# MUTUAL OF AMERICA

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

|                        |                 |       | Please check Plan type: | <b>X</b> 401(a) | 401(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 BIRTH | MALE<br>FEMALE |

| EMPLOYER ONLY   |   |   |                            |               |        |                                       |  |
|---|---|---|----------------------------|---------------|--------|---------------------------------------|--|
| EMPLOYER'S NAME   |   |   |                            |               | EMPLOY | ER NUMBER                             |  |
|   |   |   |                            |               |        |                                       |  |
| DATE EMPLOYEE HIRED / /   | EMPLOYMENT STATUS<br>FULL-TIME<br>PART-TIME   | PART-TIME SERVICE<br>If this employee ever worked on a part-tim<br>1,000-hour requirement was met, in accorda | DATE 1,000 HOURS COMPLETED |               |        |                                       |  |
| EMPLOYEE'S SALARY RATE     Annual     Biweekly       Monthly     Weekly       Semimonthly |   |   |                            |               |        | DYEE'S DEPARTMENT NUMBER<br>PLICABLE) |  |
| PARTICIPANT CONTRIBUTION  |   |   | PERCENT OF SALARY          | DOLLAR AMOUNT |        | EFFECTIVE DATE                        |  |
| Enter the effective date contributions in the applic                                      | and the percent of sa<br>cable area at right. | lary or dollar amount for participant   | <br>% OR \$                |               |        | / /                                   |  |

## **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                       | INVESTMENT FUNDS                               |   |                                      |        |                           |   |              |
|--|--|---|--------------------------------------|--------|---------------------------|---|--------------|
| MUTUAL OF AMERICA                      | MUTUAL OF AMERICA                              |   |                                      |        |                           | FIDELITY®                               | Blanks (bare |
| Interest Accumulation<br>Account %     | Money Market<br>Fund                           | % |                                      | %      | 2015<br>Retirement Fund % | VIP Asset<br>Manager <sup>SM</sup> Fund | %            |
|  | Mid-Term<br>Bond Fund<br>Bond                  | % | Small Cap<br>Value Fund<br>Small Cap | %      | 2020<br>Retirement Fund % | VIP Mid Cap                             |              |
|  | Fund<br>Composite                              | % |                                      | %      | 2025<br>Retirement Fund % | Fund                                    | %            |
| INVESTMENT FUNDS<br>OPPENHEIMER        | Fund<br>Conservative                           | % | Fund<br>Mid-Cap Equity               | %      | 2030<br>Retirement Fund % | VIP Equity-Income<br>Fund               | %            |
| Main Street<br>Fund <sup>®</sup> /VA % | Allocation Fund<br>Moderate<br>Allocation Fund | % | International                        | %<br>% | 2035<br>Retirement Fund % | VIP<br>Contrafund <sup>®</sup>          | %            |
| CALVERT                                | Aggressive<br>Allocation Fund                  | % | Retirement Income                    | %      | 2040<br>Retirement Fund % | VANGUARD                                |              |
| Social Balanced<br>Fund %              | Equity Index<br>Fund                           | % | rectification and                    | %      | 2045<br>Retirement Fund % | Diversified<br>Value Fund               | %            |
| AMERICAN CENTURY                       |  |   | DWS                                  |        |                           | International                           |              |
| VP Capital<br>Appreciation Fund %      | Bond<br>Fund                                   | % | Capital Growth<br>Fund               | %      | International<br>Fund%    | Fund                                    | %            |

#### 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:                                    | Beneficiary Type:                                    |  |  |  |  |
|--|--|--|--|--|--|
| (X) Primary  | 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 NUMBER                 | DATE OF BIRTH SOCIAL SECURITY NUMBER                 |  |  |  |  |
|  | / /  |  |  |  |  |
| ADDRESS Street                                       | ADDRESS Street                                       |  |  |  |  |
| City State Zip Code                                  | City State Zip Code                                  |  |  |  |  |
| IF FOREIGN RESIDENT Province Country BENEFIT PERCENT | IF FOREIGN RESIDENT Province Country BENEFIT PERCENT |  |  |  |  |
| %  | %  |  |  |  |  |

### 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 the beneficiary, I would receive a 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.

Signature and Seal of Notary Public or Signature of Authorized Representative

Date

Signature of Spouse

## STATEMENT AND SIGNATURE

I have read the current investment brochure and other materials describing the plan and after careful consideration, I have found the plan to be suitable for my financial needs. Therefore, I elect to participate in the Plan.

Employee's Signature

Date