MUTUAL OF AMERICA LIFE INSURANCE COMPANY

mutualofamerica.com

EMPLOYEE ENROLLMENT FORM

Defined Benefit Pension Plan (Allowing Non-Spouse Beneficiary) A registered broker/dealer and distributor of variable products

SOCIAL SECURITY NUMBER	EMPLOYEE'S N	IAME	First		1	Initial	Last					
MAILING ADDRESS Street and Number (Include Apartment Number)					City				State Zip Code			
IF FOREIGN RESIDENT Province					Country				DATE OF BIRTH MALE			MALE
									/	/		FEMALE
				EMI	PLOYE	R ONLY	7					
EMPLOYER'S NAME				LOCATION				EMPLOYER NUMBER				
DATE EMPLOYEE HIRED										DATE 1,000 HOURS COMPLETED		
/ / FULL-TIME If this employee eve 1,000-hour requirem			oyee ever w equirement	worked on a part-time basis, enter the date on which the track was met, in accordance with plan specifications.				/ /				
PRIOR TAX-EXEMPT SERVICE If during the last three year eligibility requirements, ins	s this employee	had serv	rice with anous of such ser	ther eligible	organization to be count	n that is to be	e counted to	oward meetin	g	NUM	BER OF	MONTHS
EMPLOYEE'S MONTHLY SALARY RATE EI		EMPLOY	EE'S DEPART!	MENT #	COVERAGE EFFECTIVE DATE			ATE		DATE		
\$						Enter the co	overage effe	ective date.			/	/

BENEFICIARY DESIGNATIONS (Complete Reverse Side)

Any death benefit due under your Pension Plan will be paid to the person or persons you name as your beneficiary. (Name your beneficiaries on the reverse side.)

If you are married, you must name your spouse as your only primary beneficiary unless your spouse signs the Spouse's Waiver on the reverse side. 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 primary 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: 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 (Optional) SOCIAL SECURITY # (Optional) TELEPHONE NUMBER	DATE OF BIRTH (Optional) SOCIAL SECURITY # (Optional) TELEPHONE NUMBER							
ADDRESS Street	ADDRESS Street							
City State Zip Code	City State Zip Code							
IF FOREIGN RESIDENT Province Country BENEFIT PERCENT 0	IF FOREIGN RESIDENT Province Country BENEFIT PERCENT %							
Beneficiary Type:	Beneficiary Type:							
Primary Secondary	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 (Optional) SOCIAL SECURITY # (Optional) TELEPHONE NUMBER	DATE OF BIRTH (Optional) SOCIAL SECURITY # (Optional) TELEPHONE NUMBER							
ADDRESS Street	ADDRESS Street							
City State Zip Code	City State Zip Code							
IF FOREIGN RESIDENT Province Country RENEFIT PERCENT	IF FOREIGN RESIDENT Province Country BENEFIT PERCENT							
IF FOREIGN RESIDENT Province Country BENEFIT PERCENT 0	IF FOREIGN RESIDENT Province Country BENEFIT PERCENT %							
If you are married and have <u>not</u> designated your spouse as primary SPOUSE'S WAIVER (Witnessed by a Notary Public My spouse is a participant in a Mutual of America Pension Pla	beneficiary, the Spouse's Waiver Section below must be completed. c or Authorized Representative of Employer) In under which I am entitled to be my spouse's beneficiary. As the h. However, I agree to waive my right to be the beneficiary. I agree to							
If you are married and have <u>not</u> designated your spouse as primary SPOUSE'S WAIVER (Witnessed by a Notary Public My spouse is a participant in a Mutual of America Pension Plabeneficiary, I would receive a death benefit after my spouse's death	beneficiary, the Spouse's Waiver Section below must be completed. c or Authorized Representative of Employer) In under which I am entitled to be my spouse's beneficiary. As the h. However, I agree to waive my right to be the beneficiary. I agree to this form. SIGNATURE OF SPOUSE DATE							
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