

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 #					
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
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