligible designated beneficiary less than 10 years younger than original account owner).
- 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 21).

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3. BENEFICIARY TYPE SELECTION (REQUIRED) (CONTINUED)**INHERITING FROM A BENEFICIARY (NOT THE ORIGINAL OWNER):**

The previous beneficiary:

First Name

Last Name

Date of Birth (mm/dd/yyyy)

Date of Death (mm/dd/yyyy)

Succeeding Generation Beneficiary when First Generation was Eligible Designated Sole Spouse Beneficiary* (2nd or > Gen EDB-Sole Spouse) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was an Eligible Designated Sole Spouse.

Succeeding Generation Beneficiary when First Generation was Eligible Designated Minor of Deceased Owner* (2nd or > Gen EDB-Minor) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a minor son or daughter (under the age of 21) of the original account owner.

Succeeding Generation Beneficiary when First Generation was Eligible Designated Beneficiary – Other* (2nd or > Gen EDB-Other) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was eligible for Life Expectancy payments and was not the sole spouse or minor direct decedent of the original account owner.

Succeeding Generation Beneficiary when First Generation was a Designated Beneficiary (2nd or > Gen DB) Select this option if you are a second generation or greater beneficiary when the first generation beneficiary was a designated beneficiary who was not eligible for Life Expectancy payments.

I. Spouse Beneficiary Options

Election to Treat Decedent IRA as Your Own Only available for sole spouse beneficiaries

Transfer decedent IRA into my existing IRA.

Fund/Account

Transfer decedent IRA into a new IRA registered to me. (Complete new IRA application for this option.)

Life Expectancy Payment

Pay the total account balance over the applicable life expectancy beginning on / 20 (mm/yyyy)
(May be no later than December 31 of the calendar year immediately following the year in which the IRA owner died.)

Request a Distribution

Establish systematic distribution of \$ over a period of months/years.

One-time distribution of \$

Redeem the total balance in a single payment.

(Continued)



3. BENEFICIARY TYPE SELECTION (REQUIRED) (CONTINUED)**II. Non-Spouse Beneficiary Options**

A. If the non-spouse beneficiary is an entity (i.e., the estate, a charity or a trust that is not a see-through trust), the only option for such beneficiaries of (1) traditional IRAs if the IRA owner died before Required Minimum Distribution date,* or (2) Roth IRAs, is to distribute the full balance by the end of the fifth calendar year following the year of the IRA owner's death.

Request a Distribution

- Establish systematic distribution of \$ over a period of 5 years.
- One-time distribution of \$
- Redeem the total balance in a single payment.
- Request a distribution in the future.
- Pay the total account balance over the applicable life expectancy of the previous owner (option only available for non-spouse entity beneficiaries of a traditional IRA where the owner died on or after the Required Minimum Distribution age).

B. Non-Spouse Eligible Designated Beneficiary Options

If the beneficiary is an "eligible designated beneficiary," such beneficiary may receive RMDs calculated with reference to his or her life expectancy. An "eligible designated beneficiary" is any individual who is the surviving spouse of the IRA owner; a child of the IRA owner who has not attained the age of 21 (upon such child attaining the age of majority, any remaining assets must be distributed no later than the end of the 10th calendar year after the calendar year in which the child reaches the age of 21); certain disabled and chronically ill individuals; and an individual not listed above who is less than 10 years younger than the IRA owner. Please consult with your tax advisor to determine if you qualify as an eligible designated beneficiary.

Life Expectancy Payment

- Pay the total account balance over the applicable life expectancy beginning on / 20 (mm/yyyy)

Request a Distribution

- Establish systematic distribution of \$ to begin on / 20 (mm/yyyy)
- One-time distribution of \$
- Redeem the total balance in a single payment.
- Request a distribution in the future.

III. Designated Beneficiary Options

As a general rule, for an IRA owner who died on or after January 1, 2020, the assets in the traditional or Roth IRA must be distributed to the designated beneficiary by the end of the 10th calendar year following the year of the IRA owner's death. Any nonperson entity beneficiary must take periodic payments over a 10 year period and all assets in the traditional or Roth IRA must be distributed.

Request a Distribution

- Establish systematic distribution of \$ over a period of 10 years.
- One-time distribution of \$
- Redeem the total balance in a single payment.
- Request a distribution in the future.



4. REMAINING REQUIRED MINIMUM DISTRIBUTION OF THE IRA OWNER

If the previous IRA owner had any unpaid Required Minimum Distribution (RMD) amounts within such owner's account, such unpaid RMD amounts cannot be transferred to your inherited IRA.

I want Nuveen to calculate the unpaid RMD amount. Distribute the amount of the remaining RMD to me in a single payment.

I will provide my own calculated RMD amount. Please distribute \$ to satisfy the remaining RMD.

The remaining Required Minimum Distribution of the IRA owner is a nonperiodic distribution that is non-rollover eligible.

*Required Minimum Distribution date is April 1 of the calendar year following the calendar year in which the previous owner attained age 72.

NONPERIODIC DISTRIBUTIONS THAT ARE NON-ROLLOVER ELIGIBLE (CHECK ONE)

A nonperiodic distribution that is non-rollover eligible is a single withdrawal or a payment stream of one year or less that cannot be rolled over to another tax-deferred plan.

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% 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.

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 possessions.

STATE TAX WITHHOLDING FOR YOUR RMD

State income tax withholding may be required from your RMD.

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. Please contact Nuveen Funds with any questions at **800-257-8787**.



5. 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.

6. QUALIFIED CHARITABLE DISTRIBUTIONS

An IRA owner who is interested in a distribution from his or her IRA directly to an eligible charity is strongly advised to consult a qualified tax advisor.

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. Qualified charitable distributions that do not exceed \$100,000 for the taxable year are not included in the IRA owner's gross income for the year.

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 FOR YOUR IRA DISTRIBUTIONS

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 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% 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.

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 possessions.

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. Please contact Nuveen Funds with any questions at **800-257-8787**.



8. 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"/> %



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

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.

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

1. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

2. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

3. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

4. Name of Nonprofit Organization

Attention

Street Address

City

State

Zip Code

Total Distribution Amount

\$

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



9. 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).

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.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding (as detailed in the box above).

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)

 / / 20

10. MEDALLION SIGNATURE GUARANTEE

You must have the signature in Section 9 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

