MUTUAL OF AMERICA LIFE INSURANCE COMPANY
320 PARK AVENUE NEW YORK NY 10022-6839
800 468 3785 OR CALL YOUR LOCAL REGIONAL OFFICE

Employee Enrollment Form for Thrift Plans and Consent to Receive Electronic Documents (eDocuments)

TO BE COMPLETED BY PLAN ADMINISTRATOR

EMPLOYER'S NAME	EMPLOYER NUMBER

DATE EMPLOYEE HIRED	EMPLOYMENT STATUS	PART-TIME SERVICE	DATE 1,000 HOURS COMPLETED
/ /	☐ FULL-TIME ☐ PART-TIME	If this employee ever worked on a part-time basis, enter the date on which the 1,000-hour requirement was met, in accordance with plan specifications.	

PRIOR TAX-EXEMPT SERVICE	NUMBER OF MONTHS
If during the last three years this employee had service with another eligible organization that is to be counted toward meeting eligibility requirements, enter the number of months of such service that are to be counted.	

EMPLOYEE'S SALARY RATE			EMPLOYEE'S DEPARTMENT # (IF APPLICABLE)
$	☐ (A)nnual ☐ (M)onthly ☐ (S)emimonthly	☐ (B)iweekly ☐ (W)eekly	

EFFECTIVE DATES	PARTICIPANT CONTRIBUTIONS			EMPLOYER CONTRIBUTIONS	
	PERCENT OF SALARY	DOLLAR AMOUNT	EFFECTIVE DATE	EMPLOYER MATCHING EFFECTIVE DATE	EMPLOYER NON-MATCHING EFFECTIVE DATE
Enter the effective date for each contribution type and the percentage of salary or dollar amount for participant contributions.	% OR $		/ /	/ /	/ /

SECTION 1 - EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME First	Initial	Last

MAILING ADDRESS Street and Number City State Zip Code

IF FOREIGN RESIDENT Province	Country	DATE OF BIRTH		TELEPHONE NUMBERS HOME	OFFICE
		/ /	☐ MALE ☐ FEMALE	( )	( )

To receive your documents electronically and "go green," please complete Section 5.

SECTION 2 - ALLOCATION OF CONTRIBUTIONS

Show the percentage of your contributions you want to place in the Interest Accumulation Account of our General Account and/or Separate Account investment funds. **Use whole numbers only, and make sure the percentages total 100%.**

Amounts placed in the Interest Accumulation Account will be credited with the rate of interest applicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.

Interest Account

_____% Mutual of America Interest Accumulation Account

Separate Account Investment Funds

Separate Account – Equity Funds (17)	**Separate Account – Fixed Income Funds (4)**
_____% Mutual of America Equity Index Fund	_____% Mutual of America Money Market Fund
_____% Mutual of America All America Fund	_____% Mutual of America Mid-Term Bond Fund
_____% Mutual of America Small Cap Value Fund	_____% Mutual of America Bond Fund
_____% Mutual of America Small Cap Growth Fund	_____% PIMCO VIT Real Return Portfolio
_____% Mutual of America Mid Cap Value Fund	**Separate Account – Real Estate Investment Trust (REIT) (1)**
_____% Mutual of America Mid-Cap Equity Index Fund	_____% Vanguard VIF REIT Index Portfolio
_____% Mutual of America International Fund	**Separate Account – Retirement Funds (10)**
_____% Fidelity® VIP Mid Cap Portfolio	_____% Mutual of America Retirement Income Fund
_____% Fidelity® VIP Equity-Income Portfolio	_____% Mutual of America 2010 Retirement Fund
_____% Fidelity® VIP Contrafund® Portfolio	_____% Mutual of America 2015 Retirement Fund
_____% Vanguard VIF Diversified Value Portfolio	_____% Mutual of America 2020 Retirement Fund
_____% Vanguard VIF International Portfolio	_____% Mutual of America 2025 Retirement Fund
_____% American Century VP Capital Appreciation Fund	_____% Mutual of America 2030 Retirement Fund
_____% American Funds Insurance Series New World Fund®	_____% Mutual of America 2035 Retirement Fund
_____% Deutsche Variable Series I Capital Growth VIP	_____% Mutual of America 2040 Retirement Fund
_____% Oppenheimer Main Street Fund®/VA	_____% Mutual of America 2045 Retirement Fund
_____% T. Rowe Price Blue Chip Growth Portfolio	_____% Mutual of America 2050 Retirement Fund
Separate Account – Asset Allocation Funds (3)	**Separate Account – Balanced Funds (3)**
_____% Mutual of America Conservative Allocation Fund	_____% Mutual of America Composite Fund
_____% Mutual of America Moderate Allocation Fund	_____% Fidelity® VIP Asset Manager Portfolio
_____% Mutual of America Aggressive Allocation Fund	_____% Calvert VP SRI Balanced Portfolio

SECTION 3 - BENEFICIARY DESIGNATIONS

If you are married, you must name your Eligible Spouse (as defined in the Plan and federal law) as your only beneficiary unless your Eligible Spouse signs the Spouse's Waiver of Death Benefits below in the presence of a Plan (employer) representative or a notary public after you designate the beneficiaries you wish below. Whenever you want to change your beneficiaries, your Eligible Spouse must sign a new waiver unless you name your Eligible Spouse as your only beneficiary. If you are younger than 35 when you name alternative beneficiaries with the consent of your Eligible Spouse, your beneficiary designation will automatically terminate when you attain age 35 and your Eligible Spouse will be your beneficiary unless you again designate alternative beneficiaries with a new signed waiver from your Eligible Spouse.

If you are unmarried, you may name any beneficiaries you wish. If you marry in the future, your beneficiary designation under the retirement plan will be automatically voided. At that time, you should complete Mutual of America's "Beneficiary Designation" form and follow the instructions applicable to married participants.

In the event of your death, and subject to the Eligible Spouse Waiver requirements, the total value of your account will be paid to the person or persons you name as your primary beneficiary. If no one you have named as a primary beneficiary survives you, the person(s) you name as your secondary beneficiary will receive the death benefit. If there is no living designated beneficiary at your death, the amount payable will be paid to the first surviving class of the following: (a) your surviving spouse (as determined under state law), (b) your surviving children in equal shares, (c) your surviving parents in equal shares, (d) your surviving brothers and sisters in equal shares, or (e) the executors or administrators of your estate.

If you name more than one primary beneficiary, or more than one secondary beneficiary, the death benefit will be paid in equal shares to the primary beneficiaries who survive you, or if none, to the secondary beneficiaries who survive you, unless you show below the percentage you want each of them to receive. If you specify percentages you want each beneficiary to receive, be sure your percentages for all beneficiaries in each beneficiary type total 100%.

Name your primary and secondary beneficiaries in the space provided. If you need more space, attach a page showing for each beneficiary the information asked for below.

Beneficiary Type: ☒ Primary
Relationship: ☐ Spouse ☐ Child ☐ Parent ☐ Estate ☐ Other

FULL NAME First Initial Last

DATE OF BIRTH / / | SOCIAL SECURITY # | TELEPHONE NUMBER

ADDRESS Street

City State Zip Code

IF FOREIGN RESIDENT Province Country | BENEFIT PERCENT %

Beneficiary Type: ☐ Primary ☐ Secondary
Relationship: ☐ Spouse ☐ Child ☐ Parent ☐ Estate ☐ Other

FULL NAME First Initial Last

DATE OF BIRTH / / | SOCIAL SECURITY # | TELEPHONE NUMBER

ADDRESS Street

City State Zip Code

IF FOREIGN RESIDENT Province Country | BENEFIT PERCENT %

Beneficiary Type: ☐ Primary ☐ Secondary
Relationship: ☐ Spouse ☐ Child ☐ Parent ☐ Estate ☐ Other

FULL NAME First Initial Last

DATE OF BIRTH / / | SOCIAL SECURITY # | TELEPHONE NUMBER

ADDRESS Street

City State Zip Code

IF FOREIGN RESIDENT Province Country | BENEFIT PERCENT %

Beneficiary Type: ☐ Primary ☐ Secondary
Relationship: ☐ Spouse ☐ Child ☐ Parent ☐ Estate ☐ Other

FULL NAME First Initial Last

DATE OF BIRTH / / | SOCIAL SECURITY # | TELEPHONE NUMBER

ADDRESS Street

City State Zip Code

IF FOREIGN RESIDENT Province Country | BENEFIT PERCENT %

Are you married? ☐ **Yes** ☐ **No**

NOTE: Mutual of America and/or your employer may require evidence that you are not married if their records indicate that you are or were previously married.

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

My spouse is a participant in a Mutual of America Thrift Plan under which I am entitled to be the 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.

Spouse's Name _____ Date of Birth _____

Signature of Spouse _____ Date _____

Signature and Seal of Notary Public or Signature of Authorized Representative _____ Date _____

Mutual of America employees are not authorized to sign as Plan representatives.

Notary's acknowledgment may be added below:

SECTION 4 - STATEMENT AND SIGNATURE

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

Employee's Signature | Date

SECTION 5 - AUTHORIZATION TO RECEIVE ELECTRONIC DOCUMENTS (eDocuments)

Consent to Receive Electronic Documents

Sign Up and We'll Waive Your Monthly Participant Charges

I request that Mutual of America deliver to me through its Internet website, for each product that I now (or in the future) own, or under which I participate through my employer, the following documents: prospectuses (and/or brochures, depending on the Mutual of America product) and supplements to prospectuses and brochures; semi-annual and annual reports, which contain financial and other information; quarterly account statements; confirmation statements for account transactions; proxy statements and related voting materials; privacy notices, including initial, annual and opt-in or opt-out notices; regulatory fee disclosures; and any other documents required to be delivered to me by Mutual of America under federal or state laws. I acknowledge that I will continue to receive paper copies of certain of these documents until they become available online. An added benefit of my consenting to receive the above referenced material electronically is that the monthly participant charge ($2.00 per month or 1/12 of 1% if the account balance is less than $2,400) will be waived for each month. I must consent to receive eDocuments by 6:00 p.m. Eastern Time of the last business day of the month.

I understand that Mutual of America will send an e-mail notice to the e-mail address I have provided, each time one of these documents is available to me online. I also understand that I will need to log in to Mutual of America's website to view documents online and to make any necessary updates to my e-mail address. I further understand that I have the right to request and obtain a paper version of documents electronically delivered at a reasonable copy fee. I agree that Mutual of America in the future may change its method of providing notice of available documents, so long as Mutual of America gives me advance notice of each planned change, and may from time to time change the location on its website of certain of the available documents.

My consent to receive various documents through Mutual of America's website will continue to be effective until:

1) I revoke my consent, at any time without charge (subject to the monthly participant charge described above), either online or by calling Mutual of America at 1-800-468-3785 and instructing a customer service representative to revoke my consent;

2) my consent is automatically revoked and the monthly participant charge will be applicable when e-mail sent to the e-mail address I have given is returned to Mutual of America as undeliverable;

3) Mutual of America for any reason discontinues providing documents online; or

4) my consent is automatically revoked when Mutual of America makes a material change in the hardware or software required to view documents online that interferes with my ability to view those documents.

I acknowledge that the online service provider I utilize for access to the Internet may charge me a fee for the time required to view Mutual of America's documents online or for other services.

My e-mail address for receiving notices of documents available online, which I may update from time to time, is:

_____

PLEASE TYPE OR PRINT YOUR E-MAIL ADDRESS CLEARLY.

Printed Name: _____

Signature: _____ Date: ____/____/____

Mutual of America Life Insurance Company is a registered Broker-Dealer.
Mutual of America® and Mutual of America Your Retirement Company® are registered service marks of Mutual of America Life Insurance Company.