

- If you are designating a Trust, you must use Mutual of America’s “Designation of Trust as Beneficiary” Form 6475.
(To the Employer: Trust designations cannot be processed through Hotline.)
- IF THIS DESIGNATION APPLIES TO A NEW ENROLLMENT, IT MUST BE DATED ON OR AFTER THE DATE ON THE ENROLLMENT FORM. If you are now enrolling in a plan, employer’s name and mailing address below may be left blank.
- For the plans indicated, THIS DESIGNATION COMPLETELY REPLACES ANY PREVIOUS BENEFICIARY DESIGNATION.

EMPLOYER'S NAME				EMPLOYER NUMBER	
CUSTOMER IDENTIFICATION NUMBER	PARTICIPANT'S NAME			<input type="checkbox"/> MARRIED <input type="checkbox"/> UNMARRIED (Single, Widowed or Divorced)	
_____ - _____ - _____	First	Initial	Last		
MAILING ADDRESS Street and Number (Include Apartment Number)				City	State Zip Code
				DAY TELEPHONE NUMBER ()	
IF FOREIGN RESIDENT	Province	Country			

I wish to designate one or more beneficiaries under:

- All my group coverages with current and prior Employers, and all SEP, IRA, VUL and FPA Programs.
- Only the coverages listed below:

Type of Plan (Pension, TDA, etc.)	Employer/Plan Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Spouse’s Waiver on reverse must be completed if participant is married and designating a primary beneficiary other than a spouse for the following plan types: Defined Contribution Pension, Thrift, 401(k), certain TDA plans (check Summary Plan Description), and VEC (Voluntary Employee Contributions).

Married Defined Benefit Plan Participants must designate their spouse as primary beneficiary. The spouse of a Defined Benefit Plan participant cannot waive their right to be named as primary beneficiary.

To Employer using Hotline: After entering data, you must send this form to your Service Manager for any SEP, IRA or FPA plan. Retain a copy for your files. Designation is pending until Mutual receives form.

BENEFICIARY DESIGNATIONS (Complete Reverse Side)

If you name more than one primary beneficiary or more than one secondary beneficiary, the death benefit will be paid in equal shares unless you indicate on the reverse side the percentage you want each of them to receive. If you do this, be sure your figures for each beneficiary type total 100%.

If no one you have named as a primary beneficiary is living when the death benefit is to be paid, the person(s) you name as your secondary beneficiary will receive the death benefit. If there is no living designated beneficiary at your death, the amount payable will be paid in the following order: to (a) your widow or widower, (b) your children in equal shares, (c) your parents in equal shares, (d) your brothers and sisters in equal shares, or (e) the executors or administrators of your estate.

Name your primary and secondary beneficiaries in the space provided on the reverse side. If you need more space, attach a page providing the information asked for each beneficiary. Please add your name, the last four digits of your Social Security number, signature and the date.

BENEFICIARY DESIGNATIONS

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 / /		SOCIAL SECURITY # XXX-XX- ____ ____ ____ ____		DATE OF BIRTH / /		SOCIAL SECURITY # XXX-XX- ____ ____ ____ ____	
ADDRESS Street				ADDRESS Street			
City			State			Zip Code	
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 / /		SOCIAL SECURITY # XXX-XX- ____ ____ ____ ____		DATE OF BIRTH / /		SOCIAL SECURITY # XXX-XX- ____ ____ ____ ____	
ADDRESS Street				ADDRESS Street			
City			State			Zip Code	
IF FOREIGN RESIDENT Province Country			BENEFIT PERCENT		%		

PARTICIPANT'S SIGNATURE

(FOR NEW ENROLLMENT, YOU MUST SIGN AND DATE ON OR AFTER THE DATE ON ENROLLMENT FORM.)

SIGNATURE	DATE / /
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SPOUSE'S WAIVER

(Witnessed by a Notary Public or Authorized Representative of Employer)

My spouse is a participant in a Mutual of America program under which I am entitled to be my spouse's sole primary beneficiary. As such, I would receive the total death benefit after my spouse's death. However, I agree to waive my right to be the sole primary beneficiary. I agree to let my spouse designate the primary beneficiary or beneficiaries named above. My spouse may withdraw this designation at any time but may not designate a different primary beneficiary without my consent.

SIGNATURE OF SPOUSE

DATE

SIGNATURE AND SEAL OF NOTARY PUBLIC OR SIGNATURE OF AUTHORIZED REPRESENTATIVE

DATE

Note: At the discretion of the Notary, an acknowledgement form may be stapled to this form.
The Spouse's Waiver is invalid for Defined Benefit Plan participants.

For Mutual of America Use Only

MUTUAL OF AMERICA'S CONFIRMATION (if applicable)	SIGNATURE	DATE / /
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