

Beneficiary Designation

Mail this form to:

Mutual of America Financial Group, P.O. Box 20011, New York, NY 10011. If you need assistance, please call 800.468.3785.

Participant Information

Last 4 Digits of Social Security Number XXX-XX-	First Name	Middle Initial	Last Name	
Mailing Address Street and Number		City	State	Zip Code
(If Foreign Resident) Province		Country		
Home Phone Number ()	Mobile Phone Number ()	Office Phone Number ()		

If you are currently employed, you must make any change to your address through your employer. After your employer updates its payroll and personnel records to reflect your new address, it will notify us, and we will update our records accordingly.

Your beneficiary designations apply to the following plan:

Plan Information

Plan Sponsor's Name	Plan Number
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Important Information

A single Beneficiary Designation form cannot be used in instances where multiple plans exist. A Beneficiary Designation Form for each plan must be submitted. If you are designating a Trust as Beneficiary OR if you are required to provide an Irrevocable Designation of Beneficiary, contact Mutual of America at 800.468.3785.

For married participants: Your contract may require that you name your Eligible Spouse (as defined in the Plan and federal law) as your only primary beneficiary unless your Eligible Spouse signs the Spouse's Waiver of Death Benefits below in the presence of a Plan (employer) representative or a notary public after you designate the beneficiaries you wish below.

Whenever you want to change your primary beneficiary(ies), your Eligible Spouse must sign a new waiver unless you name your Eligible Spouse as your only primary beneficiary. Please refer to your Summary Plan Description (SPD). You can obtain a copy of the SPD, without charge, from your employer.

For unmarried participants: You may name any beneficiaries you wish. If you marry in the future, your beneficiary designation under the retirement plan will be automatically voided, and your Eligible Spouse will be deemed as your primary beneficiary, if required by the contract. At that time, you should complete Mutual of America's "Beneficiary Designation" form and follow the instructions applicable to married participants.

In the event of your death, and subject to the Eligible Spouse Waiver requirements, the total value of your account will be paid in accordance with the order specified in your Summary Plan Description (SPD). You can obtain a copy of the SPD, without charge, from your employer.

If you name more than one primary beneficiary or more than one secondary beneficiary, the death benefit will be paid in equal shares to the primary beneficiaries who survive you, or if none, to the secondary beneficiaries who survive you, unless you show below the percentage you want each of them to receive. If you specify percentages you want each beneficiary to receive, be sure your percentages for all beneficiaries in each beneficiary type total 100%.

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, and sign and date the additional page.

Beneficiary Designations

Beneficiary Type: <input checked="" type="checkbox"/> Primary					
Relationship Type: <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ <small>(Relationship)</small>					
Name First Initial Last			Date of Birth	Social Security Number	
			/ /		
Address		City	State	Zip Code	
(If Foreign Resident) Province		Country	Telephone Number		
			Work	Home	Mobile
				Benefit Percent %	

If you are married and have **not** designated your spouse as primary beneficiary, your contract may be 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 the employer.

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary					
Relationship Type: <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ <small>(Relationship)</small>					
Name First Initial Last			Date of Birth	Social Security Number	
			/ /		
Address		City	State	Zip Code	
(If Foreign Resident) Province		Country	Telephone Number		
			Work	Home	Mobile
				Benefit Percent %	

Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary					
Relationship Type: <input type="checkbox"/> Spouse <input type="checkbox"/> Daughter <input type="checkbox"/> Son <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Estate <input type="checkbox"/> Other _____ <small>(Relationship)</small>					
Name First Initial Last			Date of Birth	Social Security Number	
			/ /		
Address		City	State	Zip Code	
(If Foreign Resident) Province		Country	Telephone Number		
			Work	Home	Mobile
				Benefit Percent %	

Consent and Signature

My current marital status is: I am married. I am single. I am divorced. I am widowed.

If you have indicated that you are not married, and Mutual of America's records indicate otherwise, Mutual of America may require evidence that you are not married.

Spouse's Waiver (Witnessed by a Notary Public or Authorized Representative of Employer)

My spouse is a participant in a Mutual of America 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.

Spouse's Name

Date of Birth

Signature of Spouse

Date

Signature and Seal of Notary Public or Signature of Authorized Representative

Date

Mutual of America employees are not authorized to sign as Plan Authorized Representatives. Notary's acknowledgment may be added below:

By signing below, you:

Affirm that the beneficiary information provided on this form replaces any prior beneficiary information that may be on record for the indicated account(s).

Acknowledge that listing beneficiaries by name does NOT create a category of beneficiaries, and that if you later want to include other beneficiaries, you will need to submit a new beneficiary form.

Acknowledge that, if you do not provide percentages, the account will be divided equally among primary or secondary beneficiaries, as applicable.

Acknowledge that, if you do not properly name a beneficiary, or no beneficiary survives you, your beneficiary will be your spouse or, if you are not married, in accordance with the rules of succession in the Plan Document.

Acknowledge that, if your contract is subject to the spousal waiver, and you are married and you designate anyone other than your spouse as beneficiary, your designation cannot be accepted without your spouse's notarized signature.

Sign
Here

Participant's Signature

Date

Insurance products are issued by Mutual of America Life Insurance Company, 320 Park Avenue, New York, NY 10022-6839.
Mutual of America Securities LLC, Member FINRA/SIPC distributes securities products.

Mutual of America Financial Group is the trade name for the companies of Mutual of America Life Insurance Company.