



2520040763075

9021 Ogden Avenue, Brookfield, IL 60513-2040  
708.354.4547 fax 708.354.7412 TDD 708.354.8875  
www.communitysupportservices.org  
css@communitysupportservices.org

**Elizabeth C. Lacey**

Executive Director

**Board of Directors**

Marge Ackermann  
Magellan Behavioral Health

Jill Antoniewicz  
Christopher House

Kim Booth  
Pathfinders Consulting Services, Inc.

Terrence Carden, III, Esq.  
Deratany & Carden

Darcy Chamberlin, Esquire

Beverly Crawford  
Parent Advocate

William Dobias  
Wildflower Art Studio

Debra Folta  
Consumer Advocate

Dr. Glenn Fujiura  
University of Illinois at Chicago

Roberta Head  
Riverside Bank

Mark Kriston  
IT Consultant

Bruce Larson, CPA  
Landscape Concepts, Inc.

Richard Maganini  
Open Text Corporation

Jack McDermott  
LaSalle St. Securities, Inc.

Honorable Christine Radogno  
Illinois State Senator

Reverend Kathy Reeves  
Euclid Avenue Methodist Church

Sue Wolfe  
Wolfe Computer Associates, Inc.

**Spring Reception Chairpersons**

Mary Kay Kaminiski  
Harris Bank

Sue Wolfe  
Wolfe Computer Associates, Inc.

**Bulls, Bears & Birdies**

Tim Fierce  
Gerard Klauer Mattison



Joe Johnson  
Harris Associates

Brad Livingston  
Lehman Brothers

Don O'Shaughnessy  
Goldman Sachs Group, Inc.

Steve Pocina  
Lehman Brothers

**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR  
A NONQUALIFIED DEFERRED COMPENSATION PLAN**

To: Top Hat Exemption  
Employee Benefits Security Administration  
Room N-5644  
US Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

Date: January 21, 2004

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: Community Support Services, Inc.

Employer's Address: 9021 Ogden AVE., Brookfield IL 60513

The 457(b) Plan, covers Elizabeth C. Lacey, Executive Director as a participant.

Total Number of Plans: 1

Plan Policy Number: 3809-FPA (E)

Plan Policy Effective Date: December 31, 2003

363122784

Plan Administrator of the Plan Specified Above

By: Donna Nemeth, Director of Human Resources

Date: October 21, 2003

Should you have any questions, please feel free to contact me at:

Community Support Services, Inc.  
9021 Ogden Avenue, Brookfield IL 60513  
(708) 354-4547 ext 147

Sincerely,

Donna Nemeth  
Director of Human Resources

# MUTUAL OF AMERICA LIFE INSURANCE COMPANY

320 PARK AVENUE NEW YORK NY 10022

(hereafter called the "Company")

Flexible Premium Deferred Annuity Policy 3809-FPA(E) is hereby amended, effective as of the Effective Date shown below, with the result that, pursuant to the right reserved to the Company in the provision entitled "Charges", the following is changed to read:

1. The provision entitled "POLICY SPECIFICATIONS" is amended to read:

## POLICY SPECIFICATIONS

### TYPE OF CHARGE

#### ADMINISTRATIVE CHARGES

##### CHARGE A

-A MAXIMUM OF 2% ANNUALLY OF THE NET ASSETS IN EACH INVESTMENT FUND OF THE SEPARATE ACCOUNT

##### CHARGE B

AN ADDITIONAL MONTHLY CONTRACT CHARGE OF \$2.00 FOR ADMINISTRATIVE EXPENSES FOR EACH PARTICIPANT, EXCEPT THE MONTHLY CHARGE WILL NOT EXCEED 1/12 OF 1% OF THE FIRST \$2,400

##### MORTALITY RISK CHARGE

-A DAILY CHARGE AT THE ANNUAL RATE OF .35%

AN EXPLANATION OF ALL CHARGES APPEARS IN THE PROVISION OF THIS POLICY ENTITLED "CHARGES".

The Company reserves the right to change the amount of the charges subject to the section entitled "Change in the Amount of Charges" appearing in the provision of this policy entitled "Charges".

The Effective Date of this rider will be December 31, 2003.



\_\_\_\_\_  
President and Chief Executive Officer

# MUTUAL OF AMERICA LIFE INSURANCE COMPANY

320 PARK AVENUE NEW YORK NY 10022

(hereafter called the "Company")

## ***FLEXIBLE PREMIUM DEFERRED ANNUITY POLICY***

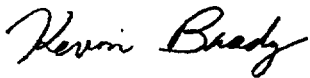
The Company will pay the annuity benefits provided under this policy. Upon the death of the Annuitant before the Annuity Commencement Date, the Company will pay the death benefit provided under this policy.

**RIGHT TO EXAMINE POLICY.** This policy may be returned for cancellation within 10 days after the date it is received by the Owner. It may be delivered or mailed to the Company or to any agent of the Company. This policy will then be cancelled as of the Date of Issue and the Company will refund to the Owner an amount equal to: (a) all premiums allocated to the Interest Accumulation Account, with no deductions; plus (b) the value on the date of surrender of all premiums allocated to any Investment Account associated with an Investment Fund of the Separate Account. For the purpose of this provision, the date of surrender will be the date this policy is delivered or mailed to the Company for cancellation.

This policy is issued in consideration of the application for this policy and payment of the first premium of at least \$10. This policy will take effect on the Effective Date shown below.

This page and the following pages are a part of this policy. All benefits payable are subject to the provisions of this policy.

This policy is executed by the Company at its Home Office in New York, New York on the Date of Issue of this policy.



Vice President



President and Chief Executive Officer

Countersigned: \_\_\_\_\_  
Licensed Resident Agent (where required)

ASSETS HELD IN CONNECTION WITH THIS POLICY MAY BE HELD IN THE COMPANY'S GENERAL ACCOUNT AND/OR THE COMPANY'S SEPARATE ACCOUNT THAT THE COMPANY MAINTAINS IN CONNECTION WITH THIS POLICY AND CERTAIN OTHER POLICIES. THE ASSETS OF THE SEPARATE ACCOUNT ARE NOT GUARANTEED AS TO FIXED DOLLAR AMOUNTS AND WILL INCREASE OR DECREASE IN VALUE BASED UPON THE INVESTMENT RESULTS OF THE SEPARATE ACCOUNT. A DESCRIPTION OF THE SEPARATE ACCOUNT IS DESCRIBED IN THIS POLICY STARTING ON PAGE 5.

PREMIUMS PAYABLE AS STATED IN THE PREMIUMS PROVISIONS ON PAGE 4 OF THIS POLICY  
DEATH BENEFIT PAYABLE UPON ANNUITANT'S DEATH BEFORE THE ANNUITY COMMENCEMENT DATE  
THIS IS A PARTICIPATING POLICY

ANNUITANT: Elizabeth C. Lacey  
OWNER: Community Support Services, Inc.

POLICY NUMBER: STATE OF DELIVERY: IL

EFFECTIVE DATE: December 31, 2003 DATE OF ISSUE: January 13, 2004



9021 Ogden Avenue  
Brookfield, IL 60513-2040

Creating Circles of Support for People with Disabilities

U.S. Department of Labor  
Top Not Exceptional Employee Benefits Security Administration  
Room N-5644  
200 Constitution Ave. N.W.  
Washington, DC 20210

