

# Beneficiary Designation

USW Industry 401(k) Plan

Plan Number: 60005

Name (first, middle, last): \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
mo day yr

Address: \_\_\_\_\_ Hire Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
mo day yr

Social Security No.: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_ Telephone No.: \_\_\_\_\_

Marital Status:  Married  Not Married

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: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

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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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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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.

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**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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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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Name	Relationship	Social Security No.	Percent
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Address	Phone	E-mail address	
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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 further understand and acknowledge that if I sign this form, no death benefit will be payable to me unless I have been designated as the sole primary beneficiary.

Spouse's Signature	Date
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Notary Public's Signature	Date	Date Commission Expires
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## Signatures

I understand that this beneficiary designation supersedes any previous designation.

Participant	Date
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**Mail to:** MassMutual, PO Box 219062, Kansas City, MO 64121-9062

