

Part 2

Regional Conference Retirement Application ✓ Checklist

(Part 2 is filled out AFTER Retirement Benefits letter is received from MOA)

Retiree's Name _____

Conference _____

<input type="checkbox"/>	Benefits Application Form <i>(be sure retiree has chosen only ONE option)</i>
<input type="checkbox"/>	Joint Annuitant Form <i>(Make sure that all info is listed)</i>
<input type="checkbox"/>	Waiver/Statement & Signature Form <i>(Spouses signature/notarized – if applicable)</i>
<input type="checkbox"/>	Proof of Age Report—For SPOUSE <i>(if applicable)</i>
<input type="checkbox"/>	Copy of Birth Certificate or Passport – For SPOUSE <i>(if applicable)</i>
<input type="checkbox"/>	W-9 Tax Form <i>(Make sure it is signed and dated)</i>
<input type="checkbox"/>	W-4P Tax Form <i>(Make sure it is signed and dated & allowances claimed)</i>
<input type="checkbox"/>	NAD Acknowledgement and Release Form <i>(a copy)</i>
<input type="checkbox"/>	MOA Direct Deposit Form & VOIDED Check <i>(if applicable)</i>

P.S. Conference Secretaries – Please be sure to double check the forms listed above for accuracy, signatures, etc. before mailing.

Send this cover checklist & original documents requested via a traceable carrier to:

Regional Conference Retirement Plan
7000 Adventist Blvd - Huntsville, Alabama 35896

FOR RETIREMENT OFFICE USE ONLY – DO NOT WRITE IN THIS AREA

Part 2 sent to MOA via FedEx	Date:	Initials:
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**Regional Conference Retirement
Seventh-day Adventist**

BENEFITS APPLICATION

Send this form to the "Office of the Secretariat" of your Conference.

EMPLOYER'S NAME		CITY	STATE	ZIP CODE	PARTICIPANT IS: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
PARTICIPANT'S NAME		DATE OF BIRTH / /	<input type="checkbox"/> MARRIED	<input type="checkbox"/> UNMARRIED (Single, widowed, or divorced)	SOCIAL SECURITY NO.	
ADDRESS TO WHICH ANNUITY CHECKS SHOULD BE MAILED (Please Print) Street and Number			PARTICIPANT'S TELEPHONE NO. ()		LEAVE BLANK CLAIM NUMBER	
City	State	Zip Code	NORMAL RETIREMENT DATE		ACD /01/	
LAST POSITION HELD				YEARS OF SERVICE		

WHEN YOUR BENEFITS BEGIN

Your Benefit Commencement Date must be the first day of a month that is no later than ____/____/____. We must receive your properly signed, completed Application before your requested Benefit Commencement Date.

I choose to have payments begin on

Benefit Commencement Date /01/

PROOF OF AGE

The amount of your pension is affected by your age when payments begin. Also, if you choose a Joint and Survivor Payment form, the amount you will receive depends on the age of your joint annuitant. Proof of age is needed before payments can begin. Acceptable documents proving age are listed in the PROOF OF AGE REPORT form.

PROOF OF AGE FOR: **YOURSELF** Your **JOINT ANNUITANT** (if you elect a Joint and Survivor Payment form)
 is required now. is required now.
 has already been received. has already been received.

YOUR CHOICE OF PAYMENT FORM

NOTE TO MARRIED RETIREES: If you do not choose the Joint and Survivor Payment form, or if you choose that form but name someone other than your spouse as Joint Annuitant, your spouse must sign the waiver. This must be done within 180 days before the date you have chosen to have your payments begin.

Please complete forms W-4P and W-9 (enclosed).

I elect the following payment option (initial on line and check box corresponding with your election):

- _____ a. **Non-Refund Life Annuity**
You will receive monthly payments for life. However, all payments cease when you die. (Note - Your spouse IS NOT ELIGIBLE for health care benefits from RCRP with this option)
- _____ b. **Full Cash Refund Life Annuity**
You will receive monthly payments for life. If you die before your benefit payments equal the total present value of your benefit at retirement, your beneficiary will receive the balance of that amount in a single sum. Otherwise, payments cease upon your death. (Note - Your spouse IS NOT ELIGIBLE for health care benefits from RCRP with this option)
- _____ c. **Period Certain and Continuous Annuity**
You will receive monthly payments for life. If you die before you have received 36, 60, 100, 120 or 180 monthly payments, your monthly benefit will continue to be paid to your beneficiary until a total of 36, 60, 100, 120 or 180 monthly benefits have been paid.
I elect to receive a life annuity with payments guaranteed for a minimum of (please select one):
 36 months 60 months 100 months 120 months 180 months
- _____ d. **Joint and Survivor Life Annuity**
You will receive monthly payments for life. After your death, your joint annuitant, if living, will receive a lifetime monthly income equal to 50%, 66-2/3%, 75% or 100% of your monthly payment, depending on your selection at retirement. Payments will end upon the death of the last survivor.
After my death, my joint annuitant will receive a lifetime monthly income equal to (please select one):
 50% 66-2/3% 75% 100% of my monthly payment amount
- _____ e. **Joint and Survivor with Period Certain and Continuous Annuity**
You will receive monthly payments for life. After your death, your joint annuitant, if living, will receive a lifetime monthly income equal to 50%, 66-2/3%, 75% or 100% of your monthly benefit, depending on your choice at retirement. You may choose to receive 36, 60, 120 or 180 guaranteed monthly payments. If you and your joint annuitant die before the guaranteed period ends, your beneficiary will receive the remainder of the annuity payments.
After my death, my joint annuitant will receive a lifetime monthly income equal to (please select one):
 50% 66-2/3% 75% 100% of my monthly payment amount
with payments guaranteed for a minimum of (please select one):
 36 months 60 months 120 months 180 months

The beneficiary designation(s) on the reverse side of this form will only become effective for any benefit payments that may be payable after your Benefit Commencement Date (BCD). If you wish to change a pre-BCD designation, please contact your local service representative.

MUTUAL OF AMERICA LIFE INSURANCE COMPANY, 320 PARK AVENUE, NEW YORK, NY 10022-6839

JOINT ANNUITANT (Complete this section only if you have elected a Joint and Survivor Payment form.)

After my death, benefits are to be paid to my Joint Annuitant named below.

NAME	First	Last	DATE OF BIRTH	SOCIAL SECURITY NO.	RELATIONSHIP
ADDRESS	Street and Number		City	State	Zip Code

BENEFICIARY SECTION

After your death; and, if you have elected a Joint and Survivor Payment form with a period certain, after the death of your Joint Annuitant; any remaining benefits are to be paid to the beneficiary(ies) you list below.

If you name more than one primary or more than one secondary beneficiary, the death benefit will be paid in equal shares unless you show a different percentage (your figures for each beneficiary type must total 100%).

If no primary beneficiary is living when the death benefit is to be paid, the secondary beneficiary(ies) will receive the benefit. If no primary or secondary beneficiary is living at your death, the amount payable will be paid to the person(s) in the first surviving class of the following classes, in the following order: to (a) your surviving spouse, (b) your surviving children in equal shares, (c) your surviving parents in equal shares, (d) your surviving brothers/sisters in equal shares, or (e) the executors or administrators of your estate.

Name your beneficiaries in the space provided below. If you need more space, attach a page showing the necessary information for each beneficiary. Also include your name, Social Security number, signature and the date.

Beneficiary Type: <input checked="" type="checkbox"/> Primary				Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other				Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other			
FULL NAME First Initial Last				FULL NAME First Initial Last			
DATE OF BIRTH (Optional)		SOCIAL SECURITY # (Optional)		DATE OF BIRTH (Optional)		SOCIAL SECURITY # (Optional)	
ADDRESS Street				ADDRESS Street			
City State Zip Code				City State Zip Code			
IF FOREIGN RESIDENT Province Country		BENEFIT PERCENT %		IF FOREIGN RESIDENT Province Country		BENEFIT PERCENT %	
Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary				Beneficiary Type: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary			
Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other				Relationship: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Estate <input type="checkbox"/> Other			
FULL NAME First Initial Last				FULL NAME First Initial Last			
DATE OF BIRTH (Optional)		SOCIAL SECURITY # (Optional)		DATE OF BIRTH (Optional)		SOCIAL SECURITY # (Optional)	
ADDRESS Street				ADDRESS Street			
City State Zip Code				City State Zip Code			
IF FOREIGN RESIDENT Province Country		BENEFIT PERCENT %		IF FOREIGN RESIDENT Province Country		BENEFIT PERCENT %	

SPOUSE'S WAIVER (Witnessed by Notary Public)

I have received an explanation of the qualified joint and survivor annuity form of benefit payment offered by the above plan, and of the financial effect of electing the other forms of payment under the plan and the relative values of the various choices. 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 before the Benefit Commencement Date requested in this Application. I am aware that I have the right to consider that explanation and information 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.

SPOUSE'S SIGNATURE

DATE

SIGNATURE AND SEAL OF NOTARY PUBLIC OR SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

Note: Notary's acknowledgement should be added below.

PARTICIPANT'S STATEMENT AND SIGNATURE

I have received an explanation of the qualified joint and survivor annuity form of benefit payment offered by the above plan, and of the financial effect of electing the other forms of payment under the plan and the relative values of the various choices. 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 before the Benefit Commencement Date requested in this Application. I am aware that I have the right to consider that explanation and information 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.

PARTICIPANT'S SIGNATURE

DATE

REGIONAL CONFERENCE RETIREMENT**PROOF OF AGE REPORT***Send this form to the "Office of the Secretariat" of your Conference.*

EMPLOYER'S NAME	ADDRESS	CITY	STATE	ZIP CODE	EMPLOYER NUMBER
PERSON'S NAME FOR WHOM PROOF IS BEING PROVIDED			SOCIAL SECURITY NUMBER	DAY PHONE NUMBER ()	

The person above is a Participant Joint Annuitant Beneficiary Alternate Payee under a QDRO

If proof is for a Joint Annuitant, Beneficiary, or Alternate Payee, the Participant is:

Name: _____ Social Security Number: _____

TO THE PERSON SUBMITTING PROOF: Provide your proof with this completed form. You may then give this material to your Conference Secretary, who will complete the Employer's Section below, return the proof to you and send this form to the Office of the Plan Administrator in Huntsville, Alabama.

TO THE CONFERENCE SECRETARY: If you are satisfied with the proof submitted, please complete this form, return the proof to the person submitting it, and send the form, along with a copy of the proof, to the Plan Administrator.

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.

PROOF OF AGE**PREFERRED PROOF (Check and submit one of the following:)**

Birth Certificate Certification of Birth U.S. Passport U.S. Certificate of Citizenship

ALTERNATE PROOF (If Preferred Proof is unavailable, check and submit two (2) of the following that show birth date)

U.S. Driver's License Passport issued by foreign country Immigration record Infant Baptism Certificate
 Social Security Document Military Discharge record Primary school record Earliest hospital record

EXPLANATION (If one Preferred or two Alternate proofs above cannot be provided)

Explain here and submit this form with any proof available to your Conference Secretary for consideration.

PARTICIPANT'S DECLARATION

Under penalties of perjury, I hereby declare that the information provided above is true and accurate, to the best of my knowledge.

PARTICIPANT'S SIGNATURE	DATE
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CONFERENCE SECRETARY'S VERIFICATION

I have examined the evidence checked above, and I am satisfied that the correct date of birth is _____
MONTH DAY YEAR

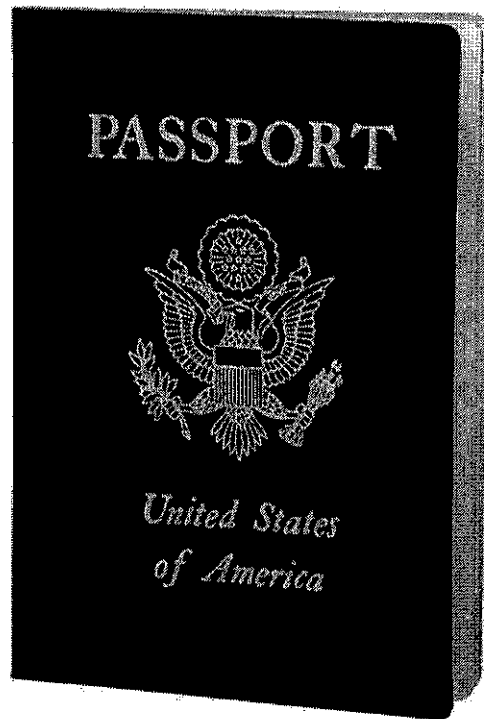
CONFERENCE SECRETARY'S SIGNATURE	DATE
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LEAVE BLANK

Approved by _____

Date _____

Copy of SPOUSE



Birth Certificate,
Passport, Etc..
Goes here!

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)																																									
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; background-color: #f2f2f2;">Social security number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center; background-color: #f2f2f2;">Employer identification number</td> </tr> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>	Social security number																				Employer identification number																			
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Part II Certification	
Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and	
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and	
3. I am a U.S. citizen or other U.S. person (defined below).	
Certification instructions. You must 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. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.	

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**Withholding Certificate for
 Pension or Annuity Payments**

2012

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or payments to U.S. citizens delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained on pages 3 and 4. Your previously filed Form W-4P will remain in effect if you do not file a Form W-4P for 2012.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets on page 2 to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you do not want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4P and its instructions, at www.irs.gov/w4p. Information about any future developments affecting Form W-4P (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent **A** _____

B Enter "1" if:
 • You are single and have only one pension; or
 • You are married, have only one pension, and your spouse has no income subject to withholding; or
 • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. **B** _____

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as head of household on your tax return **E** _____

F Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child **F** _____

G Add lines A through F and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ **G** _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you are single and have more than one source of income subject to withholding or are married and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$40,000 (\$10,000 if married), see the **Multiple Pensions/More-Than-One-Income Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below.

Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records.

**Withholding Certificate for
 Pension or Annuity Payments**

2012

▶ For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1 Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶

2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ▶
Marital status: Single Married Married, but withhold at higher Single rate (Enter number of allowances.)

3 Additional amount, if any, you want withheld from each pension or annuity payment. (Note. For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ▶ \$

Your signature ▶

Date ▶

REGIONAL CONFERENCE EMPLOYEE ACKNOWLEDGEMENT AND RELEASE

I, the undersigned employee of the _____ Conference, have been provided with information by my employer explaining the retirement plan and retiree health care benefit program sponsored by my employer and several other Regional Conferences.

After reviewing the information provided to me on the new Regional Conference Retirement Plan and retiree health care benefit program, I understand and acknowledge that:

1. I will be credited with my service to the Church prior to January 1, 2000 for purposes of determining my retirement benefit under the Regional Conference Retirement Plan and retiree health care benefit program.

2. Neither the North American Division nor its existing retirement plans will be responsible for providing retirement benefits to me if the new Regional Conference Retirement Plan and retiree health care benefit program fails to provide the retirement benefits promised by my employer:

3. The responsibility for providing me with retirement benefits and retiree health care benefits now rests solely with my employer and the Regional Conference Retirement Plan and retiree health care benefits program:

4. The North American Division has not participated in the design or development of the Regional Conference Retirement Plan or retiree health care benefit program and is neither responsible for nor guarantees the accuracy of the information or representations that my employer has provided me about this plan or program:

The North American Division does not have any ongoing responsibility for funding the Regional Conference Retirement Plan and retiree health care benefit program: and

6. By signing and returning the Acknowledgement and Release, and in consideration for my opportunity to participate in the Regional Conference Retirement Plan and program, I agree to release the North American Division from responsibility and liability as set forth in paragraphs 2 through 5 above.

Signed this _____ day of _____, 2002.

(Employee Signature)


(Spouse Signature)

(Print name)

(Print Name)



**Staple
VOIDED
check here**



**Mutual of America
Electronic Fund Transfers Election Form**

Name: _____

Address: _____

SS # or Federal ID#: _____

ABA#: _____

Account Number: _____

Account Type (check one):

Checking Savings

Please attach a blank personal check marked VOID.

Name and Address of Bank:

Name: _____

Address: _____

I authorize Mutual of America to make all benefit payments due to me by Electronic Fund Transfers to the bank account designated above.

Signature: _____

Date: _____

Telephone: () _____

For Mutual of America Use Only

**MUTUAL OF AMERICA LIFE INSURANCE COMPANY
320 PARK AVENUE NEW YORK NY 10022-6839**