

Once you complete this form, you can either (1) mail the form to Mutual of America Financial Group, Withdrawal Processing Center, 1150 Broken Sound Parkway NW, Boca Raton, FL 33487-9866 or (2) email the form 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.

EMPLOYER'S NAME		EMPLOYER NUMBER
CUSTOMER IDENTIFICATION NUMBER	PARTICIPANT'S NAME First Initial Last	<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Single, Widowed or Divorced)
MAILING ADDRESS Street and Number (Include Apartment Number) City State Zip Code		DAY TELEPHONE NUMBER ()
PARTICIPANT'S EMAIL ADDRESS		

I wish to designate one or more beneficiaries under:

All my group coverages with current and prior Employers, and all IRA and FPA contracts.

THIS DESIGNATION COMPLETELY REPLACES ANY PREVIOUS DESIGNATION for the coverages indicated.

Type of Plan (Pension, TDA, etc.) Employer/Plan Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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.

IMPORTANT INFORMATION ABOUT DESIGNATING A TRUST AS YOUR BENEFICIARY

Federal tax rules may permit a beneficiary who is a natural person to elect to receive a death benefit in a manner that spreads the benefit over many years, allowing the beneficiary to receive income for life and to minimize the amount of taxable income received each year. Additionally, if your Eligible Spouse is your sole beneficiary, federal tax rules governing certain pension plans and annuities may in certain cases permit your Eligible Spouse to defer receipt of payments and, therefore, to defer taxation.

If your beneficiary is a trust, federal tax rules generally provide that your death benefit must be paid in full within five years of your death. Consequently, if you designate a trust as your beneficiary, your beneficiary may lose the right to choose advantageous payment schedules or, in the case of an Eligible Spouse, the right to defer receipt and taxation of the benefit. Additionally, in no case is Mutual of America bound by any terms of a trust to accelerate or commute payments.

You may only designate a trust as your beneficiary contingent on our ability to begin to pay the trust within one year of the date that Mutual of America receives notice of your death. If the trust you designate cannot begin to receive payments within one year of the date that we receive notice of your death, you are authorizing us to treat your designation of the trust as void. If within one year of the date that we receive notice of your death, no trust exists or payment cannot be made for any reason, including, but not limited to, unwillingness or inability of the nominated trustee(s) to serve or failure of any person or institution to qualify to serve as trustee, Mutual of America will pay the benefit as though the trust did not survive you. If there is no other designated beneficiary at the time of your death, if the trust cannot be paid within one year of the date that we receive notice of your death, in accordance with the contract, the beneficiary will be deemed to be the first surviving class of the following: (a) your surviving spouse, (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.

PLEASE COMPLETE REVERSE SIDE

BENEFICIARY DESIGNATIONS

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%.

TRUST BENEFICIARY:

For the coverage(s) indicated on reverse side, I designate the Trust identified below as a *(check one)*:

- Primary beneficiary (designate a secondary beneficiary below).
 Secondary beneficiary (designate a primary beneficiary; you may also designate a tertiary beneficiary to be paid if the Trust cannot be paid).

Benefit Percentage: _____ %

Type and date of Trust *(check one and complete)*

- My (Testamentary) Trust. Created under my Will dated _____.
 The Living Trust of _____ dated _____.

Tax Identification Number (TIN) of the Trust: is _____ . has not yet been obtained.

Print here the FULL NAME AND ADDRESS OF THE TRUSTEE OR SUCCESSOR TRUSTEE to be contacted upon your death concerning benefits:

If within one year of the date that Mutual of America receives notice of your death, no Trust exists or payment cannot be made for any reason including, but not limited to, unwillingness or inability of the nominated Trustee(s) to serve or failure of any person or institution to qualify to serve as Trustee, the designation of the Trust as a beneficiary shall be void and any benefits payable shall be paid as though the Trust did not survive you.

NON-TRUST BENEFICIARIES: *Print all beneficiary information below. If you wish to designate more beneficiaries, attach a page providing all information for each, and including your name, the last 4 digits of your Social Security number, signature and date.*

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

PARTICIPANT'S SIGNATURE (For New Enrollment, you must sign and date on or after the date on Enrollment Form.)

SIGNATURE	DATE / /
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SPOUSE'S WAIVER (Witnessed by a Notary Public or Authorized Representative of Employer)

My spouse is a participant in a Mutual of America Plan under which I am entitled to be the beneficiary. As such, I would receive the total 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. My spouse may withdraw this designation at any time but may not designate a different primary beneficiary without my consent.

SIGNATURE OF SPOUSE

DATE

SIGNATURE AND SEAL OF NOTARY PUBLIC OR SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

Note: At the discretion of the Notary, an acknowledgment form may be stapled to this form.

For Mutual of America Use Only

MUTUAL OF AMERICA'S CONFIRMATION (if applicable)	SIGNATURE	DATE / /
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