

Mail this form to your Mutual of America service representative, along with a copy of your most recent statement. Do NOT mail it to the transferring fund provider. Mutual of America will complete the Letter of Acceptance section and forward this request to the transferring fund provider. If you require address information, please call Mutual of America's toll-free number 1-800-468-3785.

PARTICIPANT'S NAME		LAST 4 DIGITS OF SOCIAL SECURITY NUMBER	DAY TELEPHONE NUMBER
		XXX-XX-__ __ __ __	()
FULL NAME OF TRANSFERRING COMPANY			TRANSFERRING CO. PHONE NUMBER
			()
TRANSFERRING COMPANY ADDRESS Street and Number	City	State	Zip Code

TO THE TRANSFERRING COMPANY

With regard to my 403(b) TDA/TSA 403(b) Thrift Employer Retirement Plan qualified under IRC 401(a) or 401(k)
 Governmental 457 SEP IRA SIMPLE IRA Tax-Exempt 457 Plan Plan # _____

TRADITIONAL ACCOUNT BALANCE

I request that you liquidate and directly TRANSFER to Mutual of America Life Insurance Company:

the full account value the partial account value shown below:

OR

I request that you liquidate and directly ROLLOVER to Mutual of America Life Insurance Company:

the full account value the partial account value shown below:

Investment Name	\$ Amount or %	Investment Name	\$ Amount or %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESIGNATED ROTH ACCOUNT BALANCE

I request that you liquidate and directly TRANSFER to Mutual of America Life Insurance Company:

the full account value the partial account value shown below:

OR

I request that you liquidate and directly ROLLOVER to Mutual of America Life Insurance Company:

the full account value the partial account value shown below:

Investment Name	\$ Amount or %	Investment Name	\$ Amount or %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TO THE TRANSFERRING FUND PROVIDER: HOW TO SEND YOUR PAYMENT

Please liquidate the account referenced above and send the proceeds by check as instructed below. We cannot accept after-tax money except for transfers between 401(a)s, or Designated Roth Contributions.

Make check payable to: Mutual of America, FBO _____, _____, _____
PARTICIPANT NAME MUTUAL PLAN (ER) NO. PLAN TYPE

Mail check to: Mutual of America, P.O. Box 2493, New York, NY 10185-2493.
 If you would like to send the payment electronically, please contact your local Regional Office for payment information. Please include the following information with any electronic transfer of funds: FBO participant's name, Mutual of America Plan Number and Plan Type as indicated above.

You must provide information to Mutual of America so that Mutual of America can administer the rollover amount. Please follow the instructions on the attached Required Information form to provide that information.

If you have any questions or need more information, please call our office at: (_____) _____-_____

TO MUTUAL OF AMERICA

Please deposit the funds to my Mutual of America Traditional IRA ROTH IRA SEP IRA SIMPLE IRA 403(b) Thrift
 401(k) 401(a) Thrift 403(b) TDA/TSA Governmental 457 Tax-Exempt 457 Plan # _____

I am aware of and acknowledge any fee or penalty the transferring fund provider may impose as a result of this transaction. I understand that (1) The rolled or transferred funds will be allocated according to my allocation election for future contributions to the receiving plan; (2) Amounts rolled over to any type of IRA, or from a Governmental 457 Plan, become subject to all the provisions, restrictions and tax rules of the receiving account/plan; and (3) A conversion transfer to a Roth IRA is taxable, and any amount withheld for income tax is subject to a 10% tax penalty prior to age 59-1/2.

I authorize Mutual of America to contact my current fund provider on my behalf; and I authorize Mutual of America and my current fund provider to exchange any information, forms or written authorization needed to take all the actions I have requested above.

PARTICIPANT'S SIGNATURE	CUSTOMER IDENTIFICATION NUMBER	DATE
-------------------------	--------------------------------	------

MEDALLION SIGNATURE GUARANTEE

If your former carrier requires it, please ask your bank to affix a Medallion Signature Guarantee here:

For Mutual of America use only: LETTER OF ACCEPTANCE

This is to certify that the above participant has the following plan with Mutual of America:

Traditional IRA Roth IRA SEP IRA SIMPLE IRA Governmental 457 403(b) Thrift 401(k)
 401(a) Thrift 403(b) TDA/TSA Tax-Exempt 457

Mutual of America will accept the request indicated below for deposit to the participant's account:

Transfer,
 Direct Rollover, or
 Conversion Transfer

SIGNATURE TITLE DATE