

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.)

PARTICIPANT'S NAME	CUSTOMER IDENTIFICATION NUMBER ____-____-____-____-____	DAY TELEPHONE NUMBER
ADDRESS		

A. To tell Mutual of America how you want us to handle amounts that you will be contributing under this 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.

B. 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."

PLAN TYPE

You may only use this form for a single transaction. To transact on more than one plan, please submit a separate form for each plan.

Check one:

401(k) Employer Number _____ 403(b) Thrift Plan Employer Number _____

A. ALLOCATION OF FUTURE CONTRIBUTIONS

(Your plan may not permit your Employer's contributions to be placed in any of the Investment funds. If this is the case, such contributions will be placed in the Interest Accumulation Account, and this election will apply only to your own contributions.)

Show the percentage of your future contributions you want to place in the Interest Accumulation Account and/or investment funds. Use whole numbers only, and make sure the percentages total 100%.

Amounts you place in the Interest Accumulation 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 Investment Corporation			Fidelity® Investments		American Funds
Interest Accumulation Account	%	Equity Index Fund	Money Market Fund	2035 Retirement Fund	VIP Equity-Income Portfolio	Insurance Series®	New World Fund®
		All America Fund	Mid-Term Bond Fund	2040 Retirement Fund	VIP Asset Manager Portfolio	Calvert	VP SRI Balanced Portfolio
		Small Cap Value Fund	Bond Fund	2045 Retirement Fund	VIP Contrafund® Portfolio	DWS	Capital Growth VIP
		Small Cap Growth Fund	Retirement Income Fund	2050 Retirement Fund	VIP Mid Cap Portfolio	Vanguard	Oppenheimer Funds
		Small Cap Equity Index Fund	2010 Retirement Fund	2055 Retirement Fund	VIF Diversified Value Portfolio		Main Street Fund®/VA
		Mid Cap Value Fund	2015 Retirement Fund	2060 Retirement Fund	VIF International Portfolio		PIMCO
		Mid-Cap Equity Index Fund	2020 Retirement Fund	Conservative Allocation Fund	VIF Real Estate Index Portfolio		VIT Real Return Portfolio
		Composite Fund	2025 Retirement Fund	Moderate Allocation Fund	VIF Total Bond Market Index Portfolio		T. Rowe Price
		International Fund	2030 Retirement Fund	Aggressive Allocation Fund	American Century Investments		Blue Chip Growth Portfolio
					VP Capital Appreciation Fund		MFS
							VIT III Mid Cap Value Portfolio

PLEASE COMPLETE REVERSE SIDE

B. TRANSFERS

(Your plan may not permit your Employer's contributions to be placed in any of the Investment funds. If this is the case, such contributions will be placed in the Interest Accumulation Account, and this election will apply only to your own contributions.)

Check all that apply:

This Transfer request applies to

<input type="checkbox"/> Traditional Balance*	<input type="checkbox"/> Designated Roth Contribution Account Balance
<input type="checkbox"/> Traditional Rollover Balance*	<input type="checkbox"/> Designated Roth Contribution Rollover Balance

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 alternative 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 to the address above. We will not accept submission of these forms by facsimile, express delivery or hand delivery.

*Traditional Accounts include all other Employee and Employer contributions besides Designated Roth Contributions.

Print or type

FROM (Name of Alternative)...	TO (Name of Alternative)	DOLLARS	OR	UNITS	OR	PERCENT
		\$	<i>OR</i>		<i>OR</i>	%
		\$	<i>OR</i>		<i>OR</i>	%
		\$	<i>OR</i>		<i>OR</i>	%
		\$	<i>OR</i>		<i>OR</i>	%

I have read the current investment brochure and am familiar with the objectives of the Investment Funds.

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

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

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