



## ***PARTICIPANT INFORMATION CHANGE***

### **457(b) Governmental Plan**

Account Number

#### **CHANGE(S)**

- *For investment selection changes or transfers between investments, call 1-800-743-5274 or access our participant website at [www.retiresmart.com](http://www.retiresmart.com).*
- *For address changes, access our participant website at [www.retiresmart.com](http://www.retiresmart.com) or see your Plan Administrator.*

#### **Section 1: Complete this section:**

Name

first

middle

last

Social Security No.

Address

street

city

state

zip

Telephone #

Email Address

Please check box if the address, telephone # or email address listed above is a change request.

#### **Section 2: Check the boxes for ALL changes requested and provide applicable information:**

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

#### **PARTICIPANT NAME CHANGE:**

Name changed from:

first

middle

last

Name changed to:

first

middle

last

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

**Social Security Number changed from:**

**Social Security Number changed to:**

**BIRTH DATE CORRECTION:** My date of birth is:

mm/dd/yyyy

**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)

f6810gov

COMPLETE ALL PAGES

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

**For Overnight Mail: MassMutual Retirement Services, 430 W 7th St, Kansas City MO 64105**

MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and affiliates.

**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 before-tax account (not to exceed applicable Plan or regulatory limits).  
 Contributions will begin on the 1<sup>st</sup> of the month following the date of this election.  
 You may be eligible to make additional catch-up contributions for the calendar year.

I elect to make no contributions (0%) to the Plan at this time.

**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%)

**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 our participant website at [www.massmutual.com/retire](http://www.massmutual.com/retire). 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.

\_\_\_\_\_  
Plan Administrator

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Sample wording for use in completing this form:

#### *To Designate*

1. Your estate
2. The trustee of the Trust established under your Will
3. The trustee of your Revocable or Irrevocable Trust

#### *Use This Wording*

- Executors or Administrators of my estate
- (Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will)
- (Name of trustee) as trustee, or the then acting trustee, of the (name of Trust) established on (date of Trust)

### Trust as Beneficiary:

Before designating a trust as the beneficiary of your plan benefit, you should consult an attorney with expertise in trusts and estates law. Some of the factors to consider include:

1. Who is going to be the beneficiary – your spouse, a minor child – and what are their financial needs?
2. Are the protections of a trust desirable?
3. What are the income tax consequences of designating a trust as beneficiary?

The following requirements must be satisfied before your trust beneficiaries will be treated as your retirement plan's designated beneficiary:

1. The trust must be valid under state law.
2. The trust must be irrevocable or must, by its terms, become irrevocable on your death.
3. The trust's beneficiaries must be identifiable from the trust instrument.
4. You must provide trust documentation to the retirement plan administrator.
5. All trust beneficiaries must be individuals.

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