



Beneficiary Designation/ Name & Address Change - State of Iowa 403(b)

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

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

Please indicate if a name or address change: [] Address Change [] Name Change - provide documentation

Form fields for Group No. 750923, SSN, Employer State of Iowa 403(b), Employee Name, Mailing Address, Daytime Phone No, 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.

Table with 5 columns: Primary Beneficiary(ies) name, address and phone no., Social Security No., Date of Birth, Relationship, %. Includes PRIMARY TOTAL: 100%.

Table with 5 columns: Contingent Beneficiary(ies) name, address and phone no., Social Security No., Date of Birth, Relationship, %. Includes CONTINGENT TOTAL: 100%.

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

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.

Employee Signature Date TPA's Signature, if applicable Date

Note: If you have an account under account number 62069-3 and you wish to update your beneficiary designation on that account, you will need to complete a separate Beneficiary Designation form applicable to that account. To request a form contact MassMutual's Participant Information Center at 1-800-743-5274 between 8:00 a.m. and 9:00 p.m. ET, Monday through Friday.

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%.

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% | <i>or</i> | Carol Smith, daughter, | <i>or</i> | 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% | <i>or</i> | Carol Smith, daughter, | <i>or</i> | 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> |

Sample wording for use in completing this form:

| <i>To Designate</i> | <i>Use This Wording</i> |
|---|--|
| 1. Your estate | Executors or Administrators of my estate |
| 2. The trustee of the Trust established under your Will | (Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will) |
| 3. The trustee of your Revocable or Irrevocable Trust | (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.