

BENEFICIARY DESIGNATION

Account Number _____

Participant's Name

first _____ middle _____ last _____

Participant's Address

street _____
city _____ state _____ zip _____

Social Security No. _____

Marital Status: Married _____ Single or Legally Separated _____

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.

This designation supersedes any prior designation.

Primary Beneficiary: (Check either box 1 or 2)

1. **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon my death.

Spouse's Name: _____

Spouse's Social Security No.: _____

Spouse's Date of Birth: _____

mm/dd/yyyy

2. **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

If applicable, Spouse's Date of Birth: _____

mm/dd/yyyy

Name	Relationship	Social Security #	Percent

(must total 100%)

If you are married and you have not designated your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSAL CONSENT: I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided above.

Spouse's Signature

_____/_____/_____
Date

Witnessed: _____

State _____

County _____

BEFORE ME, the undersigned, a Notary Public, personally appeared _____, and proved to me through satisfactory evidence of identification which was/were _____, to be the person whose name is signed on the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this ____ day of _____, _____.

Notary Public Signature

Date

_____/_____/_____
Date Commission Expires

Contingent Beneficiary (optional): If no Primary Beneficiary listed above is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.)

NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on The JourneySM. Plan Administrator: Please retain a copy of this form in your files.

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

SIGNATURES

I understand that this beneficiary designation supersedes any previous designation.

Participant

_____/_____/_____
Date

I, the plan administrator, certify, to the best of my knowledge, the above information is correct. If a married participant designated a Non-Spouse Primary Beneficiary, and the spouse's signature was not witnessed by a Notary Public, I certify I witnessed the spouse's signature agreeing to the designation.

Plan Administrator

_____/_____/_____
Date

Sample wording for use in completing this form:

To Designate

1. Your estate
2. The trustee of the Trust established under your Will
3. The trustee of your Revocable or Irrevocable Trust

Use This Wording

- Executors or Administrators of my estate
- (Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will)
- (Name of trustee) as trustee, or the then acting trustee, of the (name of Trust) established on (date of Trust)

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