

EMPLOYER'S NAME, CITY and STATE			EMPLOYER NUMBER	LEAVE BLANK Claim No.
OWNER'S NAME	POLICY NUMBER	CUSTOMER IDENTIFICATION #		Valid Tran. Date
ANNUITANT'S NAME			LAST 4 DIGITS OF ANNUITANT'S SOCIAL SECURITY #	
OWNER'S ADDRESS Street and Number			City	State Zip Code
OWNER'S EMAIL ADDRESS			DAYTIME TELEPHONE NUMBER ()	

Please provide an email address to communicate any issues identified with this withdrawal request. The email address you provide will not update our records. Review the Mailing Instructions section below regarding submitting this withdrawal request to us.

WITHDRAWAL

Note: This form should be used for withdrawals only. If you wish to transfer to a new Trustee, Custodian or Insurer, you must submit 1035 Exchange forms, provided by the new Trustee, Custodian or Insurer.

- I wish to withdraw my entire account balance.
- I wish to withdraw part of my account balance. Please pay me the amount shown below from each account or fund I am currently using or, if less, my total balance in that account or fund.

INTEREST ACCOUNT				
Mutual of America	DOLLARS	OR UNITS	OR	%
Interest Accumulation Account	\$			

INVESTMENT FUNDS				
American Century Investments®	DOLLARS	OR UNITS	OR	%
VP Capital Appreciation Fund	\$			
American Funds	DOLLARS	OR UNITS	OR	%
Insurance Series® Managed Risk Growth-Income Fund	\$			
Insurance Series® New World Fund®	\$			
Insurance Series® The Bond Fund of America	\$			
Calvert	DOLLARS	OR UNITS	OR	%
VP SRI Balanced Portfolio	\$			
Delaware	DOLLARS	OR UNITS	OR	%
VIP® Small Cap Value Series	\$			
DFA	DOLLARS	OR UNITS	OR	%
VA U.S. Targeted Value Portfolio	\$			
DWS	DOLLARS	OR UNITS	OR	%
Capital Growth VIP	\$			
Fidelity® Investments	DOLLARS	OR UNITS	OR	%
VIP Asset Manager Portfolio	\$			
VIP Contrafund® Portfolio	\$			
VIP Equity-Income Portfolio	\$			
VIP Extended Market Index Portfolio	\$			
VIP Freedom Income Portfolio	\$			
VIP Freedom 2020 Portfolio	\$			
VIP Freedom 2025 Portfolio	\$			
VIP Freedom 2030 Portfolio	\$			
VIP Freedom 2035 Portfolio	\$			
VIP Freedom 2040 Portfolio	\$			
VIP Freedom 2045 Portfolio	\$			
VIP Freedom 2050 Portfolio	\$			
VIP Freedom 2055 Portfolio	\$			
VIP Freedom 2060 Portfolio	\$			

INVESTMENT FUNDS				
Fidelity® Investments	DOLLARS	OR UNITS	OR	%
VIP Index 500	\$			
VIP Mid Cap Portfolio	\$			
VIP Value Strategies Portfolio	\$			
Goldman Sachs	DOLLARS	OR UNITS	OR	%
VIT Government Money Market Fund	\$			
VIT Small Cap Equity Insights Fund	\$			
VIT US Equity Insights Fund	\$			
Invesco	DOLLARS	OR UNITS	OR	%
V.I. Main Street Fund®	\$			
MFS®	DOLLARS	OR UNITS	OR	%
VIT III Mid Cap Value Portfolio	\$			
Neuberger Berman	DOLLARS	OR UNITS	OR	%
AMT Sustainable Equity Portfolio	\$			
PIMCO	DOLLARS	OR UNITS	OR	%
VIT Real Return Portfolio	\$			
T. Rowe Price	DOLLARS	OR UNITS	OR	%
Blue Chip Growth Portfolio	\$			
Vanguard	DOLLARS	OR UNITS	OR	%
VIF Balanced Portfolio	\$			
VIF Conservative Allocation Portfolio	\$			
VIF Diversified Value Portfolio	\$			
VIF International Portfolio	\$			
VIF Mid-Cap Index Portfolio	\$			
VIF Real Estate Index Portfolio	\$			
VIF Short-Term Investment-Grade Portfolio	\$			
VIF Small Company Growth Portfolio	\$			
VIF Total Bond Market Index Portfolio	\$			
VIF Total International Stock Market Index Portfolio	\$			
Victory	DOLLARS	OR UNITS	OR	%
Victory RS Small Cap Growth Equity VIP Series	\$			

COMPLETE THE REVERSE SIDE OF THIS FORM

MUTUAL OF AMERICA LIFE INSURANCE COMPANY, 320 PARK AVENUE, NEW YORK, NY 10022-6839

PAYMENT ELECTION

I ELECT TO RECEIVE MY PAYMENT BY:

- Check** (Payment by check may be delayed if you have recently requested a change of address.)
- Electronic Funds Transfer** (Please complete the section below. There will be no delay in payment even if you recently requested an address change.)

Depository (Bank or Credit Union) Information: (Deposits cannot be made into a foreign bank.)

BANK OR CREDIT UNION NAME	
BANK OR CREDIT UNION ADDRESS	
BANK ROUTING NUMBER (9 DIGIT)	ACCOUNT NUMBER
<p>Account Type (check one):</p> <p><input type="checkbox"/> Checking [You must attach a voided, original preprinted check with name(s) of account holder(s).]*</p> <p><input type="checkbox"/> Savings [You must attach an account statement or deposit slip with name(s) of account holder(s) preprinted on the slip.]*</p> <p><i>*If you do not have preprinted checks with your account, you must provide a bank document that contains the names of the account holders, the name of the bank, ABA routing number and your account number. Starter checks, deposit slips, direct deposit set-up forms and photocopies of a check will not be accepted.</i></p> <p><i>**If you do not have your bank statement or preprinted deposit slip, you must provide a bank document that contains the names of the account holders, the name of the bank, ABA routing number and your account number.</i></p>	

0123

Date _____

Pay to the Order of _____ Dollars

First National Bank
New York

⤴ [123456789] [5325325321] 0123 ⤴

Routing Number Account Number

INCOME TAX INFORMATION

The distribution you receive from the Plan is subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is included in your income subject to federal income tax. Generally, there is also a 10% tax penalty on any taxable distribution, including any amount withheld for income tax, prior to age 59-1/2.

Please elect whether you wish to have withholding apply to your distribution. You may elect not to have withholding apply to your distribution by checking the box provided below. If you elect not to have withholding apply to your single sum distribution, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

Even if you elect to have federal income tax withheld, you are liable for payment of federal income tax on the taxable portion of your single sum distribution. You may also be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

In connection with my withdrawal of the amount specified on this form, I elect the following income tax withholding:

FEDERAL: _____ % (enter a whole number) OR No federal tax withholding

STATE: _____ % (enter a whole number) OR No state tax withholding

If you make no election, or the amount elected is less than that required, we will withhold the required minimum.

STATEMENT AND SIGNATURE

Residents of New York State: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

If you are a resident of any other state, please review the following pages for warnings that apply to your state.

I understand that once this distribution is made and released by Mutual of America, it will not be reinstated to this plan. I direct Mutual of America to make the distribution in accordance with the election on this form. If I am signing this form in a state listed on the next page or in the District of Columbia, I have read the state-specific or District of Columbia-specific fraud notice.

OWNER'S SIGNATURE	DATE
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MAILING INSTRUCTIONS

Once you complete the form, you can either (1) mail the form and any additional documentation to the address shown below or (2) email the form and additional documentation as a PDF file to us at **WPC@mutualofamerica.com** from the email address we have on file for you. We will only be able to process emailed forms that are in PDF format. If you email the form to us using an email address other than the email address we have on file for you, we will reject your email. We do this to safeguard your account and to prevent fraudulent withdrawals from your account.

Mutual of America Financial Group
Withdrawal Processing Center
1150 Broken Sound Parkway NW
Boca Raton, FL 33487-9866

Please read the following notice that we are required to give you by the law of your state.

Alabama: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

Alaska: A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

Arizona: For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

Delaware: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

District of Columbia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Idaho: Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Maryland: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. Subsection 638:20.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Rhode Island: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Texas: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Virginia: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Washington: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

West Virginia: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison