

Beneficiary Designation Form

Form to Be Retained by Plan Administrator

Group Number: 750908	Social Security Number:	Employer: East Allen County Schools
Employee Name: <i>Last, First, M.I.</i>		
Mailing Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Ext:

BENEFICIARY INFORMATION

Upon your death, all proceeds from the Plan will be paid to your beneficiary(ies) in the order specified below. Only you, the participant, may change the designation. If you do not designate a beneficiary, or your beneficiary, 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.**

Receipt of this form in the offices of your Employer cancels all prior beneficiary designations filed with your Employer. No change of Beneficiary will take effect until this request has been received in good order by your Employer.

I hereby designate the person(s) listed above as my beneficiary(ies) under the Plan.

Participant Signature

Date

Keep a copy for your records. Do not return to MassMutual.

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, Massachusetts 01111-0001

Beneficiary Designation

A. 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.

B. 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.