

Mail this form to:

Mutual of America, Financial Transaction Processing Center, 1150 Broken Sound Parkway NW, Boca Raton, FL 33487-3598.

(Call 1-800-468-3785 if you have any questions or would like information about using this toll-free telephone number to transact.)

EMPLOYER'S NAME				EMPLOYER NUMBER	
EMPLOYEE'S NAME				CUSTOMER IDENTIFICATION NUMBER	
OWNER'S MAILING ADDRESS Street and Number				City	State Zip Code
				DAY PHONE NUMBER ( )	

To tell Mutual of America how you want us to handle amounts that you will be contributing under the 401(k) Plan **in the future**, complete the section below entitled "Allocation of Future Contributions." Mutual of America will continue to allocate your contributions in this manner until you instruct us otherwise.

To tell Mutual of America that you wish us to transfer all or part of your **existing** balance in an investment alternative to one or more of the other investment alternatives, complete the section below entitled "Transfers."

**ALLOCATION OF FUTURE CONTRIBUTIONS**

Show the percentage of your future contributions you want to place in the interest account and/or each investment fund. 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®			
Interest Accumulation Account	%	Equity Index Fund	%	Money Market Fund	%	2030 Retirement Fund	%	VIP Equity-Income Portfolio	%
		All America Fund	%	Mid-Term Bond Fund	%	2035 Retirement Fund	%	VIP Asset Manager Portfolio	%
		Small Cap Value Fund	%	Bond Fund	%	2040 Retirement Fund	%	VIP Contrafund®	%
		Small Cap Growth Fund	%	Retirement Income Fund	%	2045 Retirement Fund	%	Portfolio	%
		Mid Cap Value Fund	%	2010 Retirement Fund	%	2050 Retirement Fund	%	VIP Mid Cap Portfolio	%
		Mid-Cap Equity Index Fund	%	2015 Retirement Fund	%	Conservative Allocation Fund	%		
		Composite Fund	%	2020 Retirement Fund	%	Moderate Allocation Fund	%	VANGUARD	
		International Fund	%	2025 Retirement Fund	%	Aggressive Allocation Fund	%	VIF Diversified Value Portfolio	%
								VIF International Portfolio	%
								VIF REIT Index Portfolio	%

**TRANSFERS**

If you have a rollover balance in your account, you must check one of the boxes below:

This transfer request applies to  both regular and rollover balances  regular balance only  rollover balance only

If you want to transfer **part** of your balance in any alternative to another, you may express the amount as (1) a dollar figure, (2) a percentage of your balance or (3) in the case of an investment fund, a number of units. If you want to make a transfer from one alternative to two or more others, express all amounts in the same way, e.g., as all dollar figures or all percentages. If you want to transfer your entire balance in any investment fund to another, express the amount as "100%."

Transfers into the Mutual of America International Fund, Vanguard International Portfolio and American Funds Insurance Series New World Fund® must be sent by regular mail only. We will not accept submission of these forms by facsimile, express delivery or hand delivery.

Please print or type. If you need additional space, complete and attach another form.

FROM (Name of Alternative)...	TO (Name of Alternative)	DOLLARS	OR	UNITS	OR	PERCENT
		\$	OR		OR	%
		\$	OR		OR	%
		\$	OR		OR	%
		\$	OR		OR	%

**Residents of New York State:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

If you are a resident of any other state, please review the following pages for warnings that apply to your state.

I understand that once this distribution is made and released by Mutual of America, it will not be reinstated to this plan. I direct Mutual of America to make the distribution in accordance with the election on this form. If I am signing this form in a state listed on the next page or in the District of Columbia, I have read the state-specific or District of Columbia-specific fraud notice.

SIGNATURE	DATE
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**Please read the following notice that we are required to give you by the law of your state.**

**Alabama:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

**Alaska:** A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona:** For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**Arkansas:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**California:** For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

**Delaware:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.

**District of Columbia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**Florida:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**Idaho:** Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

**Indiana:** A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

**Kentucky:** Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**Louisiana:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**Maine:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**Maryland:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Minnesota:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**New Hampshire:** Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. Ann. Subsection 638:20.

**New Jersey:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

**New Mexico:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

**New York:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**Ohio:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma:** WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Pennsylvania:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**Rhode Island:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

**Tennessee:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Texas:** Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Virginia:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Washington:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**West Virginia:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison