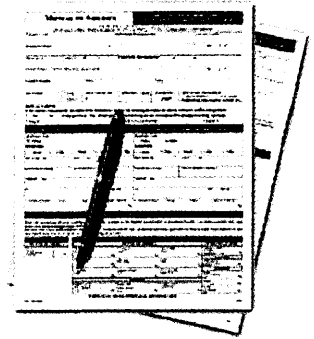


MUTUAL OF AMERICA

Beneficiary Designation Form

It's important to keep your beneficiary designations current.



To Add or Change Beneficiaries for Your Mutual of America Contracts:

- 1.** Complete and sign the Beneficiary Designation Form.
- 2.** For those contracts subject to the spousal waiver, have your spouse complete and sign the Spouse's Waiver in the presence of a Notary or Authorized Representative of your employer.
- 3.** If you are designating a Trust as Beneficiary OR if you are required to provide an Irrevocable Designation of Beneficiary, contact Mutual of America using the address and phone number below.
- 4.** Send the completed, signed form to Mutual of America at the following address:

MUTUAL OF AMERICA LIFE INSURANCE COMPANY
111 W. Ocean Boulevard
Suite 925
Long Beach, CA 90802-4632
(562) 983-0407

If you have any questions, please call a Mutual of America representative at the number listed above weekdays between 8:00 AM and 5:00 PM local time or, toll free, at 1-800-468-3785, weekdays between 9:00 AM and 9:00 PM Eastern Time.

- If you are designating a Trust, you must use Mutual of America's "Designation of Trust as Beneficiary" Form 6475.
(To the Employer: Trust designations cannot be processed through Hotline.)
- IF THIS DESIGNATION APPLIES TO A NEW ENROLLMENT, IT MUST BE DATED ON OR AFTER THE DATE ON THE ENROLLMENT FORM. If you are now enrolling in a plan, employer's name and mailing address below may be left blank.
- For the plans indicated, THIS DESIGNATION COMPLETELY REPLACES ANY PREVIOUS BENEFICIARY DESIGNATION.

EMPLOYER'S NAME		EMPLOYER NUMBER	
SOCIAL SECURITY NUMBER XXX-XX-____	PARTICIPANT'S NAME First Initial Last		☐ MARRIED ☐ UNMARRIED (Single, Widowed or Divorced)
MAILING ADDRESS Street and Number (Include Apartment Number)		City State Zip Code	DAY TELEPHONE NUMBER ()
IF FOREIGN RESIDENT	Province	Country	

I wish to designate one or more beneficiaries under:

- ☐ All my group coverages with current and prior Employers, and all SEP, IRA, VUL and FPA Programs.
- ☐ Only the coverages listed below:

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

Spouse's Waiver on reverse must be completed if participant is married and designating a primary beneficiary other than a spouse for the following plan types: Defined Contribution Pension, Thrift, 401(k), certain TDA plans (check Summary Plan Description), and VEC (Voluntary Employee Contributions).

Married Defined Benefit Plan Participants must designate their spouse as primary beneficiary. The spouse of a Defined Benefit Plan participant cannot waive their right to be named as primary beneficiary.

To Employer using Hotline: After entering data, you must send this form to your Service Manager for any SEP, IRA or FPA plan. Retain a copy for your files. Designation is pending until Mutual receives form.

BENEFICIARY DESIGNATIONS (Complete Reverse Side)

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 indicate on the reverse side 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 on the reverse side. If you need more space, attach a page providing the information asked for each beneficiary. Please add your name, the last four digits of your Social Security number, signature and the date.

