

# 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](http://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)

**Roth 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, After-Tax, and Roth 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

(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: \_\_\_\_\_

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MassMutual Retirement Services, PO Box 219062, Kansas City MO 64121-9062

COMPLETE ALL PAGES

For Overnight Mail: MassMutual Retirement Services, 430 W 7th St, Kansas City MO 64105

MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates.

**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](http://www.massmutual.com/retire). Plan Administrator: Please retain a copy of this form in your files.**

Name	Relationship <input type="text"/>	Social Security #	Percent
Name	Relationship <input type="text"/>	Social Security #	Percent
Name	Relationship <input type="text"/>	Social Security #	Percent
Name	Relationship <input type="text"/>	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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