

# 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 <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	PART-TIME SERVICE 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.	DATE 1,000 HOURS COMPLETED	
PRIOR TAX-EXEMPT SERVICE 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.			NUMBER OF MONTHS	
EMPLOYEE'S SALARY RATE \$	<input type="checkbox"/> (A)nnual <input type="checkbox"/> (M)onthly <input type="checkbox"/> (S)emimonthly	<input type="checkbox"/> (B)iweekly <input type="checkbox"/> (W)eekly	EMPLOYEE'S DEPARTMENT # (IF APPLICABLE)	
EFFECTIVE DATES Enter the effective date for each contribution type and the percentage of salary or dollar amount for participant contributions.	PARTICIPANT CONTRIBUTIONS PERCENT OF SALARY      DOLLAR AMOUNT      EFFECTIVE DATE  % OR \$      / /		EMPLOYER CONTRIBUTIONS EMPLOYER MATCHING EFFECTIVE DATE      EMPLOYER NON-MATCHING EFFECTIVE DATE  / /      / /	

### 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  / /	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	TELEPHONE NUMBERS HOME (      )      OFFICE (      )

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)

\_\_\_\_ % MoA Equity Index Fund  
\_\_\_\_ % MoA All America Fund  
\_\_\_\_ % MoA Small Cap Value Fund  
\_\_\_\_ % MoA Small Cap Growth Fund  
\_\_\_\_ % MoA Small Cap Equity Index Fund  
\_\_\_\_ % MoA Mid Cap Value Fund  
\_\_\_\_ % MoA Mid-Cap Equity Index Fund  
\_\_\_\_ % MoA 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)

\_\_\_\_ % MoA Conservative Allocation Fund  
\_\_\_\_ % MoA Moderate Allocation Fund  
\_\_\_\_ % MoA Aggressive Allocation Fund

#### Separate Account – Fixed Income Funds (5)

\_\_\_\_ % MoA Money Market Fund  
\_\_\_\_ % MoA Intermediate Bond Fund  
\_\_\_\_ % MoA Core 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)

\_\_\_\_ % MoA Retirement Income Fund  
\_\_\_\_ % MoA Clear Passage 2015 Fund  
\_\_\_\_ % MoA Clear Passage 2020 Fund  
\_\_\_\_ % MoA Clear Passage 2025 Fund  
\_\_\_\_ % MoA Clear Passage 2030 Fund  
\_\_\_\_ % MoA Clear Passage 2035 Fund  
\_\_\_\_ % MoA Clear Passage 2040 Fund  
\_\_\_\_ % MoA Clear Passage 2045 Fund  
\_\_\_\_ % MoA Clear Passage 2050 Fund  
\_\_\_\_ % MoA Clear Passage 2055 Fund  
\_\_\_\_ % MoA Clear Passage 2060 Fund  
\_\_\_\_ % MoA Clear Passage 2065 Fund

#### Separate Account – Balanced Funds (3)

\_\_\_\_ % MoA Balanced Fund  
\_\_\_\_ % Fidelity® VIP Asset Manager Portfolio  
\_\_\_\_ % 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.

<b>Beneficiary Type:</b> <input checked="" type="checkbox"/> Primary	<b>Beneficiary Type:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
<b>Relationship:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other	<b>Relationship:</b> <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 / /	DATE OF BIRTH / /
SOCIAL SECURITY #	SOCIAL SECURITY #
TELEPHONE NUMBER	TELEPHONE NUMBER
ADDRESS Street	ADDRESS Street
City State Zip Code	City State Zip Code
IF FOREIGN RESIDENT Province Country	IF FOREIGN RESIDENT Province Country
BENEFIT PERCENT %	BENEFIT PERCENT %

<b>Beneficiary Type:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<b>Beneficiary Type:</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary
<b>Relationship:</b> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other	<b>Relationship:</b> <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 / /	DATE OF BIRTH / /
SOCIAL SECURITY #	SOCIAL SECURITY #
TELEPHONE NUMBER	TELEPHONE NUMBER
ADDRESS Street	ADDRESS Street
City State Zip Code	City State Zip Code
IF FOREIGN RESIDENT Province Country	IF FOREIGN RESIDENT Province Country
BENEFIT PERCENT %	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
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## **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](http://mutualofamerica.com)  
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registered service marks of Mutual of America Life Insurance Company.