

EMPLOYER'S NAME		<b>EMPLOYER INFORMATION</b>			EMPLOYER NUMBER
EMPLOYER'S ADDRESS	Street and Number	City	State	Zip Code	
SOCIAL SECURITY NUMBER	EMPLOYEE'S NAME	First	<b>EMPLOYEE INFORMATION</b>		Initial Last
MAILING ADDRESS	Street (Include Apartment Number)	City	State	Zip Code	
IF FOREIGN RESIDENT	Province	Country			

DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	INITIAL CONTRIBUTION	DEPARTMENT # (Optional)	DISTRIBUTION #	TELEPHONE NUMBERS	OFFICE
/ /		\$		1937	( )	( )

The following three items need be completed only if you are employed by an educational institution.

Contributions will be made:     Weekly     Biweekly     Semimonthly     Monthly

No paychecks are distributed during the following period: \_\_\_\_\_

Paychecks are distributed throughout the year.

**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	
MUTUAL OF AMERICA	
Interest Accumulation Account	%

INVESTMENT FUNDS							
MUTUAL OF AMERICA						AMERICAN CENTURY	
Money Market Fund	%	All America Fund	%	Equity Index Fund	%	American Century VP Capital Appreciation Fund	%
Short -Term Bond Fund	%	Mid -Term Bond Fund	%	Bond Fund	%	<b>CALVERT</b>	
Composite Fund	%	Aggressive Equity Fund	%	Mid-Cap Equity Index Fund	%	<b>SCUDDER</b>	
						Scudder Capital Growth Fund	%
FIDELITY							
Fidelity VIP II Asset Manager Fund	%	Fidelity VIP Equity-Income Fund	%	Fidelity VIP II Contrafund Fund	%	Scudder Bond Fund	%
						Scudder International Fund	%

**EMPLOYEE MUST COMPLETE REVERSE SIDE**

## BENEFICIARY DESIGNATIONS

In the event of your death, the total value of your account is to be paid to the person or persons named below. If any such person predeceases you, the portion that would have been payable to him or her will be paid to the other person or persons named.

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 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 no one you have named as a primary or secondary beneficiary is living 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 below. If you need more space, attach a page showing for each beneficiary the necessary information. Please add your Employer's name and Employer number, your signature and the date.

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

## SPOUSE'S WAIVER (Witnessed by Notary Public or Authorized Representative of Employer)

*The Spouse's Waiver below must be completed if you are married and naming a person other than your spouse as your primary beneficiary and you are enrolling in a Tax-Deferred Annuity that your plan description describes as a plan that is subject to the spousal consent rules of ERISA.*

I understand that under Mutual of America's contract, I am entitled to be my spouse's 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 OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND SEAL OF NOTARY PUBLIC OR SIGNATURE OF AUTHORIZED REPRESENTATIVE

\_\_\_\_\_  
DATE

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

## STATEMENT AND SIGNATURE

I have read the current prospectus and other materials describing the contract, and after careful consideration I have found the contract to be suitable for my financial needs. Therefore, I elect to participate in the TDA.

SIGNATURE	DATE