

MUTUAL OF AMERICA

Tax-Deferred Annuity EMPLOYEE ENROLLMENT FORM

EMPLOYER'S NAME	EMPLOYER INFORMATION	EMPLOYER NUMBER
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EMPLOYER'S ADDRESS	City	State	Zip Code
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SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	First	EMPLOYEE INFORMATION	Initial	Last
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MAILING ADDRESS Street (Include Apartment Number)	City	State	Zip Code
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IF FOREIGN RESIDENT	Province	Country
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DATE OF BIRTH / /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	INITIAL CONTRIBUTION \$	DEPARTMENT # (Optional)	DISTRIBUTION # 1937	TELEPHONE NUMBERS HOME ()	OFFICE ()
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The following three items need be completed only if you are employed by an educational institution.

Contributions will be made: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly

☐ No paychecks are distributed during the following period: _____

☐ Paychecks are distributed throughout the year.

ALLOCATION OF CONTRIBUTIONS

Show the percentage of your contributions you want to place in the interest account and/or investment funds. Use whole numbers only, and make sure the percentages total 100%.

Amounts you place in the interest account will be credited with the rate of interest currently applicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.

INTEREST ACCOUNT		INVESTMENT FUNDS									
MUTUAL OF AMERICA		MUTUAL OF AMERICA				FIDELITY®					
Interest Accumulation Account	%	Money Market Fund	%	All America Fund	%	2015 Retirement Fund	%	VIP Asset Manager SM Fund	%		
		Mid-Term Bond Fund	%	Small Cap Value Fund	%	2020 Retirement Fund	%				
		Bond Fund	%	Small Cap Growth Fund	%	2025 Retirement Fund	%	VIP Mid Cap Fund	%		
		Composite Fund	%	Mid Cap Value Fund	%	2030 Retirement Fund	%				
		Conservative Allocation Fund	%	Mid-Cap Equity Index Fund	%	2035 Retirement Fund	%	VIP Equity-Income Fund	%		
INVESTMENT FUNDS		Main Street Fund®/VA	%	Moderate Allocation Fund	%	International Fund	%	2040 Retirement Fund	%	VIP Contrafund®	%
OPPENHEIMER				Aggressive Allocation Fund	%	Retirement Income Fund	%				
CALVERT				Social Balanced Fund	%	Equity Index Fund	%	2010 Retirement Fund	%	2045 Retirement Fund	%
AMERICAN CENTURY		DWS						Diversified Value Fund	%		
VP Capital Appreciation Fund	%	Bond Fund	%	Capital Growth Fund	%	International Fund	%			International Fund	%

EMPLOYEE MUST COMPLETE REVERSE SIDE

BENEFICIARY DESIGNATIONS

In the event of your death, the total value of your account is to be paid to the person or persons named below. If any such person predeceases you, the portion that would have been payable to him or her will be paid to the other person or persons named.

If you name more than one primary beneficiary, or more than one secondary beneficiary, the death benefit will be paid in equal shares unless you show the percentage you want each of them to receive. If you do this, make sure your figures for each beneficiary type total 100%.

If no one you have named as a primary beneficiary is living when the death benefit is to be paid, the person(s) you name as your secondary beneficiary will receive the death benefit. If no one you have named as a primary or secondary beneficiary is living at your death, the amount payable will be paid in the following order: to (a) your widow or widower, (b) your children in equal shares, (c) your parents in equal shares, (d) your brothers and sisters in equal shares, or (e) the executors or administrators of your estate.

Name your primary and secondary beneficiaries in the space provided below. If you need more space, attach a page showing for each beneficiary the necessary information. Please add your Employer's name and Employer number, your signature and the date.

Beneficiary Type: <input checked="checked" type="checkbox"/> Primary				Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary																																			
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other				Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other																																			
FULL NAME		First	Initial	Last		FULL NAME		First	Initial	Last																													
DATE OF BIRTH (Optional) / /				SOCIAL SECURITY # (Optional)				DATE OF BIRTH (Optional) / /				SOCIAL SECURITY # (Optional)																											
ADDRESS				Street				ADDRESS				Street																											
City				State				Zip Code				City				State				Zip Code																			
IF FOREIGN RESIDENT				Province				Country				BENEFIT PERCENT				%				IF FOREIGN RESIDENT				Province				Country				BENEFIT PERCENT				%			

SPOUSE'S WAIVER (Witnessed by a Notary Public or Authorized Representative of Employer)

The Spouse's Waiver below must be completed if you are married and naming a person other than your spouse as your primary beneficiary and you are enrolling in a Tax-Deferred Annuity that your plan description describes as a plan that is subject to the spousal consent rules of ERISA.

I understand that under Mutual of America's contract, I am entitled to be my spouse's beneficiary. As the beneficiary, I would receive a death benefit after my spouse's death. However, I agree to waive my right to be the beneficiary. I agree to let my spouse designate the beneficiary or beneficiaries named on this form.

Signature of Spouse

Date

Signature and Seal of Notary Public or Signature of Authorized Representative

Date

STATEMENT AND SIGNATURE

I have read the current prospectus and other materials describing the contract, and after careful consideration I have found the contract to be suitable for my financial needs. Therefore, I elect to participate in the TDA.

Signature	Date
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