

PARTICIPANT INFORMATION CHANGE

Account Number

CHANGE(S)

- For investment selection changes, transfers between investments, or address changes call 1-800-743-5274 or access our participant website at www.massmutual.com/retire.

Section 1: Complete this section:

Name

first

middle

last

Social Security No.

Address

street

city

state

zip

Telephone #

Email Address

Please check box if the address, telephone # or email address listed above is a change request.

Section 2: Check the boxes for ALL changes requested and provide applicable information:

MARITAL STATUS CHANGE: Change to Married Not Married or Legally Separated

PARTICIPANT NAME CHANGE:

Name changed from:

first

middle

last

Name changed to:

first

middle

last

PARTICIPANT SOCIAL SECURITY NUMBER CHANGE: An IRS Form W-9 has been provided to the Plan Administrator or Plan representative.

Social Security Number changed from:

Social Security Number changed to:

BIRTH DATE CORRECTION: My date of birth is:

mm/dd/yyyy

PAYROLL FREQUENCY CHANGE: I authorize the reamortization of any outstanding participant loans.

The new payroll frequency is

monthly (12/year)

semi-monthly (24/year)

biweekly (26/year)

weekly (52/year)

PAYROLL DEDUCTION CHANGE: I authorize this election to supersede any prior election, and I understand I may revoke this election at any time or change this election as allowed by the Plan by completing a new Participant Information Change form.

Before-Tax Contribution:

% from my compensation each pay period for deposit to my account (not to exceed applicable Plan or regulatory limits)

After-Tax Contribution:

% from my compensation each pay period for deposit to my account (not to exceed applicable Plan or regulatory limits)

I elect to make no contributions (0%) to the Plan at this time.

The Plan may also limit the combined totals of Before-Tax and After-Tax contributions. Please refer to your Summary Plan Description for further details regarding Plan limits.

BENEFICIARY CHANGE: 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 Number:

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

The spouse's signature must be witnessed by the Plan Administrator or a Notary Public:

Plan Administrator: _____
Plan Administrator Signature Date

-OR-

Notary Public:

Notarization of spousal consent can be signed off by a Notary Public or the Plan Administrator. A Notary Seal is not required when signed by the Plan Administrator or when participant resides in one of the following states: CT, KY, LA, ME, MI, NJ, NY, RI, VT

Before me, the undersigned notary, personally appeared _____, and proved to me through identification documents allowed by law, which were _____, to be the person who signed 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 _____, _____

Witnessed: _____ State: _____ County: _____
(official signature and seal of notary)

My 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 our participant website at www.massmutual.com/retire. 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

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

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