

ANYCOMPANY OF AMERICA LIFE INSURANCE CO.
5005 ANY AVENUE, NEW YORK, NY- 10021

**Employee Enrollment Form for
401(k) Plans With Designated Roth Contributions**

► TO BE COMPLETED BY PLAN ADMINISTRATOR

EMPLOYER'S NAME

Anycompany Constructors Inc

EMPLOYER NUMBER

784371

DATE EMPLOYEE HIRED

07 / 19 / 2023

EMPLOYMENT STATUS

- FULL-TIME
 PART-TIME

PART TIME SERVICE

If this employee ever worked on a part-time basis, enter the date on which 1,000 hrs. requirement was met, in accordance with plan specifications

DATE 1,000 HRS COMPLETED

EMPLOYEE'S SALARY RATE

\$ 79,930

(A)nnual

(B)iweekly

(M)onthly

(W)eekly

(S)emimonthly

EMPLOYEE'S DEPT # (IF APPLICABLE)

PRIOR TAX-EXEMPT SERVICE

If during the last three years this employee had service with another eligible organization that is to be counted toward meeting eligibility requirements, enter the number of months of such service that are to be counted.

NUMBER OF MONTHS

25

EFFECTIVE DATES

Enter the effective dates and percentages of salary or dollar amounts for Traditional Pre-Tax and Designated Roth Contributions (after-tax) in applicable areas.

TRADITIONAL PRE-TAX CONTRIBUTIONS

PERCENT OF SALARY	DOLLAR AMOUNT	EFFECTIVE DATE
10 % OR \$	08/19/23	08/19/23

EMPLOYER CONTRIBUTIONS

EMPLOYER MATCHING EFFECTIVE DATE	EMPLOYER NON-MATCHING EFFECTIVE DATE
/ /	/ /

DESIGNATED ROTH CONTRIBUTIONS (AFTER-TAX)

PERCENT OF SALARY	DOLLAR AMOUNT	EFFECTIVE DATE
% OR \$	/ /	

► SECTION 1 – EMPLOYEE INFORMATION

SOCIAL SECURITY NUMBER

376 12 1987

EMPLOYEE'S NAME

First
Martha

Initial
C

Last
Rivera

MAILING ADDRESS

Street and number

City

State

Zip Code

8 Any Plaza, 21 Street

Any City

CA

90210

IF FOREIGN RESIDENT

Province

Country

DATE OF BIRTH

09/ 19/ 80

MALE

FEMALE

TELEPHONE NUMBERS

HOME

(888) 555-0100

OFFICE

► SECTION 2 – ALLOCATION OF CONTRIBUTIONS

Show the percentage of your contributions you want to place in the Interest Accumulation Account of our General Account and/or Separate Account investment funds. **Use whole numbers only, and make sure the percentages total 100%.**

Amounts placed in the Interest Accumulation Account will be credited with the rate of interest applicable to that account. Your balance in any investment fund will fluctuate to recognize investment results.

Interest Account

50 % AnyCompany of America Interest Accumulation Account

Separate Account Investment Funds

Separate Account - Equity Funds (24)

% AnyCompany of America Equity Index Fund
 % AnyCompany of America All America Fund
 % AnyCompany of America Small Cap Value Fund
 % AnyCompany of America Small Cap Growth Fund
 % AnyCompany of America Small Cap Equity Index Fund
 % AnyCompany of America Mid Cap Value Fund
 % AnyCompany of America Mid-Cap Equity Index Fund
 % AnyCompany of America International Fund
 % AnyLity* VIP Mid Cap Portfolio
 % AnyLity * VIP Equity-Income Portfolio
 % AnyLity * VIP Anyfund* Portfolio
 % Anyuard VIF Diversified Value Portfolio
 % Anyuard VIF International Portfolio
 % Anyman VIT US Equity Insights Fund
 % Anyman VIT Small Cap Equity Insights Fund
 % AnyCentury Investments* VP Capital Appreciation Fund
 % Any Funds Insurance Series* New World Fund*
 % Any VIP* Small Cap Value Series
 % ANY Capital Growth VIP
 % Any V.I. Main Street Fund*
 % ANY* VIT III Mid Cap Value Portfolio
 % ANY Company AMT Sustainable Equity Portfolio
 % Any Price Blue Chip Growth Portfolio
 % AnyCo Small Cap Growth Equity VIP Series

Separate Account - Fixed Income Funds (5)

% AnyCompany of America Money Market Fund
 % AnyCompany of America Mid-Term Bond Fund
 % AnyCompany of America Bond Fund
 % ANYCO VIT Real Return Portfolio
 % Anyuard VIF Total Bond Market Index Portfolio

Separate Account - Real Estate Fund (1)

% Anyuard VIF Real Estate Index Portfolio

Separate Account - Retirement Funds (12)

% AnyCompany of America Retirement Income Fund
 % AnyCompany of America 2015 Retirement Fund
 % AnyCompany of America 2020 Retirement Fund
 % AnyCompany of America 2025 Retirement Fund
 % AnyCompany of America 2030 Retirement Fund
 % AnyCompany of America 2035 Retirement Fund
 % AnyCompany of America 2040 Retirement Fund
 % AnyCompany of America 2045 Retirement Fund
 % AnyCompany of America 2050 Retirement Fund
 % AnyCompany of America 2055 Retirement Fund
 % AnyCompany of America 2060 Retirement Fund
 % AnyCompany of America 2065 Retirement Fund

Separate Account - Balanced Funds (3)

% AnyCompany of America Composite Fund
 % AnyLity* VIP Asset Manager Portfolio
 % AnyVert VP SRI Balanced Portfolio

Separate Account - Asset Allocation Funds (3)

% AnyCompany of America Conservative Allocation Fund
 % AnyCompany of America Moderate Allocation Fund
 % AnyCompany of America Aggressive Allocation Fund

► SECTION 3 - BENEFICIARY DESIGNATIONS

If you are married, you must name your Eligible Spouse (as defined in the Plan and federal law) as your only beneficiary unless your Eligible Spouse signs the Spouse's Waiver of Death Benefits below in the presence of a Plan (employer) representative or a notary public after you designate the beneficiaries you wish below. Whenever you want to change your beneficiaries, your Eligible Spouse must sign a new waiver unless you name your Eligible Spouse as your only beneficiary. If you are younger than 35 when you name alternative beneficiaries with the consent of your Eligible Spouse, your beneficiary designation will automatically terminate when you attain age 35 and your Eligible Spouse will be your beneficiary unless you again designate alternative beneficiaries with a new signed waiver from your Eligible Spouse.

If you are unmarried, you may name any beneficiaries you wish. If you marry in the future, your beneficiary designation under the retirement plan will be automatically voided. At that time, you should complete Mutual of America's "Beneficiary Designation" form and follow the instructions applicable to married participants.

In the event of your death, and subject to the Eligible Spouse Waiver requirements, the total value of your account will be paid to the person or persons you name as your primary beneficiary. If no one you have named as a primary beneficiary survives you, 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 to the first surviving class of the following: (a) your surviving spouse (as determined under state law), (b) your surviving children in equal shares, (c) your surviving parents in equal shares, (d) your surviving brothers and sisters in equal shares, or (e) the executors or administrators of your estate.

If you name more than one primary beneficiary, or more than one secondary beneficiary, the death benefit will be paid in equal shares to the primary beneficiaries who survive you, or if none, to the secondary beneficiaries who survive you, unless you show below the percentage you want each of them to receive. If you specify percentages each beneficiary to receive, be sure your percentages for all beneficiaries in each beneficiary type total 100%.

Name your primary and secondary beneficiaries in the space provided. If you need more space, attach a page showing for each beneficiary the information asked for below. Please add your Employer's name and Employer Number, your signature and the date.

Beneficiary Type: <input checked="" type="checkbox"/> Primary				Beneficiary Type: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Secondary			
Relationship: <input checked="" 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 checked="" 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
Mateo Rivera				Pat Rivera			
DATE OF BIRTH	SOCIAL SECURITY #	TELEPHONE NO.		DATE OF BIRTH	SOCIAL SECURITY #	TELEPHONE NO.	
10 / 01 / 79	791 36 9771	800555-0100		3 / 7 / 20	824 26 2211		
ADDRESS	Street			ADDRESS	Street		
8 Any Plaza, 21 Street				8 Any Plaza, 21 Street			
City	State	Zip		City	State	Zip	
Any City	CA	90210		Any City	CA	90210	
IF FOREIGN RESIDENT	Province	Country	BENEFIT PERCENT	IF FOREIGN RESIDENT	Province	Country	BENEFIT PERCENT
			50 %				50 %

Beneficiary Type: <input type="checkbox"/> Primary				Beneficiary Type: <input type="checkbox"/> Primary			
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 #	TELEPHONE NO.		DATE OF BIRTH	SOCIAL SECURITY #	TELEPHONE NO.	
/ /				/ /			
ADDRESS	Street			ADDRESS	Street		
City	State	Zip		City	State	Zip	
IF FOREIGN RESIDENT	Province	Country	BENEFIT PERCENT	IF FOREIGN RESIDENT	Province	Country	BENEFIT PERCENT

Are you married? YES NO

Note: Anycompany of America and/or your employer may require evidence that you are not married if their records indicate that you are or were previously married.

If you are married and have not designated your spouse as primary beneficiary, the Spouse's Waiver Section below must be completed.

SPOUSE'S WAIVER (Witnessed by a Notary Public or Authorized Representative of Employer)

My spouse is a participant in a Anycompany of America Pension Plan under which I am entitled to be a beneficiary. As the beneficiary, I would receive a death benefit after my spouse's death. However, I agree to waive my right to be the beneficiary. I agree to let my spouse designate the beneficiary or beneficiaries named on this form.



Signature and seal of Notary Public or Authorized Representative

Anycompany employees are not authorized to sign as Plan representatives
Notary's Acknowledgement:

8/25/2022 Date

Mateo Rivera

Spouse's Name

10/01/79

Date of Birth

8/25/22

Date

Spouse's Signature

► SECTION 4 – STATEMENT AND SIGNATURE

I have read the current prospectus and other materials describing the plan and after careful consideration I have found the plan to be suitable for my financial needs. Therefore, I elect to participate in the Thrift Plan.

EMPLOYEE'S SIGNATURE

DATE

8/25/2022