

Beneficiary Designation

USW Industry 401(k) Plan • Account Number: 60005

Name (first, middle, last): _____

Address _____

street

city

state

zip

E-mail Address: _____

Birth Date: _____/_____/_____

mo day yr

Telephone No. _____

Hire Date: _____/_____/_____

mo day yr

Social Security No. _____ - _____ - _____

Marital Status: Married Not Married or Legally Separated Sex: Male Female

Payroll Frequency: monthly (12/year) semi-monthly (24/year) bi-weekly (26/year) weekly (52/year)

Employer Name: _____

IMPORTANT: If no valid beneficiary designation is on file or if designation cannot otherwise be determined, a beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.

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 No.: _____ Spouse's Date of Birth: _____

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: _____

Name	Relationship	Social Security No.	Percent
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If you are married and you have not elected your spouse as primary beneficiary, please have your spouse provide consent on the reverse side of this form.

Beneficiary Designation (continued)

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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 _____

Notary Public's Signature _____ Date _____ Date Commission Expires _____

Secondary 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%.)

Name	Relationship	Social Security No.	Percent
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Name	Relationship	Social Security No.	Percent
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Name	Relationship	Social Security No.	Percent
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Name	Relationship	Social Security No.	Percent
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Signatures

I understand that this beneficiary designation supersedes any previous designation.

Participant _____ Date _____

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