



MoA Funds™

# Account Application

## For Individual and Joint Accounts

This form is for Individual and Joint Accounts Only.  
Retirement and Business/Trust Account Applications are available at [www.moafunds.com](http://www.moafunds.com).  
For assistance, please call 800-914-8716.

### 1. Registration (Please Print or Type)

#### IMPORTANT INFORMATION ABOUT OPENING A NEW ACCOUNT

Federal law mandates that all financial institutions obtain, verify and record information identifying each person who opens a new account.

Please verify the following information is accurate: name, Social Security number, date of birth, and physical address.

If you fail to provide the requested information and/or if any of the information cannot be confirmed, MoA Funds may not be able to open your account and reserves the right to redeem your account.

Fill out the appropriate section per the type of account you are opening. All information in a section is required, unless otherwise noted.

☐ **Individual OR Joint Account** (Rights of Survivorship assumed unless noted)

#### Primary Owner Information

Primary Owner Name (first/initial/last)

Social Security Number

Date of Birth  
(mm/dd/yyyy)

#### Joint Owner Information

Joint Owner Name (first/initial/last)

Social Security Number

Date of Birth  
(mm/dd/yyyy)

☐ **Uniform Gift/Transfer to Minor Account**

#### Custodian Information

Custodian Name  
(only one custodian is permitted)

Social Security Number

Date of Birth  
(mm/dd/yyyy)

State of Residence

#### Minor's Information

Minor's Name (first/initial/last)

Social Security Number

Date of Birth  
(mm/dd/yyyy)

State of Residence  
(The gift or transfer will be governed by the laws of the minor's state of residence)

## 2. Mail and Contact Information

If mailing address is a post office box, a street address is also required by the USA Patriot Act.

Primary Owner Street Address

City

State

Zip Code

Joint Owner Street Address  
(if different from Primary Owner)

City

State

Zip Code

Mailing Address  
(if different from Street Address)

City/State/Province/Region

Country/Zip Code/Postal Code

Daytime Phone  
(Area Code + Number)

Mobile Phone  
(Area Code + Number)

## 3. Citizenship

### Required:

**U.S. Resident Aliens:** A U.S. Tax ID number and domestic physical address must be submitted.

### Primary Owner, Custodian

☐ U.S. Citizen

☐ U.S. Resident Alien

Country of Tax Residency

Government ID Number

ID Type

### Joint Owner, Minor

☐ U.S. Citizen

☐ U.S. Resident Alien

Country of Tax Residency

Government ID Number

ID Type

## 4. Default Cost Basis Election (not applicable to accounts not covered by cost basis requirements)

\*Please consult a qualified tax adviser to determine the method most suitable to your situation. If no selection is made, the default method of **Average Cost** will be used.

**Note:** Specific Lot Depletion Method may also be used as a cost basis method. This method allows you to choose which tax lots are sold. Specific Lot Depletion Method cannot be selected as a default method. A shareholder that wishes to select specific shares to be sold must contact Shareholder Services no later than the settlement date of the redemption or exchange.

### Cost Basis Selection\*:

☐ **Average Cost**

☐ **FIFO** – First In, First Out

☐ **LIFO** – Last In, First Out

☐ **HIFO** – Highest Cost, First Out

☐ **LOFO** – Lowest Cost, First Out

☐ **High Cost Long-Term** – Sells Long-Term Shares first, then Short-Term

☐ **High Cost Short-Term** – Sells Short-Term Shares first, then Long-Term

☐ **Low Cost Long-Term** – Sells Long-Term Shares first, then Short-Term

☐ **Low Cost Short-Term** – Sells Short-Term Shares first, then Long-Term

The election above will be applied to all funds within this account. If you would like to assign a different method to funds within the same account, please complete a Cost Basis Election Form.

## 5. Investment Selection

Refer to the Prospectus for specific information on share classes.

Please make your initial investment selections. Indicate the dollar amount or percentage of total investment next to the fund name.

**If no MoA Fund is selected, and your investment meets the stated minimums, your investment will be credited to the MoA US Gov Money Market Fund.**

\*\* All purchases must be made in U.S. dollars and drawn on a U.S. bank. Cash, starter checks, internet-based checks, credit cards, money orders, travelers checks, and credit card checks are not accepted. ACH purchases and third-party checks are generally not accepted to open an account.

- Initial Investment Minimum = \$1,000
- Subsequent Purchase Minimum = \$100
- Systematic Investment Minimum = \$50

### Fund Name

### Allocation

_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %
_____	\$ _____	or	_____ %

**TOTAL AMOUNT INVESTED** \$ \_\_\_\_\_ or  $\frac{100}{\text{Must Equal}}$  %  
Required

☐ **By Wire** I will call (800) 914-8716 for wire instructions.

☐ **By Check\*\*** My check is enclosed, payable to MoA Funds.

Fund Names	TA #	Fund Names	TA #
MoA Equity Index Fund	302	MoA Clear Passage 2020 Fund	503
MoA All America Fund	303	MoA Clear Passage 2025 Fund	504
MoA Small Cap Value Fund	305	MoA Clear Passage 2030 Fund	505
MoA Small Cap Growth Fund	304	MoA Clear Passage 2035 Fund	506
MoA Small Cap Equity Index Fund	307	MoA Clear Passage 2040 Fund	507
MoA Mid Cap Value Fund	306	MoA Clear Passage 2045 Fund	508
MoA Mid Cap Equity Index Fund	301	MoA Clear Passage 2050 Fund	509
MoA Balanced Fund	300	MoA Clear Passage 2055 Fund	510
MoA International Fund	308	MoA Clear Passage 2060 Fund	511
MoA Catholic Values Index Fund	309	MoA Clear Passage 2065 Fund	512
MoA US Gov Money Market Fund	100	MoA Clear Passage 2070 Fund	513
MoA Intermediate Bond Fund	200	MoA Conservative Allocation Fund	400
MoA Core Bond Fund	201	MoA Moderate Allocation Fund	401
MoA Retirement Income Fund	500	MoA Aggressive Allocation Fund	402

## 6. Bank Information (Optional)

Please provide your bank information if you wish to have redemption proceeds or dividends and capital gains distributions sent directly to your bank OR if you are establishing account options in Section 7.

### Important:

The signature of any bank account owner(s) not listed as owner of this MoA Funds account is required.

At least one MoA Funds account owner must be a bank account owner.

**Please tape a voided check here. Please do not staple.**

By completing this bank information, the bank account owner(s) agree(s) to indemnify and hold harmless the bank/ credit union and MoA Funds for any loss, liability, or expense incurred from acting on these instructions.

Bank account owner(s) further agree(s) to waive any right under the NACHA Rules to rescind any ACH investment in or redemption from MoA Funds that has already occurred at the time of the attempt to rescind.

This authorization may be terminated at any time by written notification to MoA Funds by the bank account owner(s).

### A voided check or deposit slip is required to establish bank instructions (please do not staple).

- Temporary or starter checks, brokerage checks, and credit card check writing checks are not accepted
- In lieu of a voided check, a letter on the bank's letterhead and signed by a bank representative that indicates the bank account owner(s), routing number, account number, and a branch telephone number for verification may be submitted.
- If a voided company or corporate check is provided, a letter on the bank's letterhead and signed by a bank representative that verifies the authorized signers must be included.
- The MoA Funds account owner's name must be listed as a bank account owner to establish bank instructions with this application.
- If the MoA Funds account owner's name is not also one of the bank owners, bank instructions may be added by completing and having an "Account Options" form signed with a signature guarantee.

☐ Please use my enclosed initial investment check in lieu of a voided check.

The diagram shows a voided check from 'Checking Savings Investments Bank'. Labels point to the following fields:

- Bank Account Owner(s):** John Adams, 1234 Main Street, New York, NY 12345-0000. Note: All owner names must be preprinted and unaltered.
- Bank Name:** Checking Savings Investments Bank, New York, NY 12345-0000.
- Bank Routing Number:** 123456789.
- Bank Account Number:** 123456789.
- VOID** stamp.
- REQUIRED** stamp: Tape your voided check here.

**Account Type:** ☐ Checking ☐ Savings

Bank Account Owner(s) \_\_\_\_\_ Bank Account Number \_\_\_\_\_

Wire - Bank Routing Number (9 digits) \_\_\_\_\_ ACH - Bank Routing Number (9 digits) \_\_\_\_\_

Name of Bank \_\_\_\_\_

Address of Bank (do not use P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Branch Phone (Area Code + Number) \_\_\_\_\_

Signature(s) of all Bank Account Owner(s), if different than MoA Funds account ownership. \_\_\_\_\_

## 7. Account Options

The following account options are available as described in the Prospectus.

### Automatic Plans

Shareholders may purchase, redeem, and/or exchange shares automatically on a monthly, bimonthly, quarterly or annual basis.

Automatic Plans are subject to a \$50 minimum.

### Dividend and Capital Gains

**Your Dividends and Capital Gains will be automatically reinvested unless you indicate otherwise below:**

- ☐ **Pay** my dividends and capitals gains to me by check\*
- ☐ **Deposit** my dividends and capital gains via ACH to the bank indicated in Section 6 of this document.
- ☐ **Pay** my dividends to me by check\* and reinvest my capital gains.

### Telephone Redemption and Exchange Privileges

The telephone redemption and exchange privileges will be added to your account automatically unless you check the box below:

- ☐ **No**, I do not authorize exchanges between MoA Funds or redemptions upon instructions from any person by telephone.

### Automatic Investment Plan

I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_\_. Please have the amount indicated below withdrawn from my bank account noted under Bank Information, section 6, of this document and invested in the MoA Fund(s) listed below.

- |           |         |  |
|-----------|---------|--|
| Fund_____ | \$_____ | <input type="checkbox"/> Once per month on the ____ day.             |
|           |         | <input type="checkbox"/> Twice per month on the ____ & ____.         |
| Fund_____ | \$_____ | <input type="checkbox"/> Quarterly on the ____ (Mar, Jun, Sep, Dec). |
|           |         | <input type="checkbox"/> Annually on the ____ day of _____.<br>Month |

### Systematic Withdrawal Plan

I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_\_. Please have the amount indicated below.

- ☐ deposited into my bank account noted in Section 6 of this document,
- ☐ mailed to me by check at the address of record.

- |           |         |  |
|-----------|---------|--|
| Fund_____ | \$_____ | <input type="checkbox"/> Once per month on the ____ day.             |
|           |         | <input type="checkbox"/> Twice per month on the ____ & ____.         |
| Fund_____ | \$_____ | <input type="checkbox"/> Quarterly on the ____ (Mar, Jun, Sep, Dec). |
|           |         | <input type="checkbox"/> Annually on the ____ day of _____.<br>Month |

### Automatic Exchange Program

I would like the plan to begin the month of \_\_\_\_\_ 20\_\_\_\_\_.

- |           |         |  |
|-----------|---------|--|
| From:     |         |  |
| Fund_____ | \$_____ | <input type="checkbox"/> Once per month on the ____ day.             |
|           |         | <input type="checkbox"/> Twice per month on the ____ & ____.         |
| To:       |         | <input type="checkbox"/> Quarterly on the ____ (Mar, Jun, Sep, Dec). |
| Fund_____ | \$_____ | <input type="checkbox"/> Annually on the ____ day of _____.<br>Month |

## 8. Trusted Contact / Designated Representative (Optional)

Designating a trusted contact is not required and does not authorize the named individual to transact on or make changes to the account.

Designated contact person information may be revoked or amended via telephone call to MoA Funds or by providing a written letter of instructions to MoA Funds.

I authorize MoA Funds to contact the person listed below and for the person listed below to disclose information about me in the following circumstances:

- To prevent the presumption of abandonment
- To address possible financial exploitation
- To confirm the specifics of my current contact information, health status, or the identity of any legal guardian, executor, trustee, or holder of a power of attorney or as otherwise permitted by federal or state law.

Full Name of Trusted Contact

Relationship to Account Owner

Mailing Address (Street, City, State, Zip Code)

Email Address

Primary Telephone Number

## 9. Signatures

Please read this section carefully and have all registered owners sign.

- I certify that I have received and read the current prospectus for the MoA Funds in which I am investing. I certify that I have authority and legal capacity to make this purchase and that I am of legal age in my state of residence.
- I understand that my account(s) will automatically have exchange privileges with other MoA Funds. I agree to read the prospectus for each fund into which exchanges are made. The terms, representations and conditions in this application will apply to any account established at a later date.
- Neither MoA Funds, nor any of its agents, will be liable for any loss or expense for acting upon written or telephone instructions reasonably believed to be genuine and in accordance with the procedures described in the Prospectus.
- Any change to the information or authorizations set forth in this application will be made by me to MoA Funds in writing. Any such change will be effective at such time as MoA Funds has had a reasonable amount of time to act upon it.
- I understand that neither MoA Funds nor any of its agents has provided any investment, tax, or legal advice, and I have relied on my independent judgment, or the judgment of the advisor I have selected, with respect to the suitability or potential value of any security or order.
- I understand that the assets in this account may be transferred to the appropriate state if no activity occurs in the account within the time period specified by state law.
- I understand that all telephone calls made to or received by MoA Funds may be recorded for security, verification, and quality control purposes.

**Under penalty of perjury, I certify that:** (U.S. Persons Only)

1. The Taxpayer Identification Number shown on this application is correct.

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 (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Account (IRA), and payments other than interest and dividends). Cross out item 2 if you have been notified by the IRS that you are currently subject to backup withholding.

3. I am a U.S. Person (including a U.S. Resident Alien).

**The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

4. I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting.

**FATCA applies to persons submitting this form for accounts maintained outside of the U.S. by certain foreign financial institutions.**

Signature of Owner, Custodian

Date (mm/dd/yyyy)

Print Name and Title (if applicable)

Signature of Joint Owner

Date (mm/dd/yyyy)

Print Name and Title (if applicable)

### PRIVACY NOTICE

*We are providing this Privacy Notice on behalf of MoA Funds. By law, we have the right to modify this policy at any time, but if we do change it, we will notify you in advance.*

#### Information Collection

- We collect and use information about you in order to provide you with mutual funds and investment services.
- We obtain most of this information directly from you, primarily from the applications you complete when you apply for our products and services, and from your transactions with us. If we need additional information, we may obtain it from other parties, including employers, adult family members and consumer reporting agencies.

#### Information Protection

- To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with federal and state laws and regulations.
- All our employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate business reason for doing so, such as responding to a customer request.
- Our strict policies for protecting personal information apply to current and former customers.
- Our website Privacy Policy can be found on the Internet at [mutualofamerica.com](http://mutualofamerica.com).
- We have appointed a senior officer of the Company to monitor compliance with the Fund's Privacy Policy.

#### Information Disclosure

- We will not sell your personal information to anyone.
- We will not disclose your personal information to anyone, including our affiliates and subsidiaries, for marketing purposes.
- We will not disclose your personal information to anyone, including our affiliates, except as permitted by law. For example, we may disclose your personal information to our affiliates, and any other entities that provide services to us so that we can effect, maintain or administer your business and respond to your questions or requests.

It is our policy that the recipients of such information shall protect the information and use it only for the purpose stipulated.

#### For More Information

If you have any questions about MoA Funds' Privacy Policy, or wish to obtain a copy of your personal information, or to inform us of any incorrect information in our records, please contact your Regional Office or write to the Privacy Officer at Mutual of America Life Insurance Company, 320 Park Avenue, New York, NY 10022-6839.

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We may be obligated to provide Contractholder transaction data to the Underlying Funds as required by applicable laws and regulations.

#### Mailing Instructions

Starting on March 17, 2025, our mailing addresses will be as follows:

##### Regular Mail

MoA Funds  
PO Box 534499  
Pittsburgh, PA 15253-4499

##### Overnight Delivery

MoA Funds  
Attention: 534499  
500 Ross Street 154-0520  
Pittsburgh, PA 15262

#### Wire Instructions

Starting on March 17, 2025, our wiring instructions will be as follows:

<b>Bank:</b>	Bank of New York
<b>ABA NUMBER:</b>	011001234
<b>DDA:</b>	0000024821
<b>FBO:</b>	MoA Funds
<b>Reference:</b>	Shareholder Name, Account Number, and Fund Name

FOR ASSISTANCE CALL: 800-914-8716

REGULAR MAIL: MoA Funds, PO Box 534499, Pittsburgh, PA 15253- 4499

OVERNIGHT DELIVERY: MoA Funds, Attention: 534499, 500 Ross Street 154-0520, Pittsburgh, PA 15262

MoA Funds are distributed by Foreside LLC