

EMPLOYER'S NAME, CITY and STATE, if applicable				EMPLOYER NUMBER	INTERNAL USE ONLY
PARTICIPANT'S NAME				CUSTOMER IDENTIFICATION #	Claim No.
PARTICIPANT'S MAILING ADDRESS Street and Number				City	State
				Zip Code	DAY TELEPHONE NUMBER ()
PARTICIPANT'S EMAIL ADDRESS					

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

- 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			
MoA Funds	DOLLARS	OR UNITS	OR %
Equity Index Fund	\$		%
All America Fund	\$		%
Small Cap Value Fund	\$		%
Small Cap Growth Fund	\$		%
Small Cap Equity Index Fund	\$		%
Mid Cap Value Fund	\$		%
Mid-Cap Equity Index Fund	\$		%
Balanced Fund	\$		%
International Fund	\$		%
Money Market Fund	\$		%
Intermediate Bond Fund	\$		%
Core Bond Fund	\$		%
Retirement Income Fund	\$		%
Clear Passage 2015 Fund	\$		%
Clear Passage 2020 Fund	\$		%
Clear Passage 2025 Fund	\$		%
Clear Passage 2030 Fund	\$		%
Clear Passage 2035 Fund	\$		%
Clear Passage 2040 Fund	\$		%
Clear Passage 2045 Fund	\$		%
Clear Passage 2050 Fund	\$		%
Clear Passage 2055 Fund	\$		%
Clear Passage 2060 Fund	\$		%
Clear Passage 2065 Fund	\$		%
Conservative Allocation Fund	\$		%
Moderate Allocation Fund	\$		%
Aggressive Allocation Fund	\$		%

INVESTMENT FUNDS			
Fidelity® Investments	DOLLARS	OR UNITS	OR %
VIP Equity-Income Portfolio	\$		%
VIP Asset Manager Portfolio	\$		%
VIP Contrafund® Portfolio	\$		%
VIP Mid Cap Portfolio	\$		%
Vanguard	DOLLARS	OR UNITS	OR %
VIF Diversified Value Portfolio	\$		%
VIF International Portfolio	\$		%
VIF Real Estate Index Portfolio	\$		%
VIF Total Bond Market Index Portfolio	\$		%
Goldman Sachs	DOLLARS	OR UNITS	OR %
VIT US Equity Insights Fund	\$		%
VIT Small Cap Equity Insights Fund	\$		%
American Century Investments®	DOLLARS	OR UNITS	OR %
VP Capital Appreciation Fund	\$		%
American Funds	DOLLARS	OR UNITS	OR %
Insurance Series® New World Fund®	\$		%
Calvert	DOLLARS	OR UNITS	OR %
VP SRI Balanced Portfolio	\$		%
Delaware	DOLLARS	OR UNITS	OR %
VIP® Small Cap Value Series	\$		%
DWS	DOLLARS	OR UNITS	OR %
Capital Growth VIP	\$		%
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	\$		%
Victory	DOLLARS	OR UNITS	OR %
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
_ _ _ _ _ _ _ _ _	

Account Type (check one):

Checking [You must attach a voided, original preprinted check with name(s) of account holder(s).]*

Savings [You must attach an account statement or deposit slip with name(s) of account holder(s) preprinted on the slip.]**

**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.*

***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.*

TRANSFER ELECTION TO ANOTHER FINANCIAL INSTITUTION

- Directly roll over/transfer this distribution to the following, existing Mutual of America Roth IRA: Plan # _____.
- Unless otherwise directed by you, distributions directly rolled over to a Mutual of America Roth IRA will be allocated according to the allocation election of future contributions in the receiving Roth IRA as of the date of the rollover.
- Directly roll over/transfer this distribution to _____
NAME OF FINANCIAL INSTITUTION
- Roth IRA _____
ACCOUNT NUMBER. Checks should be payable to _____
PAYEE at the following address: _____.

Distribution can be transferred only to one Roth IRA destination, and only if the amount is \$200 or greater.

(The following option is available only if the balance to be transferred is at least \$200.)

- ONLY A PORTION of the distribution be directly rolled over/transferred as elected above.
- Pay me \$ _____ as indicated in the Withdrawal Section of this form. Directly roll over/transfer the balance as elected above.

INCOME TAX WITHHOLDING ELECTION

(This information does not provide all details or cover every situation, and tax provisions and regulations may change at any time. Tax results may vary depending upon your situation. You may also be subject to state and local taxes, which may differ from federal tax provisions. For these reasons, you should consult a qualified tax adviser for complete tax information and advice.)

Earnings not withdrawn as part of a qualified distribution are includible in gross income, subject to federal income tax, and subject to 10% federal income tax withholding unless you elect not to withhold. A distribution is qualified if made after the five-year period beginning with the year of the first Roth IRA contribution and: you are 59-1/2 or older; or you are disabled or deceased; or you are a qualified first-time homebuyer with expenses (\$10,000 lifetime limit). Generally, there is also a 10% penalty tax on withdrawals prior to age 59-1/2 of any amount, except for certain qualified medical, health insurance or college education expenses.

If you elect withholding, federal withholding must be at the rate of at least 10% of the taxable amount. If you elect no withholding, or if you do not have enough federal income tax withheld from your distribution, you may be responsible for payment of estimated tax.

Whatever your withholding election, you are liable for payment of income tax on the taxable amount of the distribution. You may also be subject to tax penalties under the estimated tax rules if your payments of estimated tax and/or withholding 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 \$ _____ OR No federal tax withholding

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

1. If you make no election, or the amount elected is less than that required, we will withhold the required minimum.
2. We will apply your state tax withholding election to your distribution only if your state requires withholding.

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.

By completing the section above and signing below you are certifying that the financial institution into which you are rolling or transferring funds, if applicable, will accept those funds and deposit them into an appropriate retirement plan or individual retirement account or individual retirement annuity. Mutual of America will not be responsible for any adverse tax consequences that may occur as a result of how the funds are handled by the receiving financial institution.

Sign Here	PARTICIPANT'S SIGNATURE	DATE

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.