
(EMPLOYER NAME)

SECTION 403(b) THRIFT PLAN CONTRIBUTION ELECTION FORM

EMPLOYEE NAME

SOCIAL SECURITY NUMBER

The 403(b) Thrift Plan has been explained to me and I have been given a summary plan description. I understand that I may voluntarily choose to have my pay reduced for contributions to the plan.

ELECTION TO CONTRIBUTE

I elect to contribute _____% or \$ _____ of my pay and authorize my employer to deduct that amount each pay period. I am aware that my contribution may be reduced in order to comply with federal tax rules and limits, including any higher limits that apply to participants age 50 or older. I also understand that this election will take effect with the first pay period beginning on or after the first day of the next month beginning a reasonable time after I file this election with my employer. I may stop or change my election for future pay periods by giving my employer written notice, which notice will be given effect as soon as administratively feasible.

I am aware that my contributions and earnings cannot be withdrawn or paid until I attain age 59-1/2 or upon my death, disability or termination of employment. My contributions may be available in the event of serious financial hardship (according to the plan and IRS rules).

EMPLOYEE SIGNATURE

DATE

ELECTION NOT TO CONTRIBUTE

I do not wish to contribute to the plan at this time. I understand that, if the plan provides for matching employer contributions, I will not be entitled to such contributions during the time I am not contributing. I also understand that I may elect to contribute in the future by completing a contribution election form and an enrollment form and filing them with my employer.

EMPLOYEE SIGNATURE

DATE

EMPLOYER REPRESENTATIVE

DATE RECEIVED

NOTE TO EMPLOYERS

THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S RECORDS OF THE PLAN.

EMPLOYERS SHOULD REVIEW THIS SAMPLE PAYROLL AUTHORIZATION FORM WITH COUNSEL REGARDING ANY APPLICABLE STATE LAW THAT MAY AFFECT THIS DOCUMENT.

MUTUAL OF AMERICA

Thrift Plan EMPLOYEE ENROLLMENT FORM

| | |
|---|---|
| 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 / / <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |

EMPLOYER ONLY

| EMPLOYER'S NAME | EMPLOYER NUMBER | | | | | | | | | | | | | | | |
|---|---|---------------------------|----------------------------------|--------------------------------------|------------------------|--|-------------------|---------------|----------------|----------------------------------|--------------------------------------|---------|--|-----|-----|-----|
| DATE EMPLOYEE HIRED / / | EMPLOYMENT STATUS <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME | | | | | | | | | | | | | | | |
| PART-TIME SERVICE If this employee ever worked on a part-time basis, enter the date on which the 1,000-hour requirement was met, in accordance with plan specifications. | DATE 1,000 HOURS COMPLETED | | | | | | | | | | | | | | | |
| PRIOR TAX-EXEMPT SERVICE If during the last three years this employee had service with another eligible organization that is to be counted toward meeting eligibility requirements, enter the number of months of such service that are to be counted. | NUMBER OF MONTHS | | | | | | | | | | | | | | | |
| EMPLOYEE'S SALARY RATE \$ <input type="checkbox"/> (A) Annual <input type="checkbox"/> (B) Biweekly <input type="checkbox"/> (M) Monthly <input type="checkbox"/> (W) Weekly <input type="checkbox"/> (S) Semi-monthly | EMPLOYEE'S DEPARTMENT # (IF APPLICABLE) | | | | | | | | | | | | | | | |
| EFFECTIVE DATES Enter the effective date for each contribution type and the percent of salary or dollar amount for participant contributions. | <table border="1"> <thead> <tr> <th colspan="3">PARTICIPANT CONTRIBUTIONS</th> <th colspan="2">EMPLOYER CONTRIBUTIONS</th> </tr> <tr> <th>PERCENT OF SALARY</th> <th>DOLLAR AMOUNT</th> <th>EFFECTIVE DATE</th> <th>EMPLOYER MATCHING EFFECTIVE DATE</th> <th>EMPLOYER NON-MATCHING EFFECTIVE DATE</th> </tr> </thead> <tbody> <tr> <td>% OR \$</td> <td></td> <td>/ /</td> <td>/ /</td> <td>/ /</td> </tr> </tbody> </table> | PARTICIPANT CONTRIBUTIONS | | | EMPLOYER CONTRIBUTIONS | | PERCENT OF SALARY | DOLLAR AMOUNT | EFFECTIVE DATE | EMPLOYER MATCHING EFFECTIVE DATE | EMPLOYER NON-MATCHING EFFECTIVE DATE | % OR \$ | | / / | / / | / / |
| PARTICIPANT CONTRIBUTIONS | | | EMPLOYER CONTRIBUTIONS | | | | | | | | | | | | | |
| PERCENT OF SALARY | DOLLAR AMOUNT | EFFECTIVE DATE | EMPLOYER MATCHING EFFECTIVE DATE | EMPLOYER NON-MATCHING EFFECTIVE DATE | | | | | | | | | | | | |
| % 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 an investment fund will fluctuate to recognize investment results.

| INTEREST ACCOUNT | | INVESTMENT FUNDS | | | | | | | |
|-------------------------------|---|------------------------------|---|---------------------------|---|----------------------|---|------------------------|---|
| Interest Accumulation Account | % | Money Market Fund | % | All America Fund | % | 2015 Retirement Fund | % | VIP Asset Manager Fund | % |
| | | Mid-Term Bond Fund | % | Small Cap Value Fund | % | 2020 Retirement Fund | % | VIP Mid Cap Fund | % |
| | | Bond Fund | % | Small Cap Growth Fund | % | 2025 Retirement Fund | % | VIP Equity-Income Fund | % |
| | | Composite Fund | % | Mid Cap Value Fund | % | 2030 Retirement Fund | % | VIP Contrafund | % |
| | | Conservative Allocation Fund | % | Mid-Cap Equity Index Fund | % | 2035 Retirement Fund | % | | |
| | | Main Street Fund @/VA | % | Moderate Allocation Fund | % | 2040 Retirement Fund | % | | |
| | | Aggressive Allocation Fund | % | Retirement Income Fund | % | 2045 Retirement Fund | % | | |
| | | Social Balanced Fund | % | Equity Index Fund | % | 2010 Retirement Fund | % | Diversified Value Fund | % |
| | | VP Capital Appreciation Fund | % | Bond Fund | % | Capital Growth Fund | % | International 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 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: <input checked="" type="checkbox"/> Primary | | | | Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | | | |
| Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other | | | | Relationship: <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 | | SOCIAL SECURITY # | | DATE OF BIRTH | | | |
| ADDRESS | | Street | | | | | |
| City | | State | | Zip Code | | | |
| 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 Thrift 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 of Spouse

 Date

 Signature and Seal of Notary Public or Signature of Authorized Representative

 Date

STATEMENT AND SIGNATURE

I have read the current prospectus 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 Thrift Plan.

| | |
|----------------------|------|
| Employee's Signature | Date |
|----------------------|------|

Mutual of America's Consent Agreement Form to Receive Electronic Documents and Communications

To sign up for eDocuments, complete this form, detach and return
to your employer or your local Mutual of America regional office.

Your Name: _____
(please print)

Social Security Number: _____

Employer Name: (if applicable) _____

Your E-mail Address: _____

Consent to Receive Electronic Documents

I request that Mutual of America deliver to me through its Internet Web site, for each product that I now (or in the future) own, or under which I participate through my employer, the following documents: prospectuses (and/or brochures, depending on the Mutual of America product) and supplements to prospectuses and brochures; semi-annual and annual reports, which contain financial and other information; quarterly account statements; confirmation statements for account transactions; proxy statements and related voting materials; privacy notices, including initial, annual and opt-in or opt-out notices; and any other documents required to be delivered to me by Mutual of America under federal or state laws. I acknowledge that I will continue to receive paper copies of certain of these documents until they become available online. An added benefit of my consenting to receive the above referenced material electronically is that the monthly participant charge (\$2.00 per month or 1/12 of 1% if the account balance is less than \$2,400) will be waived for each month. I must consent to receive eDocuments by 6:00 p.m. Eastern Time of the last business day of the month.

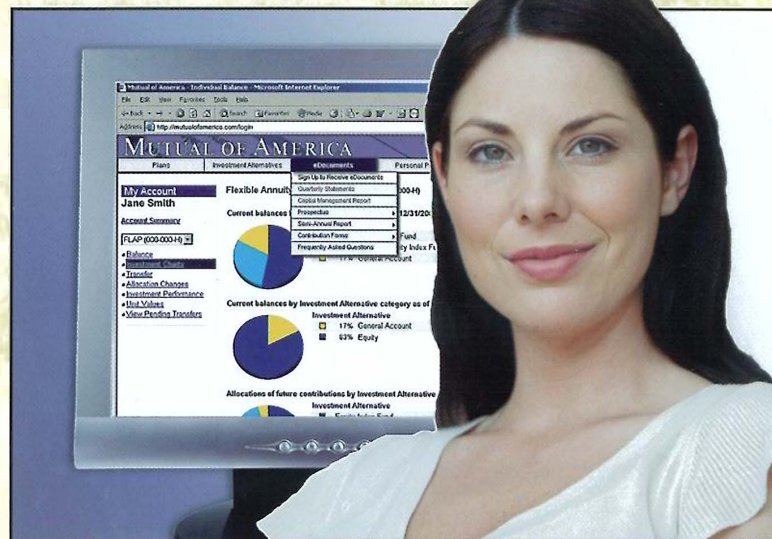
I understand that Mutual of America will send an e-mail notice to the e-mail address I have provided, each time one of these documents is available to me online. I also understand that I will need to log in to Mutual of America's Web site to view documents online. I agree that Mutual of America in the future may change its method of providing notice of available documents, so long as Mutual of America gives me advance notice of each planned change, and may from time to time change the location on its Web site of certain of the available documents. My consent to receive various documents through Mutual of America's Web site will continue to be effective until:

- 1) I revoke my consent online or by calling Mutual of America at 1-800-468-3785 and instructing a customer service representative to revoke my consent;
- 2) my consent is automatically revoked and the monthly participant charge will be applicable when e-mail sent to the e-mail address I have given is returned to Mutual of America as undeliverable;
- 3) Mutual of America for any reason discontinues providing documents online; or
- 4) my consent is automatically revoked when Mutual of America makes a material change in the hardware or software required to view documents online that interferes with my ability to view those documents.

I acknowledge that the online service provider I utilize for access to the Internet may charge me a fee for the time required to view Mutual of America's documents online or for other services.

Signature: _____ Date: _____

Sign Up for eDocuments Today!



- View your quarterly statements online
- Receive our *enews* publication and important product updates electronically
- We'll waive your monthly participant charges!*

MUTUAL OF AMERICA
Your Retirement CompanySM

*see inside for details