MassMutual FINANCIAL GROUP

Beneficiary Designation Form

Indicate usage below:

☐ ***At time of application, use this form to designate multiple Beneficiaries.***

☐ ***After issue, use this form to change the Beneficiary on existing MassMutual certificates.***

A Personal Information

1. Insured full legal name *(First, MI, Last, Suffix):* _____
2. Insured date of birth *(mm/dd/yyyy):* _____
3. Certificate Number *(After issue):* _____
4. Certificateowner full legal name *(First, MI, Last, Suffix):* _____
5. Certificateowner phone number: (_____) _____ – _____ Extension: _____ ☐ Home ☐ Work ☐ Mobile
6. Certificateowner email: _____ ☐ After issue, check to have confirmation sent by email.

B Beneficiary Information

1a. Class *(Select one):* ☐ Primary ☐ Secondary

Full legal name: _____

Mailing address: _____

Phone number: (_____) _____ - _____ Social Security Number/Tax ID: _____

Date of birth/Trust *(mm/dd/yyyy):* _____ Distribution *(If not equal shares):* %/$ _____

Relationship to Insured: _____

1b. Class *(Select one):* ☐ Primary ☐ Secondary

Full legal name: _____

Mailing address: _____

Phone number: (_____) _____ - _____ Social Security Number/Tax ID: _____

Date of birth/Trust *(mm/dd/yyyy):* _____ Distribution *(If not equal shares):* %/$ _____

Relationship to Insured: _____

1c. Class *(Select one):* ☐ Primary ☐ Secondary

Full legal name: _____

Mailing address: _____

Phone number: (_____) _____ - _____ Social Security Number/Tax ID: _____

Date of birth/Trust *(mm/dd/yyyy):* _____ Distribution *(If not equal shares):* %/$ _____

Relationship to Insured: _____

1d. Class *(Select one):* ☐ Primary ☐ Secondary

Full legal name: _____

Mailing address: _____

Phone number: (_____) _____ - _____ Social Security Number/Tax ID: _____

Date of birth/Trust *(mm/dd/yyyy):* _____ Distribution *(If not equal shares):* %/$ _____

Relationship to Insured: _____

B Beneficiary Information *continued*

To name additional beneficiaries, copy this page.

1e. Class *(Select one):* ☐ Primary ☐ Secondary

Full legal name: _____

Mailing address: _____

Phone number: (_____) _____ - _____ Social Security Number/Tax ID: _____

Date of birth/Trust *(mm/dd/yyyy):* _____ Distribution *(If not equal shares):* %/$ _____

Relationship to Insured: _____

C Disclosures

Beneficiary. Unless otherwise requested, proceeds shall be paid equally and in one sum as follows:

- If there is no living or existing beneficiary, the proceeds will be paid to the Certificateowner or the Certificateowner's estate.
- If Distribution Amounts/Percentages are designated, and a beneficiary predeceases the Insured, no longer exists or is no longer entitled to payment, that amount/percentage will be distributed to the surviving beneficiaries in that class as per the ratio designated.
- If dollar amounts are designated, and the proceeds at the death of the Insured are greater or less than the total amount designated, then the proceeds payable to each beneficiary will be adjusted so that the relative ratio between and among the beneficiaries remains the same.
- If a Trust under the Insured's Will is designated, then proceeds will be paid only if the Will is probated and if there is a trust in effect.
- If a revocable trust is the Certificateowner, and the trust is not in effect at the death of the Insured, and there is no living or existing beneficiary, the proceeds shall be paid to the designated grantor(s) equally, otherwise to the estate of whichever said grantors is the last to die.

General Provisions:

- MassMutual is only responsible to perform according to the terms of the policy, and is not responsible for carrying out the terms of any trust or any trust agreement outside of this policy.
- If no custodian is designated, any money payable to a minor will be paid to the court appointed guardian of the estate of the minor. Only the legal guardian of the minor can exercise any rights given to a minor.

D Signatures

I, the undersigned, agree the information provided on this form is true, complete and correctly recorded to the best of my knowledge and belief.

Signature of Certificateowner: _____

Printed name: _____

Title *(Required when applicable):* _____

Printed name of Corporation/Partnership/Trust *(If applicable):* _____

Date: m m / d d / y y y y