(EMPLOYER NAME)

SECTION 401(k) THRIFT PLAN CONTRIBUTION ELECTION FORM

	XXX-XX
EMPLOYEE NAME	LAST 4 DIGITS OF SOCIAL SECURITY NUMBER
The 401(k) Thrift Plan has been explained to me, and I have been g that I may voluntarily choose to have my pay reduced for contribut	iven a Summary Plan Description. I understand tions to the plan.
ELECTION TO CONTRIBUTE	
I elect to contribute% or \$ of my pay are each pay period. I am aware that my contribution may be reduced limits, including any higher limits that apply to participants age 50 take effect with the first pay period beginning on or after the first after I file this election with my employer. I may stop or change memployer written notice, which notice will be given effect as soon	I in order to comply with federal tax rules and or older. I also understand that this election will day of the next month within a reasonable time by election for future pay periods by giving my
I am aware that my contributions and earnings cannot be withdraw death, disability or termination of employment. My contributions a serious financial hardship (according to the plan and IRS rules).	vn or paid until I attain age 59-1/2 or upon my may be available for withdrawal in the event of
EMPLOYEE SIGNATURE	
ELECTION NOT TO CONTRIBUTE	
I do not wish to contribute to the plan at this time. I understand the contributions, I will not be entitled to such contributions during the that I may elect to contribute in the future by completing a contribution them with my employer.	e time I am not contributing. I also understand
EMPLOYEE SIGNATURE	DATE
EMPLOYER REPRESENTATIVE	DATE RECEIVED

NOTE TO EMPLOYERS

THIS FORM SHOULD BE RETAINED WITH THE EMPLOYER'S PLAN RECORDS.

EMPLOYERS SHOULD REVIEW THIS SAMPLE PAYROLL AUTHORIZATION FORM WITH COUNSEL REGARDING ANY APPLICABLE STATE LAW THAT MAY AFFECT THIS DOCUMENT.

6577.F (MUTUAL OF AMERICA) 9/09