

New Account Application

Do not use this form for Individual Retirement Accounts.

Before you send your application, be sure you:

- Complete all applicable fields in Sections 1 through 10,
- Sign your name in Section 12, (For UGMA/UTMA accounts, the Custodian must sign.)
- If your investment is by bank wire transfer, please call 1-800-914-8716 for wiring instructions.

www.mutualofamerica.com/mutualfunds

Mail your application and check made payable to Mutual of America Investment Corporation to:	Regular Mail:	Overnight Mail:
	Mutual of America Funds	Attn: Mutual of America Funds
	PO Box 182572	4249 Easton Way, Suite 400
	Columbus, OH 43218-2572	Columbus, OH 43219

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING AN ACCOUNT: Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, residential address, date of birth, government identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. If we do not receive these required pieces of information, there may be a delay in processing your investment request which could subject your investment to market risk. If we are unable to immediately verify your identity, the Fund may restrict further investment until your identity is verified. However, if we are unable to verify your identity, the Fund reserves the right to close your account without notice and return your investment to you at the price determined as of 4:00 p.m. on the day in which your account is closed. If we close your account because we are unable to verify your identity, your investment will be subject to market fluctuation, which could result in a loss of a portion of your principal investment.

*** THIS INFORMATION MUST BE PROVIDED TO OPEN AN ACCOUNT**

Section 1: Account Registration (Please Print)

A. FOR APPLICANTS (Check one box): <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> JOINT		
*Name:	*SSN:	*Date of Birth:
*Name:	*SSN:	*Date of Birth:
The joint account registration will be joint tenants with rights of survivorship unless otherwise indicated here:		
B. FOR UGMA AND UTMA ACCOUNTS (Check one box): <input type="checkbox"/> Uniform Gift to Minors <input type="checkbox"/> Uniform Transfer to Minors		
*Minor's Name:	*Minor's SSN:	*Date of Birth:
under the _____ (minor's state of residence) Uniform Gift/Transfer to Minors Act.		
*Custodian's Name (only one):	*Custodian's SSN:	*Custodian's Date of Birth:
C. FOR CORPORATIONS, TRUSTS, GOVT ENTITIES, NON-PROFIT ORGANIZATIONS OR OTHER ORGANIZATIONS (Check one box):		
<input type="checkbox"/> S-Corporation <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust† <input type="checkbox"/> Non-Profit Organization <input type="checkbox"/> Govt. Entity <input type="checkbox"/> Other:		
*Name of Corporation, Trust, Non-Profit Organization or Other:	*Taxpayer I.D. or SSN:	
Corporations and banks, please complete section 9 to authorize redemptions.		
*Name(s) of Trustee(s):	Date of Trust Agreement:	
For additional signatures, please provide the requested information for each signer on a separate sheet (Social Security Number, Date of Birth).		
† Please include a copy of the first and last page of the trust agreement with this application.		

Section 2: U.S. Mailing Address (P.O. Box not acceptable without street address)

*Street:	Home Telephone No.:
*Apt. No./P.O. Box	Daytime Telephone No.:
*City:	*State:
E-mail Address:	*Zip:
	Fax Number:

Section 3: Investment Information (Please Print)

Enclosed is a check for at least the minimum amount per Fund, described below, payable to Mutual of America Investment Corporation.
 Minimums are as follows: Class I - \$3,000 per fund

I want to invest by wire transfer. Call 1-800-914-8716 to obtain an account number and wire instructions for Mutual of America Investment Corporation.

Indicate the amount(s) you are investing in each fund as well as the share class you have chosen.

TA#	Fund Name	Investment Amount	
300	-Mutual of America Composite Fund	\$	Class I
301	-Mutual of America Mid-Cap Equity Index Fund	\$	Class I
302	-Mutual of America Equity Index Fund	\$	Class I
303	-Mutual of America All America Fund	\$	Class I
304	-Mutual of America Small Cap Growth Fund	\$	Class I
305	-Mutual of America Small Cap Value Fund	\$	Class I
306	-Mutual of America Mid Cap Value Fund	\$	Class I
307	-Mutual of America Small Cap Equity Index Fund	\$	Class I
308	-Mutual of America International Fund	\$	Class I
309	-Mutual of America Catholic Values Index Fund	\$	Class I
100	-Mutual of America Money Market Fund	\$	Class I
200	-Mutual of America Mid-Term Bond Fund	\$	Class I
201	-Mutual of America Bond Fund	\$	Class I
500	-Mutual of America Retirement Fund	\$	Class I
502	-Mutual of America 2015 Retirement Fund	\$	Class I
503	-Mutual of America 2020 Retirement Fund	\$	Class I
504	-Mutual of America 2025 Retirement Fund	\$	Class I
505	-Mutual of America 2030 Retirement Fund	\$	Class I
506	-Mutual of America 2035 Retirement Fund	\$	Class I
507	-Mutual of America 2040 Retirement Fund	\$	Class I
508	-Mutual of America 2045 Retirement Fund	\$	Class I
509	-Mutual of America 2050 Retirement Fund	\$	Class I
510	-Mutual of America 2055 Retirement Fund	\$	Class I
511	-Mutual of America 2060 Retirement Fund	\$	Class I
512	-Mutual of America 2065 Retirement Fund	\$	Class I
400	-Mutual of America Conservative Allocation Fund	\$	Class I
401	-Mutual of America Moderate Allocation Fund	\$	Class I
402	-Mutual of America Aggressive Allocation Fund	\$	Class I

Section 4: Dividend and Capital Gain Distributions

All dividends and capital gains will be reinvested if one of the options below is NOT selected.		
	Reinvest in Additional Shares	Pay in cash
Dividends	<input type="checkbox"/>	<input type="checkbox"/>
Capital Gains	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> By Check <input type="checkbox"/> By ACH to my bank checking or savings account. Please attach a voided check.		

Section 5: Telephone Exchange and Redemption

I hereby authorize and direct the transfer agent to accept and act upon telephone instructions for exchanges and redemptions involving the account unless one or both of the following is (are) checked:

I do NOT authorize telephone exchanges.

I do NOT authorize telephone redemptions.

Section 6: Pre-Authorized Debit (PAD)

Yes, I/we authorize the Pre-Authorized Debit (PAD) with respect to my/our Mutual of America Fund account. Each month the fund's transfer agent will arrange for the amount specified below to be deducted by ACH transfer from my/our checking or savings account to purchase shares of the Mutual of America Fund specified below. Please call 1-800-914-8716 if you have questions.

PLEASE WITHDRAW: \$ _____ (\$100 Minimum) from my/our checking or savings account, specified in Section 8, and deposit \$ _____ into the _____ Fund

You may change these instructions at any time by notifying Mutual of America Funds in writing at the address on page 1 of this application.

PLEASE CHECK ONE OF THE FOLLOWING PAYMENT FREQUENCIES:

Once a month on the 15th Once a month on the 25th Twice a month on the 15th and 25th

NOTE: If the 15th or 25th day of the month is a weekend or holiday, your investment will occur on the next business day.

I/We authorize Mutual of America Investment Corporation to follow the above instructions in connection with Section 7 of this form, as witnessed by my/our signature below. I/We agree that if my bank upon presentation does not honor the debit, Mutual of America Investment Corporation may discontinue this service. I/ We also authorize Mutual of America Investment Corporation to liquidate sufficient shares of the Fund to make up any deficiency resulting from a dishonored debit. This program may be discontinued by the Fund at any time, or by the investor by written notice to Mutual of America Investment Corporation received no later than the business day prior to the above-designated investment date. I/We understand that if I/we wish to increase or otherwise change the amount of my/our continuous transfer plan, I/we must notify Mutual of America Funds in writing at the address on page 1 of this application.

Section 7: Bank of Record

For authorization in Section 7, if applicable. If you are participating in the Pre-Authorized Debit (PAD) program described above, and wish for Mutual of America Investment Corporation to execute transactions with your bank account, please attach a voided or canceled check to this application.		
Bank Name:		
Address:		
City:	State:	Zip:
Account Name:		Bank ABA Number:
Account Number:		
Account Type:	Checking	Savings

Section 9: Authorized Agents (Corporations, Partnerships, Banks, and Organizations must complete this section)

I wish to authorize each of the following persons to act as an agent and attorney-in-fact, and in such capacity, to give instructions to the Trust for transactions relating to any of the Mutual of America Funds. Any one of the following persons may act alone as such an agent or attorney-in-fact, unless otherwise provided below. Please attach a Power of Attorney or other authorized document.		
*Name:	Title:	Signature:
*Organization (if applicable):		
*SSN ¹ :	*Date of Birth:	
*Name:	Title:	Signature:
*Organization (if applicable):		
*SSN ¹ :	*Date of Birth:	
*Name:	Title:	Signature:
*Organization (if applicable):		
*SSN ¹ :	*Date of Birth:	
I will indemnify and hold Mutual of America Investment Corporation and the transfer agent and each of their directors, officers and employees harmless from all liabilities and costs, including attorney fees, which any of them may incur by relying upon the representations and warranties, express or written, of the Agent or upon this authorization.		
Signature:	Title:	Date:

¹Social Security Number can be waived for officers of corporations.

Section 10: Duplicate Statement Request (For Broker-Dealers, Financial Planners or Other Interested Parties)

Name:	Company:	Phone:
Address:		
City:	State:	Zip:
Dealer #:	Branch #:	Representative #:
Please check the appropriate box:	Registered Broker/Dealer <input type="checkbox"/>	Financial Planner <input type="checkbox"/>
	Interested Party <input type="checkbox"/>	Trust Administrator <input type="checkbox"/>

Section 11: For Completion by Broker Dealers/Financial Professionals

Name:	Company:	Phone:
Address:		
City:	State:	Zip:
Dealer #:	Branch #:	Representative #:
Please check the appropriate box:	Registered Broker/Dealer <input type="checkbox"/>	Financial Planner <input type="checkbox"/>
	Interested Party <input type="checkbox"/>	Trust Administrator <input type="checkbox"/>

Section 12: Signature and Taxpayer Identification Certification

- I/We have full authority and legal capacity for myself/ourselves or the organization named above, to purchase Fund(s) shares and to use the options selected within this application.
- I/We hereby ratify any instructions given pursuant to this Application and for myself/ourselves and my/our successors.
- I/We have received and read a current prospectus for the Fund(s) and agree to be bound by its/their terms.
- I/We have received and read the Privacy Policy for the Fund(s) (see page 5) and agree to be bound by its/their terms.
- I/We ratify any instructions given pursuant to this Application and for myself/ourselves and my/our successors and assigns do hereby release the Fund, its Advisor, Administrator, Affiliates from any and all liability in the performance of the acts instructed herein.

Under penalties of perjury, I/We certify that:

1. The number shown on this form is my/our correct taxpayer identification number(s), (or I am/we are awaiting for a number to be issued to me/us), and
2. I am/we are not subject to backup withholding because: (a) I am/we are exempt from backup withholding, or (b) I/we have not been notified by the Internal Revenue Service (IRS) that I am/we are subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me/us that I am/we are no longer subject to backup withholdings, and
3. I am/we are a U.S. Citizen or other U.S. Person (as identified in the Form W-9 instructions). Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

PLEASE SIGN BELOW:

Signature: _____ Title: _____ Date: _____

Print Name: _____

Signature: _____ Title: _____ Date: _____

Print Name: _____

This application must be accompanied or preceded by a prospectus. Please read it carefully before you invest.

You should consider the Fund's investment objectives, risks, and charges and expenses carefully before investing or sending any money. This and other important information about the Fund(s) can be found in the Fund's(s) prospectus or summary prospectus which can be obtained at www.mutualofamerica.com/mutualfunds or by calling 800-914-8716. Please read the prospectus or summary prospectus carefully before investing.

The Mutual of America Funds are distributed by Mutual of America Securities LLC (Member FINRA), an affiliated company. Mutual of America Capital Management LLC, a registered investment adviser, serves as Investment Adviser to the Mutual of America Investment Corporation Funds and is paid a fee for its services. Like all mutual funds, Mutual of America Funds are not FDIC insured, may lose value, and have no bank guarantee.

PRIVACY NOTICE

We are providing this Privacy Notice on behalf of Mutual of America Investment Corporation. By law, we have the right to modify this policy at any time, but if we do change it, we will notify you in advance.

Information Collection

- We collect and use information about you in order to provide you with mutual funds and investment services.
- We obtain most of this information directly from you, primarily from the applications you complete when you apply for our products and services, and from your transactions with us. If we need additional information, we may obtain it from other parties, including employers, adult family members, and consumer reporting agencies.

Information Protection

- To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with federal and state laws and regulations.
- All of our employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate business reason for doing so, such as responding to a customer request.
- Our strict policies for protecting personal information apply to current and former customers.
- Our website Privacy Policy can be found on the Internet at mutualofamerica.com.
- We have appointed a senior officer to monitor compliance with the Company's Privacy Policy.

Information Disclosure

- We will not sell your personal information to anyone.
- We will not disclose your personal information to anyone, including our affiliates and subsidiaries, for marketing purposes.
- We will not disclose your personal information to anyone, including our affiliates and subsidiaries, except as permitted by law. For example, we may disclose your personal information to our affiliates, subsidiaries and any other entities that provide services to us so that we can effect, maintain or administer your business and respond to your questions or requests.

It is our policy that the recipients of such information shall protect the information and use it only for the purpose stipulated.

For More Information

If you have any questions about Mutual of America's Privacy Policy, or wish to obtain a copy of your personal information, or to inform us of any incorrect information in our records, please contact your Regional Office or write to the Privacy Officer at Mutual of America, 320 Park Avenue, New York, NY 10022-6839.