



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

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

Fax: 877-526-2531 or 800-678-8645

Group Number: 020023	Social Security Number:	Employer: Town Of Suffield
-------------------------	-------------------------	-------------------------------

Employee Name: *Last, First, M.I.*

Name Change? Please provide documentation

Mailing Address: <input type="checkbox"/> New?	Daytime Phone:
City:	State:      Zip:

### 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	%
<b>PRIMARY TOTAL:</b>				<b>100%</b>
Contingent Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%
<b>CONTINGENT TOTAL:</b>				<b>100%</b>

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-464-4 Rev. 2.15	benedcp.pdf
<b>Please provide a copy of this Beneficiary Designation to your Employer.</b>	

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) (of which Retirement Services is a division) and its affiliated companies and sales representatives.