



Beneficiary Designation/ Name & Address Change - 457(b) and 401(a)

MassMutual, PO Box 1583, Hartford, CT 06144-1583

Fax Number: 877-526-2531 or 800-678-8645

Group Number:
107682

Social Security Number:

Employer:
City of Orem

Employee Name: *Last, First, M.I.*

Name Change? Please provide documentation

*Mailing Address:

Daytime Phone:

New?

City:

State:

Zip:

*For your mailing address, provide either a street address or P.O. Box, not both. If you provide both, MassMutual will follow USPS Guidelines and use the PO Box as your mailing address.

BENEFICIARY INFORMATION

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%. Married residents of community property states may want to seek legal advice if naming a non-spouse Primary Beneficiary.

Type of Beneficiary:

One Beneficiary

Two or more Primary Beneficiaries,
equally among the survivors

Two or more Primary Beneficiaries,
with their share to their children

Primary and Contingent Beneficiaries

Examples of Designations:

Jane Doe, wife, 100%

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

or equally among the survivors

John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

per stirpes

Primary: Jane Doe, wife, 100% if living;

Contingent: John Doe, son, 33%

Carol Smith, daughter, 33%

Mark Doe, son 34%

equally among the survivors

per stirpes

Participant's Estate

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

*either
or*

Participant's Estate

Trustee

**Date of the execution of the trust agreement or a copy of the trust agreement must be provided.

Primary Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%

PRIMARY TOTAL: 100%

Contingent Beneficiary(ies) name, address and phone no.	Social Security No.	Date of Birth	Relationship	%

CONTINGENT TOTAL: 100%

The execution and the delivery of this form to the offices of MassMutual revokes all prior beneficiary designations that I have made. I understand that this beneficiary designation will not take effect until it has been received in good order by MassMutual.

Mail this Beneficiary Designation to MassMutual at the address above. Keep a copy for your records.

Please provide a copy of this Beneficiary Designation to your Employer.

Employee Signature

Date