

Plan Sponsor Authorization for Social Security Number Corrections and Name and Address Changes

Section A - Plan Information

Group No.	Plan Name
Plan Contact	Daytime Phone Number

Section B - Participant Information for SSN Change

For each participant listed below provide the current SSN/TIN that is on file at MassMutual Retirement Services ("MassMutual"). Then provide either a corrected SSN/TIN or check the box to have MassMutual delete the participant from the Plan's account.

Note: MassMutual can not delete a participant record if the account has a current balance or has had prior account activity.

Participant Name	Current SSN/TIN	Corrected SSN/TIN	Participant Delete
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Section C - Participant Information for Name and Address Change

For a participant name or address change, complete the applicable information below.

Please Note: MassMutual does not require the supporting documentation for Plan directed name changes submitted on behalf of the participant, e.g., marriage certificate.

- | | | |
|---------------|--|----------|
| SSN | Participant Name <input type="checkbox"/> New? | |
| Legal Address | | |
| City | State | Zip Code |
- | | | |
|---------------|--|----------|
| SSN | Participant Name <input type="checkbox"/> New? | |
| Legal Address | | |
| City | State | Zip Code |
- | | | |
|---------------|--|----------|
| SSN | Participant Name <input type="checkbox"/> New? | |
| Legal Address | | |
| City | State | Zip Code |
- | | | |
|---------------|--|----------|
| SSN | Participant Name <input type="checkbox"/> New? | |
| Legal Address | | |
| City | State | Zip Code |

Section D - Plan Administrator Authorization and Certification

On behalf of the Plan referenced above, I hereby direct MassMutual to correct and change the Social Security Number (SSN) or Tax Identification Number (TIN); name; or address of the indicated participant(s).

For a change to the Social Security Number (SSN) or Tax Identification Number (TIN), I acknowledge that (1) if the change occurs during the calendar year for which there is a distribution paid to the participant, the Form 1099-R that reports the distribution to the Internal Revenue Service and to the participant will bear the corrected SSN or TIN; and (2) if any changes need to be made to the tax reporting of prior years because prior year distributions have been paid to this participant, I will authorize a correction in a separate instruction (this instruction may be attached to this form). I confirm that under the terms of the administrative services agreement, the Plan Sponsor is responsible for accurate tax reporting of participant distributions and the maintenance on the MassMutual record-keeping system of accurate social security or tax identification numbers for all participants in the Plan. I acknowledge that this form does not constitute a delegation by the Plan Administrator of, and the Plan Administrator has not otherwise delegated, its income tax withholding duties and liabilities under §3405 of the Internal Revenue Code of 1986, as amended, to the Recordkeeper and that the Recordkeeper is acting as independent contractor of the Plan Administrator or Service Provider in acting in accordance with these instructions.

Please be sure the below signatory is on record as an authorized signer for your Plan at MassMutual.

Authorized Plan Signatory/Representative's Signature

Date

Authorized Plan Signatory/Representative's Name (please print)

Completed and signed forms in "good order" may be faxed to 877-526-2531 or 800-678-8645. If you have any questions, please contact your Account Manager for assistance at 800-637-6444.

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) (of which Retirement Services is a division) and its affiliated companies and sales representatives.