

Additional Information Form

Distributor:
Mutual of America Securities LLC
320 Park Avenue, New York, NY 10022-6839
Member FINRA/SIPC

Taxpayer ID Number

(ACCOUNT NUMBER ASSIGNED)

1. Applicant's Information

(Please print)

FULL LEGAL NAME OF INSTITUTION (OWNER OF ACCOUNT)

2. Investment Objectives for Initial Investment

- a) Is Applicant's initial investment allocation to the "Fund" or "Funds" consistent with Applicant's current investment objectives based on the Funds' investment objectives set forth in the current prospectus?
☐ Yes ☐ No
- b) Does Applicant expect to redeem Fund shares, other than from the Money Market Fund, within 30 to 60 days from the date of initial investment to meet short-term liquidity needs? ☐ Yes ☐ No
- c) Does Applicant understand that by purchasing shares of Mutual of America Investment Corporation it may lose money, including the money it has invested; it has the entire investment risk (including the risk of a decline or loss of its principal investment and/or account value); and its account may experience fluctuations in value? ☐ Yes ☐ No
- d) Please select one of the three investor profiles below that best describes the Applicant's investment goals with Mutual of America Investment Corporation. When making this selection, please consider the Applicant's current financial status, tax status, investment objectives, risk tolerance level, time horizon and liquidity needs.

The Applicant's investor profile is not meant to tell the Applicant which Funds to choose. Rather, it may help the Applicant better understand its objectives and tolerance for risk so it can select the Funds that are right for the Applicant's situation.

Investor Profile (select one with respect to this application)

- ☐ **Conservative** – Applicant seeks current income and, to a lesser extent, capital appreciation.
- ☐ **Moderate** – Applicant seeks capital appreciation and current income.
- ☐ **Aggressive** – Applicant seeks capital appreciation and, to a lesser extent, current income.

3. Financial Information

Give approximate amounts

Annual Income/Revenue: \$ _____ Current Securities Portfolio: \$ _____

Surplus (or Net Worth/Net Assets): \$ _____ Total Assets: \$ _____

How are assets currently invested? _____

If you decline to answer any item, write ILB for "Intentionally Left Blank."

4. Investing Information

Does Applicant receive investment advice for the purchase or sale of securities from any of the following?
Check all that apply or check "None."

- ☐ In-House Investment Professionals ☐ Bank Trust Department ☐ Investment Adviser
- ☐ Investment Committee of Board ☐ Other: _____ ☐ None

Does Applicant understand there are investment risks, including credit and market risks, of owning shares of Investment Corporation, which are more fully explained in the prospectus? ☐ Yes ☐ No

What is(are) your source(s) of funds : ☐ Checking/savings ☐ Mutual Funds ☐ CD
☐ Annuity Contract ☐ Loan ☐ Other: _____

Will Applicant redeem holdings in any mutual fund, certificate of deposit, or other investment to purchase Investment Corporation shares? ☐ Yes ☐ No

If Yes, state redemption amount and, if applicable, the total fee or penalty \$ _____

If Applicant is a State or Local Government Entity, will Applicant make available Investment Corporation as an investment option of a participant-directed investment program or plan (e.g., 401(k), 403(b), and 457 plans) sponsored by Applicant? ☐ Yes ☐ No

Mutual of America Investment Corporation, is referred to as "Investment Corporation," or by its full name in this document.

5. Investment Experience

*Check the level of
Applicant's experience
in securities listed*

	None	Some	Much		None	Some	Much
Exchange-listed equities				Government bonds			
NASDAQ/OTC equities				Equity mutual funds			
Corporate bonds				Bond mutual funds			

**6. Acceptance and
Signature(s)**

Applicant affirms that the information set forth in this Additional Information Form is true and correct.

APPLICANT: _____

By: _____ Date: _____
SIGNATURE PRINT NAME AND TITLE OF AUTHORIZED PERSON

By: _____ Date: _____
SIGNATURE PRINT NAME AND TITLE OF SECRETARY OR OTHER AUTHORIZED PERSON

THE FOLLOWING IS TO BE COMPLETED BY MUTUAL OF AMERICA SECURITIES LLC

Did Registered Representative solicit Applicant's purchase of Mutual of America Investment Corporation shares? ☐ Yes ☐ No

How long has Registered Representative known Applicant? _____ (Months or Years)

Does Applicant currently have an existing product with Mutual of America Life Insurance Company? ☐ Yes ☐ No

If "Yes," for how long has Applicant been a client? _____ (Months or Years)

Registered Representative represents and certifies: (1) based on information provided by Applicant, the purchase of shares of Mutual of America Investment Corporation, is suitable for Applicant based on the information provided; (2) Applicant has received the current prospectus for Investment Corporation and any supplements thereto made available online or by paper; (3) I am properly licensed with Mutual of America Securities LLC at the state and federal levels to sell shares of Investment Corporation to Applicant; and (4) when I have knowledge of any changes or updates to information provided by Applicant, I will promptly modify the records of Mutual of America Securities LLC ("Distributor"). My suitability determination was based on (check below — attach summaries of discussions or copies of documents):

☐ Discussions with Applicant or Applicant's Adviser

☐ Financial or other information provided by Applicant or its Adviser

SIGNATURE OF REGISTERED REPRESENTATIVE OF SECURITIES LLC	PRINT NAME	DATE
SIGNATURE OF REGISTERED PRINCIPAL OF SECURITIES LLC	PRINT NAME	DATE