

SERFF Tracking Number: MALI-126353173 State: Arkansas
Filing Company: Mutual of America Life Insurance Company State Tracking Number: 44277
Company Tracking Number: IND-ANN-APP-2008(AR)(REV)
TOI: A02.11 Individual Annuities- Deferred Non- Sub-TOI: A02.11.002 Flexible Premium
Variable and Variable
Product Name: IND-ANN-APP-2008(AR)(rev)
Project Name/Number: IND-ANN-APP-2008(AR)(rev)/

Filing at a Glance

Company: Mutual of America Life Insurance Company

Product Name: IND-ANN-APP-2008(AR)(rev) SERFF Tr Num: MALI-126353173 State: Arkansas
TOI: A02.11 Individual Annuities- Deferred Non- SERFF Status: Closed-Approved- State Tr Num: 44277
Variable and Variable Closed
Sub-TOI: A02.11.002 Flexible Premium Co Tr Num: IND-ANN-APP- State Status: Approved-Closed
2008(AR)(REV)

Filing Type: Form Reviewer(s): Linda Bird
Authors: Robert Thode, James Dolan Disposition Date: 12/09/2009
Date Submitted: 12/08/2009 Disposition Status: Approved-Closed
Implementation Date Requested: On Approval Implementation Date:
State Filing Description:

General Information

Project Name: IND-ANN-APP-2008(AR)(rev)
Project Number:
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:
Submission Type: New Submission
Overall Rate Impact:
Filing Status Changed: 12/09/2009

Deemer Date:
Submitted By: James Dolan
Filing Description:
Re: Application Form IND-ANN-APP-2008(AR)(rev)

Status of Filing in Domicile: Authorized
Date Approved in Domicile: 07/29/2008
Domicile Status Comments: Form intended for use in Arkansas only.
Market Type: Individual
Group Market Size:
Group Market Type:
Explanation for Other Group Market Type:
State Status Changed: 12/09/2009
Created By: James Dolan
Corresponding Filing Tracking Number:

To the best of our knowledge and belief, this submission complies with the laws and regulations of the State of Arkansas.

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We are filing the above application form on a general basis in your state. When approved and introduced, it will replace the application form set forth below.

Application form IND-ANN-APP-2008(AR)(rev) will replace application form IND-ANN-APP-2008(AR) approved on August 12, 2008.

The Company is revising the Contract Information section of the application form to reinsert a question asking the applicant if the contract requested by the application is intended to replace or change any insurance or annuities in force. If so, pertinent replacement information is requested. This was inadvertently deleted from the previously approved form.

We have also deleted the question pertaining to an applicant having any existing individual life insurance policies or annuity contracts since this is obtained via an Additional Information form that is required of all applicants for individual deferred variable contracts. The Company believes that having this question as part of the Additional Information form meets the requirements of the state's laws.

Company and Contact

Filing Contact Information

James Dolan, jim.dolan@mutualofamerica.com
 320 Park Avenue 212-224-1125 [Phone]
 212-224-2507 [FAX]

New York, NY 10022

Filing Company Information

Mutual of America Life Insurance Company	CoCode: 88668	State of Domicile: New York
320 Park Ave	Group Code:	Company Type:
New York, NY 10022	Group Name:	State ID Number:
(212) 224-1600 ext. 1520[Phone]	FEIN Number: 13-1614399	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 form at \$50

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Linda Bird	12/09/2009	12/09/2009

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Disposition

Disposition Date: 12/09/2009

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

BENEFICIARY DESIGNATIONS

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner may name and change the beneficiary. If this contract will be issued to an employer or trustee in connection with a 457 or other deferred compensation plan, the Owner must be designated as the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death or the death of the Annuitant, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

BENEFICIARY DESIGNATIONS

PRIMARY BENEFICIARY OR BENEFICIARIES

I, the Owner, name the following person or persons as my beneficiary or beneficiaries.

FULL NAME First Initial Last [Jane A. Doe]				FULL NAME First Initial Last			
ADDRESS Street [123 Main Street]				ADDRESS Street			
City [Anytown]		State AR		Zip Code 12345		City State Zip Code	
BENEFIT PERCENT [100] %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP [Wife]	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

SECONDARY BENEFICIARY OR BENEFICIARIES

If none of the persons named above are living when a payment is to be made, the following person or persons are to receive the payment.

FULL NAME First Initial Last				FULL NAME First Initial Last			
ADDRESS Street				ADDRESS Street			
City		State		Zip Code		City State Zip Code	
BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

STATEMENT AND SIGNATURE

I, the Owner, acknowledge that: (a) I have received a copy of the current Prospectus; (b) I have read the Prospectus and understand its terms; and (c) I am familiar with the objectives of the Investment Funds. I understand that any election or authorization made under my contract as part of this application is subject to the conditions and limitations set forth in the Prospectus.

I UNDERSTAND THAT: (A) ANY AMOUNTS PLACED IN THE INTEREST ACCUMULATION ACCOUNT WILL EARN INTEREST AT THE RATES DETERMINED BY MUTUAL OF AMERICA; AND (B) ANY AMOUNTS PLACED IN THE INVESTMENT FUNDS ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS AND MAY INCREASE OR DECREASE IN VALUE BASED UPON THE FUNDS' INVESTMENT RESULTS.

All statements in this application are true and complete to the best of my knowledge and belief. I agree that this application will become a part of any contract issued based upon this application.

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.

I have determined that the annuity contract applied for above is suitable to: (a) my investment objectives; and (b) my financial situation.

An initial contribution of \$ [500] is submitted with this application. I understand that this contribution will be refunded by Mutual of America if a contract based upon this application is not issued.

Signed at [Anytown/AR] on [10/21] [09] [John Doe]
(City/State) (Month/Day) (Year) Signature of Owner

Countersigned [William Agent] Signature of Annuitant (if other than Owner)
Licensed Agent

CONSULTANT'S REPORT

To the best of your knowledge is the contract applied for intended to replace any insurance or annuity in force in this or any other company?

Yes No If "Yes," give company name: _____

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Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification		
Comments: This submission consists of an individual annuity application form only. We believe Rule & Regulation 19, Rule & Regulation 49, ACA 23-79-138, and Bulletin 11-88 do not apply to this submission.		
Attachment: Readability Certification.pdf		

	Item Status:	Status Date:
Bypassed - Item: Application		
Bypass Reason: Not applicable. The form being submitted is an individual annuity application form.		
Comments:		

	Item Status:	Status Date:
Satisfied - Item: Description of Illustrative and Variable Language		
Comments:		
Attachment: Description of Illustrative and Variable Language (10-21-2009) for IND-ANN-APP-2008(AR)(rev).pdf		

	Item Status:	Status Date:
Satisfied - Item: Cover letter		
Comments:		
Attachment: Cover letter.pdf		

MUTUAL OF AMERICA
LIFE INSURANCE COMPANY

MUTUAL OF AMERICA

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

CERTIFICATION

This is to certify that the attached form(s) as described below has (have) achieved a Flesch Reading Ease Score as noted for the form(s) below and complies with the requirements of Ark. Stat. Ann. S66-3251 through S66-3258, cited as the Life and Disability Insurance Policy Simplification Act.

<i>Form No.</i>	<i>Form Description</i>	<i>Flesch Score</i>	<i>How Scored</i>
IRA-ANN-APP-2008(AR)(rev)	Application	60.983	Entire Form

DATE: October 22, 2009

Robert Wade
Manager
State Compliance & Government Regulations

0751 a--5

ARKANSAS

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

**DESCRIPTION OF ILLUSTRATIVE AND
VARIABLE LANGUAGE (10/21/2009)
FOR
IND-ANN-APP-2008(AR)(rev)**

The following comments describe the nature and scope of the illustrative and variable material in the form and are numbered to correspond to the numbers that have been placed adjacent to the bracketed material in the attached copy.

1. The Company's address, telephone number and website are bracketed to permit any changes that may occur to this information in future new issues of the application.
2. The John Doe information is bracketed to reflect the specific information of the applicant.
3. The available funds of the Separate Account are bracketed to allow for future changes to the investment funds.
4. The edition date is bracketed to permit any future editions of this form.
5. The John Doe information is bracketed to reflect the specific information for the beneficiary or beneficiary.
6. Signature of Agent (consultant) and consultant's report are bracketed to reflect specific information with respect to specific applicant.

BENEFICIARY DESIGNATIONS

Please name one or more beneficiaries to receive any death benefits payable. Only you, the Owner may name and change the beneficiary. If this contract will be issued to an employer or trustee in connection with a 457 or other deferred compensation plan, the Owner must be designated as the beneficiary. If you wish to name an organization or an estate to receive any benefits payable, show the name of the organization or the estate in the section labeled "FULL NAME" in the portion of this form provided for naming beneficiaries.

Upon your death or the death of the Annuitant, benefits will be paid to the primary beneficiary(ies). If no primary beneficiary(ies) is (are) living at the time benefits become payable, Mutual of America will pay the benefits to the secondary beneficiary(ies). If benefits are to be paid to more than one beneficiary they will be paid in equal shares, unless other proportions are stated in the section labeled "BENEFIT PERCENT" in the portion of this form provided for naming beneficiaries.

BENEFICIARY DESIGNATIONS

PRIMARY BENEFICIARY OR BENEFICIARIES

I, the Owner, name the following person or persons as my beneficiary or beneficiaries.

FULL NAME First Initial Last [Jane A. Doe]				FULL NAME First Initial Last			
ADDRESS Street [123 Main Street]				ADDRESS Street			
City [Anytown]		State AR		Zip Code 12345		City State Zip Code	
BENEFIT PERCENT [100] %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP [Wife]	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

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FULL NAME First Initial Last				FULL NAME First Initial Last			
ADDRESS Street				ADDRESS Street			
City		State		Zip Code		City State Zip Code	
BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP	BENEFIT PERCENT %	DATE OF BIRTH (Optional) / /	SOCIAL SECURITY # (Optional)	RELATIONSHIP

STATEMENT AND SIGNATURE

I, the Owner, acknowledge that: (a) I have received a copy of the current Prospectus; (b) I have read the Prospectus and understand its terms; and (c) I am familiar with the objectives of the Investment Funds. I understand that any election or authorization made under my contract as part of this application is subject to the conditions and limitations set forth in the Prospectus.

I UNDERSTAND THAT: (A) ANY AMOUNTS PLACED IN THE INTEREST ACCUMULATION ACCOUNT WILL EARN INTEREST AT THE RATES DETERMINED BY MUTUAL OF AMERICA; AND (B) ANY AMOUNTS PLACED IN THE INVESTMENT FUNDS ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS AND MAY INCREASE OR DECREASE IN VALUE BASED UPON THE FUNDS' INVESTMENT RESULTS.

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Signed at [Anytown/AR] on [10/21] [09] [John Doe]
(City/State) (Month/Day) (Year) Signature of Owner

Countersigned [William Agent]
Licensed Agent Signature of Annuitant (if other than Owner)

CONSULTANT'S REPORT

To the best of your knowledge is the contract applied for intended to replace any insurance or annuity in force in this or any other company?
 Yes No If "Yes," give company name: _____

320 PARK AVENUE
NEW YORK NY 10022-6839
212 224 1600
212 224 2500 FAX

December 1, 2009

Dan Honey
Analyst
Arkansas Department of Insurance
1200 West 3rd Street
Little Rock, AR 72201-1904

Re: Application Form IND-ANN-APP-2008(AR)(rev)

Dear Mr. Honey:

To the best of our knowledge and belief, this submission complies with the laws and regulations of the State of Arkansas.

We are filing the above application form on a general basis in your state. When approved and introduced, it will replace the application form set forth below.

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Dan Honey
December 1, 2009
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Thank you for reviewing our submission of the above-captioned forms. If you would like to discuss this filing further, please call me directly at 212-224-1125 or e-mail me at jim.dolan@mutualofamerica.com.

Sincerely,

A handwritten signature in cursive script that reads "James A. Dolan".

James A. Dolan
Regulatory Specialist
State Compliance & Government Regulation