

# Beneficiary Designation/ Name & Address Change - 457(b) and 401(a)

*Mail Address:*  
 MassMutual Retirement Services  
 PO Box 1583  
 Hartford, CT 06144-1583

*Overnight Mail Address*  
 MassMutual Retirement Services  
 1 Griffin Road North  
 Windsor, CT 06095-1512

Group Number:	Social Security Number:	Employer:
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Employee Name: *Last, First, M.I.*  
 Name Change? Please provide documentation

Mailing Address:  
 New?

City:	State:	Zip:
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Home Phone:	Work Phone:	Ext:
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**BENEFICIARY INFORMATION**

Please complete the Beneficiary Designation including name, address, phone number, Social Security Number, date of birth, relationship and percentage of death benefit. The percent of benefit must total 100% for all primary beneficiaries named. If naming contingent beneficiary(ies) the total percentage for this designation must equal 100%. Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

**Type of Beneficiary:**

- One Beneficiary
- Two or more Primary Beneficiaries,  
*equally among the survivors*
- Two or more Primary Beneficiaries,  
*with their share to their children*
- Primary and Contingent Beneficiaries

**Examples of Designations:**

- Jane Doe, wife, 100%
- John Doe, son, 33%
- Carol Smith, daughter, 33%
- Mark Doe, son 34%  
or equally among the survivors
- John Doe, son, 33%
- Carol Smith, daughter, 33%
- Mark Doe, son 34%  
per stirpes
- Primary: Jane Doe, wife, 100% if living;  
Contingent: John Doe, son, 33%
- Carol Smith, daughter, 33%
- Mark Doe, son 34%  
equally among the survivors  
per stirpes
- Participant's Estate
- Jane Doe, trustee under trust agreement\* dated...

*either  
or*

- Participant's Estate
- Trustee

\* *Date of the execution of the trust agreement or a copy of the trust agreement **must** be provided.*

Primary Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%

**PRIMARY TOTAL: 100%**

Contingent Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%

**CONTINGENT TOTAL: 100%**

The execution and the delivery of this form to the offices of MassMutual revokes all prior beneficiary designations that I have made. I understand that this beneficiary designation will not take effect until it has been received in good order by MassMutual.

Employee Signature	Date	
<b>Mail this Beneficiary Designation to MassMutual at the address above. Keep a copy for your records.</b>		
HVL-464-3 Rev. 4.13	<b>Please provide a copy of this Beneficiary Designation to your Employer.</b>	benedcp.pdf