

Beneficiary Designation / Spousal Consent Form County of San Joaquin

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

Overnight Mail Address
 MassMutual Retirement Services
 1 Griffin Road North
 Windsor, CT 06095-1512

Group Number: 150001	Employer Name: County of San Joaquin	Social Security Number:
Participant Name: <i>Last, First, M.I.</i>		Participant Phone No.:

Are you currently married?

No

Yes If you are married and designate your spouse as the Primary Beneficiary for less than 100% of your death benefit, your spouse must sign the Spousal Consent Agreement below, unless this consent is deemed not applicable by your Plan Administrator. If consent is applicable, you must also complete a QPSA waiver and spousal consent.

BENEFICIARY INFORMATION

Upon the death of the Participant, all proceeds will be paid to the living beneficiaries in the order specified below. Only the Participant may change the designation. If you do not designate a beneficiary, or your beneficiary and spouse, if any, does not survive you, your death benefit will be paid according to the terms of the plan.

Primary Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address and Phone No.	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit (whole percentage*)

PRIMARY TOTAL: 100%

Contingent Beneficiary (ies) Full name of Individual or Trust (and date of trust if applicable)	Address and Phone No.	SS#/TIN	Date of Birth	Relationship to the Participant	Percentage of Death Benefit (whole percentage*)

CONTINGENT TOTAL: 100%

Please see the following page for examples of proper beneficiary designations.

*** If the participant wishes to designate beneficiaries to share equally, then a percentage should not be listed.**

The execution and the delivery of this form to the offices of the Plan Administrator revokes all prior beneficiary designations that I have made. I understand that, if I am married, my spouse must consent in writing to the designation of any person as beneficiary other than my spouse. I understand that this beneficiary designation will not take effect until it has been received in good order by the Plan Administrator.

Participant Signature _____

Date _____

SPOUSAL CONSENT AGREEMENT (if applicable)

This notice will certify that, as spouse of the Participant named above, I have consented to my spouse naming the person(s) listed above as Primary Beneficiary(ies) of any death benefits provided by the Plan. I hereby waive any and all rights I may have received under the Plan had this Spousal Consent not been granted.

Spousal Signature _____

Date _____

Signature of Witness (Plan Administrator or Notary Public) _____

Date _____

Beneficiary Designation

- A. If you are married, the Beneficiary you designate must be your spouse unless your spouse consents in writing, as witnessed by a Notary Public or the Plan Administrator, to designate another beneficiary.
- B. A married woman should be indicated by her given name, not that of her husband.
For example, Mary N. Jones, not Mrs. John R. Jones.
- C. 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%. **If the participant wishes to designate beneficiaries to share equally, then a percentage should not be listed.**

Listed below are some common beneficiary designations:

One Primary Beneficiary: Jane Doe, wife, 100%

Two or more Primary Beneficiaries:

John Doe, son, 33%		John Doe, son,		John Doe, son, 33%
Carol Smith, daughter, 33%	or	Carol Smith, daughter,	or	Carol Smith, daughter, 33%
Mark Doe, son, 34%		Mark Doe, son		Mark Doe, son 34%
		<i>equally among the survivors</i>		<u>per stirpes</u>
				<i>(designates their share to their children)</i>

Contingent Beneficiaries:

John Doe, son, 33%		John Doe, son		John Doe, son, 33%
Carol Smith, daughter, 33%	or	Carol Smith, daughter,	or	Carol Smith, daughter, 33%
Mark Doe, son 34%		Mark Doe, son		Mark Doe, son 34%
		<i>equally among the survivors</i>		<u>per stirpes</u>
				<i>(designates their share to their children)</i>

Participant's Estate: Participant's Estate

Trustee: Jane Doe, trustee under trust agreement* dated...

* If the word "trustee" is used in a Beneficiary designation, the date of the execution of the trust agreement or a copy of the trust agreement must be furnished.