

PARTICIPANT INFORMATION CHANGE

Account Number _____

Sponsor Name _____

Plan Name _____

PARTICIPANT INFORMATION

Name _____
first middle last

Address _____
street

city state zip

Social Security No. _____ Telephone # or
E-mail Address _____

PARTICIPANT NAME CHANGE: My current name is listed above.

My former name was: _____
first middle last

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

My **current Social Security number is listed above.** My former Social Security number was: _____

CHANGE(S)

- For investment selection changes or transfers between investments, call **FLASHSM** (1-800-74-FLASH) or access *The JourneySM on the Internet at www.massmutual.com/retire.*
- For address changes, access *The JourneySM on the Internet at www.massmutual.com/retire or see your Plan Administrator.*

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

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.

BIRTH DATE CORRECTION: My date of birth is: _____
mm/dd/yyyy

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 / / _____

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

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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