

Please send this form to your local service representative.  
If you require address information, please call Mutual of America's toll-free telephone number 1-800-468-3785.

EMPLOYER'S NAME	EMPLOYER NUMBER
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EMPLOYER'S ADDRESS Number and Street	City	State	Zip Code
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PARTICIPANT'S NAME	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER XXX-XX-__ __ __ __	PARTICIPANT'S TELEPHONE NUMBER ( )
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PARTICIPANT'S ADDRESS Street and Number	City	State	Zip Code
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PLAN(S)  SIMPLE IRA  Tax-Deferred Annuity  401(k)  403(b) Thrift  Simplified Employee Pension  
 Gov. 457 Plan  Individual Retirement Annuity  Flexible Premium Annuity  401(a) Thrift Plan

Last Day of Employment:	Month / Day / Year	Vesting Percentage: _____%	Date of Last Contribution:	Month / Day / Year
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REASON FOR CESSATION OF PARTICIPATION

- Termination of Service
- Disability
- Retirement
- Death

MARITAL STATUS OF DECEASED PARTICIPANT

- Single  Married  Widowed  Divorced

SPOUSE'S FULL NAME
SPOUSE'S ADDRESS (If different from deceased participant's) Number and Street
City State Zip Code

EMPLOYER'S SIGNATURE

SIGNATURE	DATE
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## TO THE PARTICIPANT

*Please read and complete the section below.  
Retain a copy of this form and a copy of your Summary Plan Description for future reference.*

If you are covered for Group Life Insurance, you can convert all or part of your Group Life Insurance to an individual Life Insurance policy, provided that you apply for a policy within 31 days after termination of service. Please check one of the following:

- Please send information about converting my Group Life Insurance to an individual Life Insurance policy.
- I decline my right to convert my Group Life Insurance coverage to an individual Life Insurance policy.

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.

SIGNATURE OF PARTICIPANT	LAST 4 DIGITS OF SOCIAL SECURITY NO. XXX-XX- _ _ _ _	DATE
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