

Plan Sponsor's Name	Employer Number	Internal Use Only Claim Number _____
	Plan Type	Valid Transaction Date / /

Participant Information

Participant's Name	Customer Identification #
Mailing Address	If your address has changed, please provide your new address here
Email Address	Day Telephone Number ()

Please provide an email address to communicate any issues identified with this withdrawal request. The email address you provide will not update our records. Review the Mailing Instructions section below regarding submitting this withdrawal request to us.

Before proceeding with a withdrawal or rollover from your Mutual of America account, you should log in to the My Account section of mutualofamerica.com to view your total vested account balance* under the plan identified above. If you need help accessing your online account, please contact a Mutual of America representative.

Please note that the vested account balance shown in My Account is based solely on your assets with Mutual of America. You may have an account balance with another retirement company under this employer's plan. If you do, you should contact the employer to obtain information about the Qualified Joint and Survivor Annuity and other forms of annuity payment options that may be available with the other provider(s).

This balance will fluctuate based on the performance of the underlying investment alternatives to which you allocated your contributions. If you have any questions about your account balance, or need assistance in completing this form, please contact a Mutual of America representative.

Please read the *Special Tax Notice Regarding Plan Payments* included in the booklet titled *Financial Information Concerning Qualified Joint and Survivor Annuities and Other Annuity Options*. **If you did not receive this booklet, do not proceed with completing this form.** Contact a Mutual of America representative. Federal tax law generally provides that you must be given at least 30 days to consider this notice before a distribution can be made. You may waive the waiting period by submitting this form.

You have the right to defer receipt of distributions under the plan but not beyond April 1 of the calendar year following the calendar year in which you become age 72. However, if you continue to be employed with the employer that maintains the plan beyond that date and you are not a 5% or more owner of that employer, you can defer receipt of your plan benefits beyond age 72 until you stop working for that employer.

If you defer receipt of your distribution, the amounts in your account under the plan will continue to be invested in your current choices of investment alternatives. You will also continue to have the same right to transfer amounts in your account as you had before you deferred your distribution, unless in the future the plan is amended, terminated or the plan administrator imposes a short, temporary restriction on your transfer rights, called a "blackout period." If the participant investment rights are amended, the plan is terminated, or the plan administrator imposes a blackout period, you will be notified.

Your right to defer distributions, information about investment alternatives, and your right to transfer amounts in your participants account among the available investment alternatives are described in the Summary Plan Description (SPD) for the plan. You can obtain a copy of the SPD without charge from your employer or former employer.

The investment alternatives and all fees and expenses of each are described in detail in the applicable prospectus and/or Qualified Plan Brochure, which is provided each year to plan participants without charge. Please contact a Mutual of America representative if you want updated copies of these documents.

*Please refer to your summary plan description for more information on your vested account balance.

Loan Repayment Instructions

(Check one of the following and complete all other applicable sections of the form.)

I have no loans under the referenced plan. I have an outstanding loan(s), which should remain active.

I instruct Mutual of America to pay all loans in full with proceeds from my account.

Please note that your loan(s) **will remain active** if you choose one of the following options:

I instruct Mutual of America to pay all loans up-to-date with proceeds from my account.

I instruct Mutual of America to pay the following loan number(s) up-to-date with proceeds from my account:

I instruct Mutual of America to pay the following loan number(s) in full with proceeds from my account:

Note: If you do have an outstanding group annuity loan(s) and you do not elect one of the loan options above, your loan(s) will remain active and all funds necessary to secure the loan(s) will be retained in your account. Please see the instructions provided with this form for more information.

Notice/Election for Participants Age 72 and Older

Complete this section **ONLY** if you have reached or will reach age 72 before the end of the calendar year.

Minimum distributions under retirement plans are generally subject to federal income tax withholding unless you elect no withholding. This withholding applies even if you elected to have the distributions deposited to your FPA.

If you elect withholding, federal income taxes must be withheld at the rate of at least 10% of the taxable amount. If you do not have enough federal income tax withheld from your distributions, you may be responsible for payment of estimated tax.

Whether or not you elect to have tax withholding, you are liable for payment of income tax on the taxable amount of the payment (even if you elect to have the distribution deposited to your FPA). You may also be subject to tax penalties under the estimated tax payment rules if your estimated tax and withholding, if any, are not adequate.

If you are requesting a rollover, we will first process the payment of your required minimum distribution for this year and then roll the balance to your new plan. Required taxes will be withheld unless you make a different election in the tax withholding section below.

I have already satisfied my minimum distribution requirement for this year from my _____ plan
at _____
Name of Financial Institution

Note: A 403(b) contract owner must calculate the Required Minimum Distribution (RMD) separately for each 403(b) contract that he or she owns but can take the total amount from one or more of the 403(b) contracts.

However, RMDs required from other types of retirement plans, such as 401(a), 401(k) and 457(b) plans, have to be taken separately from each of those plan accounts.

— OR —

In connection with my minimum distribution paid as a result of this form, I elect the following income tax withholding:

FEDERAL: _____ % (enter a whole number) OR \$ _____ OR No federal income tax withholding

STATE: _____ % (enter a whole number) OR \$ _____ OR No state income tax withholding

If you make no election, or the amount selected is less than that required, we will withhold the required amount.

Please deposit my entire minimum distribution into my Mutual of America FPA. I understand that this transaction is a taxable event.

If you do not have an FPA, but would like information on this variable annuity contract, call your local Mutual of America office.

You should consider the investment objectives, risks, and charges and expenses of the variable annuity contract and the underlying investment funds carefully before investing. This and other information is contained in the contract prospectus and underlying funds prospectuses and summary prospectuses, which can be obtained by calling 800.468.3785 or visiting mutualofamerica.com. Read them carefully before investing.

Mutual of America's FPA is an individual variable annuity contract and is suitable for long-term investing, particularly for retirement savings. The value of a variable annuity contract will fluctuate depending on the performance of the Separate Account investment funds you choose. Upon redemption, you could receive more or less than the principal amount invested.

Payment Election

I elect to receive my payment by:

- Check** (Payment by check may be delayed if you have recently requested a change of address.)
- Electronic Funds Transfer (Please complete the section below. There will be no delay in payment even if you recently requested an address change.)**

(This section **MUST** be completed if you have elected a taxable distribution and want your payment sent directly to your bank account.)
 A check will be mailed to your home address of record if this section is not completed and/or appropriate documentation is not provided.

Depository (Bank or Credit Union) Information: (Deposits cannot be made into a foreign bank.)

Bank Or Credit Union Name	
Bank Routing Number (9 Digit)	Account Number
<p>Account Type (check one):</p> <p><input type="checkbox"/> Checking [You must attach a voided, original preprinted check with name(s) of account holder(s).]*</p> <p><input type="checkbox"/> Savings [You must attach an account statement or deposit slip with name(s) of account holder(s) preprinted on the slip.]**</p> <p><i>*If you do not have preprinted checks with your account, you must provide a bank document that contains the names of the account holders, the name of the bank, ABA routing number and your account number. Starter checks, deposit slips, direct deposit set-up forms and photocopies of a check will not be accepted.</i></p> <p><i>**If you do not have your bank statement or preprinted deposit slip, you must provide a bank document that contains the names of the account holders, the name of the bank, ABA routing number and your account number.</i></p>	

Routing Number Account Number

Tax Withholding Election

The distribution you receive from the plan is subject to federal income tax withholding, including conversion rollovers of Traditional Contributions to Roth IRA accounts, unless you have elected a direct rollover of the entire account or your total distribution in a tax year is less than \$200. Complete this section only if your distribution is subject to **mandatory** withholding or if you are requesting a conversion rollover and wish to have taxes withheld. Please see the instructions provided with this form for more information.

Complete Part I below for tax withholding on distributions that you have elected to receive. Complete Part II below for voluntary tax withholding on conversion rollovers.

Part I – Tax Withholding Election for Distributions

I have read the Special Tax Notice Regarding Plan Payments. I understand that federal tax law requires that a minimum of 20% must be withheld for federal income tax on the distribution I have elected to receive and I elect the following tax withholding amounts:

FEDERAL: _____ % (enter a whole number) OR \$ _____

Please note that if your state requires income tax withholding in instances where federal income tax is withheld, we will automatically withhold any required amount for state income tax.

STATE: _____ % (enter a whole number) OR \$ _____

Some states require a separate election of either state tax withholding or no state tax withholding. In the event you live in one of these states, please check one of the following boxes to satisfy that election.

I ELECT: STATE TAX WITHHOLDING NO STATE TAX WITHHOLDING

If you make no election, or the amount elected is less than required, we will withhold the required minimum.

Part II – Voluntary Tax Withholding Election for Conversion Rollovers

I have read the Special Tax Notice Regarding Plan Payments. I elect the following tax withholding amounts:

FEDERAL: _____ % (enter a whole number) OR \$ _____

Please note that if your state requires income tax withholding in instances where federal income tax is withheld, we will automatically withhold any required amount for state income tax.

STATE: _____ % (enter a whole number) OR \$ _____

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

Only complete this section if your plan is subject to Spousal Consent requirements. You can contact your Plan Administrator to determine if your plan requires Spousal Consent. Federal law requires that if you are married, your spouse must complete this section if your plan balance exceeds \$1,000 (or such larger amount as provided in current government regulations and/or your employer's plan).

I have received an explanation of the qualified joint and survivor annuity form of benefit payment offered by the above plan or annuity contract, and of the financial effect of electing the other forms of payment under the plan or contract (Financial Information Concerning Qualified Joint and Survivor Annuities and Other Annuity Options). I have also received all information which I have requested as permitted and described by that explanation. I have read and understood it and believe I have sufficient information to consent to my spouse's election. I also acknowledge that I received the explanation and other information requested by my spouse no more than 180 days prior to my spouse's election. I am aware that I have the right to consider that information and explanation for at least 30 days before consenting to my spouse's election, but by signing and submitting this application earlier I specifically waive that minimum 30-day period.

PLEASE NOTE THAT ALL SIGNATURES AND THE NOTARY SEAL IN THIS SECTION MUST BE ORIGINAL (unless current government regulations allow for electronic, telephonic, or other evidence of execution and notarization).

Spouse's Signature _____

Date _____

Signature and Seal of Notary Public OR Signature and Printed Name of Authorized Representative _____

Date _____

Notary's acknowledgment must be added below:

Statement and Signature – You Must Sign and Date Below

I have received an explanation of the qualified joint and survivor annuity form of benefit payment offered by the above plan or annuity contract, and of the financial effect of electing the other forms of payment under the plan or contract. I have also received all information which I have requested as permitted and described by that explanation. I have read and understood it and believe I have sufficient information to make my election. I also acknowledge that I received the explanation and other information I requested no more than 180 days prior to my election. I am aware that I have the right to consider that information and explanation for at least 30 days before making my election, but by signing and submitting this application earlier I specifically waive that minimum 30-day period.

If I have elected a rollover to another financial institution, I certify that the financial institution into which I am rolling or transferring funds will accept those funds and deposit them into an appropriate retirement plan or individual retirement plan or individual retirement annuity. I understand that Mutual of America will not be responsible for any adverse tax consequences that may occur as a result of how the funds are handled by the receiving financial institution.

I attest to my current marital status:

(Only select your current marital status if your plan is subject to Spousal Consent requirements.)

I am married (Spouse's Consent completed above) I am single I am divorced I am widowed

As of the date of this form, I hereby release and forever discharge the Plan and Mutual of America from all claims and demands whatsoever with respect to my selection and statements made pursuant to this form.

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.

Sign
Here

Participant's Signature _____

Date _____

Mailing Instructions

Once you complete the form, you can either (1) mail the form and any additional documentation to the address shown below or (2) email the form and additional documentation as a PDF file to us at **WPC@mutualofamerica.com** from the email address we have on file for you. We will only be able to process emailed forms that are in PDF format. If you email the form to us using an email address other than the email address we have on file for you, we will reject your email. We do this to safeguard your account and to prevent fraudulent withdrawals from your account.

Mutual of America Financial Group
Withdrawal Processing Center
1150 Broken Sound Parkway NW
Boca Raton, FL 33487-9866

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