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 Tax-Deferred Annuity Plans and Consent to Receive Electronic Documents (eDocuments)

TO BE COMPLETED BY PLAN ADMINISTRATOR

EMPLOYER'S NAME	EMPLOYER NUMBER

DATE EMPLOYEE HIRED	EMPLOYEE'S SALARY RATE	EMPLOYEE DEPARTMENT # (If Applicable)	DISTRIBUTION #
/ /	$ ☐ Annual ☐ Biweekly ☐ Monthly ☐ Weekly ☐ Semimonthly		1937

SECTION 1 - EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME First Initial Last

MAILING ADDRESS Street (Include Apartment Number) City State Zip Code

IF FOREIGN RESIDENT Province Country

DATE OF BIRTH		INITIAL CONTRIBUTION	EFFECTIVE DATE OF INITIAL CONTRIBUTION	TELEPHONE NUMBERS HOME	OFFICE
/ /	☐ MALE ☐ FEMALE	$	/ /	( )	( )

The following three items need be completed only if you are employed by an **Educational Institution**.

Contributions will be made: ☐ Weekly ☐ Biweekly ☐ Semimonthly ☐ Monthly

☐ No paychecks are distributed during the following period: _____

☐ Paychecks are distributed throughout the year.

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 (24)

_____% Mutual of America Equity Index Fund
_____% Mutual of America All America Fund
_____% Mutual of America Small Cap Value Fund
_____% Mutual of America Small Cap Growth Fund
_____% Mutual of America Small Cap Equity Index Fund
_____% Mutual of America Mid Cap Value Fund
_____% Mutual of America Mid-Cap Equity Index Fund
_____% Mutual of America International Fund
_____% Fidelity® VIP Mid Cap Portfolio
_____% Fidelity® VIP Equity-Income Portfolio
_____% Fidelity® VIP Contrafund® Portfolio
_____% Vanguard VIF Diversified Value Portfolio
_____% Vanguard VIF International Portfolio
_____% Goldman Sachs VIT US Equity Insights Fund
_____% Goldman Sachs VIT Small Cap Equity Insights Fund
_____% American Century Investments® VP Capital Appreciation Fund
_____% American Funds Insurance Series® New World Fund®
_____% Delaware VIP® Small Cap Value Series
_____% DWS Capital Growth VIP
_____% Invesco V.I. Main Street Fund®
_____% MFS® VIT III Mid Cap Value Portfolio
_____% Neuberger Berman AMT Sustainable Equity Portfolio
_____% T. Rowe Price Blue Chip Growth Portfolio
_____% Victory RS Small Cap Growth Equity VIP Series

Separate Account – Asset Allocation Funds (3)

_____% Mutual of America Conservative Allocation Fund
_____% Mutual of America Moderate Allocation Fund
_____% Mutual of America Aggressive Allocation Fund

Separate Account – Fixed Income Funds (5)

_____% Mutual of America Money Market Fund
_____% Mutual of America Mid-Term Bond Fund
_____% Mutual of America Bond Fund
_____% PIMCO VIT Real Return Portfolio
_____% Vanguard VIF Total Bond Market Index Portfolio

Separate Account – Real Estate Fund (1)

_____% Vanguard VIF Real Estate Index Portfolio

Separate Account – Retirement Funds (12)

_____% Mutual of America Retirement Income Fund
_____% Mutual of America 2015 Retirement Fund
_____% Mutual of America 2020 Retirement Fund
_____% Mutual of America 2025 Retirement Fund
_____% Mutual of America 2030 Retirement Fund
_____% Mutual of America 2035 Retirement Fund
_____% Mutual of America 2040 Retirement Fund
_____% Mutual of America 2045 Retirement Fund
_____% Mutual of America 2050 Retirement Fund
_____% Mutual of America 2055 Retirement Fund
_____% Mutual of America 2060 Retirement Fund
_____% Mutual of America 2065 Retirement Fund

Separate Account – Balanced Funds (3)

_____% Mutual of America Composite Fund
_____% Fidelity® VIP Asset Manager Portfolio
_____% Calvert VP SRI Balanced Portfolio

SECTION 3 - BENEFICIARY DESIGNATIONS

If your plan description indicates that your plan is subject to the spousal consent rules of ERISA and 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.

If your plan description does not indicate that your plan is subject to the spousal consent rules of ERISA, you may name any beneficiaries you wish regardless of your marital status.

In the event of your death, and subject to the Eligible Spouse Waiver requirements for plans that are subject to ERISA, 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: [X] 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 %

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Are you married? [ ] **Yes** [ ] **No**

If you are married and have not designated your spouse as primary beneficiary, the Spouse's Waiver Section below must be completed.

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 Tax-Deferred Annuity 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 contract, and after careful consideration I have found the contract to be suitable for my financial needs. Therefore, I elect to participate in the Tax-Deferred Annuity.

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 or if electronic delivery under this agreement is not permitted by law. 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 email notice to the email 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 email address. I understand that if I would like to receive a paper copy of any of these documents, I should call Mutual of America at 1-800-468-3785, and Mutual of America will provide a copy of the requested documents free of charge. 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 email sent to the email 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 email address for receiving notices of documents available online, which I may update from time to time, is:

_____

PLEASE TYPE OR PRINT YOUR EMAIL ADDRESS CLEARLY.

Printed Name: _____

Signature: _____ Date: ____/____/____

MUTUAL OF AMERICA
Your Retirement Company®
HOME OFFICE: 320 PARK AVENUE NEW YORK NY 10022-6839 • 800-468-3785 • *mutualofamerica.com*

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