## MUTUAL OF AMERICA

## Section 401(a), 401(k) or Simple 401(k) Plan EMPLOYEE ENROLLMENT FORM

		Pleas	e check Plan type:	401(a)	40	1(k)	Simple 401(k)
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 BIF	RTH	MALE
					/	/	FEMALE
		4	•				
		EMP	LOYER ONLY				
EMPLOYER'S NAME						EMPLOYER	NUMBER
DATE EMPLOYEE HIRED	EMPLOYMENT STATUS FULL-TIME	PART-TIME SERVICE	elead on a mont time best			DATE 1,000	HOURS COMPLETED
/ /	PART-TIME	If this employee ever wo 1,000-hour requirement w	as met, in accordance wi	th plan specification	ns.		
EMPLOYEE'S SALARY RATE	Annual	Biweekly	DIST	RIBUTION NUMBER		EMPLOYEE': (IF APPLICA	S DEPARTMENT NUMBER BLE)
\$	Monthly Semimonthly	Weekly		1937			
PARTICIPANT CONTRIBUTION	S		PEI	RCENT OF SALARY	DOLLAR AM	IOUNT	EFFECTIVE DATE
Enter the effective date and the percent of salary or dollar amount for participant contributions in the applicable area at right.			participant	/ % O	D <b>C</b>		., ,
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## **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 MUTUAL OF AMERICA		INVESTME MUTUAL OF AMERICA	NT FUNDS	FIDELITY®
Interest Accumulation Account %	Money Market Fund %	All America Fund %	2015 Retirement Fund %	VIP Asset Manager Fund %
	Mid-Term Bond Fund % Bond	Small Cap Value Fund % Small Cap	2020 Retirement Fund %	VIP Mid Cap
	Fund % Composite		2025 Retirement Fund %	Fund %
INVESTMENT FUNDS OPPENHEIMER	Fund % Conservative	Fund % Mid-Cap Equity	2030 Retirement Fund %	VIP Equity-Income Fund %
Main Street Fund®/VA %	Allocation Fund % Moderate Allocation Fund %	International	2035 Retirement Fund %	VIP Contrafund® %
CALVERT Social Balanced	Aggressive Allocation Fund %	Retirement Income	2040 Retirement Fund % 2045	VANGUARD
Fund %  AMERICAN CENTURY	Equity Index %		Retirement Fund %	Diversified Value Fund %
VP Capital Appreciation Fund %	Bond Fund %	Capital Growth Fund %	International Fund %	International

EMPLOYEE MUST COMPLETE REVERSE SIDE

## BENEFICIARY DESIGNATIONS

In the event of your death, the total value of your account will be paid to the person or persons you name as your beneficiary.

If you are married, you must name your spouse as your only beneficiary unless your spouse signs the Spouse's Waiver of Death Benefits in the space provided below. If your spouse signs the Waiver, you can name any beneficiaries you wish. Whenever you want to change your beneficiaries, your spouse must sign a new waiver unless you name him or her as your only beneficiary.

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 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 below the percentage you want each of them to receive. If you do this, be 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 there is no living designated beneficiary 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. If you need more space, attach a page showing for each beneficiary the information asked for below. Please add your Employer's name and Employer number, your signature and the date.

Beneficiary Type:		Ranaficiary Types	<del>/ 11 - 18</del>		
X  Primary	Beneficiary Type:				
	Primary Secondary				
Relationship:		Relationship:			
Spouse Child Parent Estate	Other	Spouse Child Parent Estate Other			
FULL NAME First Initial Last		FULL NAME First Initial Last			
DATE OF BIRTH SOCIAL SECURITY NUM	BER	DATE OF BIRTH SOCIAL SECURITY NUMBER			
ADDRESS Street		ADDRESS Street			
				·	
City Sta	ate Zip Code	City	Sta	te Zip Code	
IF FOREIGN RESIDENT Province Country	BENEFIT PERCENT	IF FOREIGN RESIDENT Province	Country	BENEFIT PERCENT	
	%			%	
a death benefit after my spouse's death. Howe beneficiary or beneficiaries named on this for	m. 	Signature of Spouse	/	Date	
Signature and Seal of Notary Public or Signature of Authori	zed Representative	Date			
I have read the current investment brochure and be suitable for my financial needs. Therefore, I	other materials descr	ND SIGNATURE ibing the plan and after caref the Plan.	ful consideration, I	have found the plan to	
			Date		
			Date		