



**State of Iowa 403(b) Plan  
Beneficiary Designation  
Governmental Plan**

Account Number **62069-3** – This form is only applicable to funds held in this account.

Participant's Name \_\_\_\_\_  
first middle last

Participant's Address \_\_\_\_\_  
street  
 \_\_\_\_\_  
city state zip

Social Security No. \_\_\_\_\_

*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 P.O. Box as your mailing address.*

**IMPORTANT: If no valid beneficiary designation is on file or if your beneficiary designation cannot otherwise be determined, your beneficiary will be determined by the plan fiduciary according to plan documents and applicable law.**

**This designation supersedes any prior designation for the plan account designated above.**

**Primary Beneficiary:** I designate the following to receive my account balance upon my death. [Up to 3 decimals may be entered when assigning percentages (e.g., 33.333%, 33.334%, etc.), but the total for all primary beneficiaries must equal 100%.]

Name	Relationship	Social Security #	Date of Birth	Percent

(must total 100%)

**Contingent Beneficiary (optional):** If no Primary Beneficiary listed above who is a natural person is alive upon my death, I designate the following to receive my account balance upon my death. [Up to 3 decimals may be entered when assigning percentages (e.g., 33.333%, 33.334%, etc.), but the total for all contingent beneficiaries must equal 100%.]

Name	Relationship	Social Security #	Date of Birth	Percent

(must total 100%)

**NOTE: MassMutual does not display contingent beneficiary information on our participant website at [www.retiresmart.com](http://www.retiresmart.com). If you go online to change your beneficiary, that change will supersede this request including your contingent beneficiary election (if applicable).**

**SIGNATURE**

I understand that this beneficiary designation supersedes any previous designation for the plan designated above.

Participant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Note: If you have an account under group number 750923 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.

**Please keep a copy for your records. Return your form to MassMutual  
by Email to [rscsprocessing@massmutual.com](mailto:rscsprocessing@massmutual.com) or by fax to 816-701-8005.**

Sample wording for use in completing this form:

*To Designate*

1. Your estate
2. The trustee of the Trust established under your Will
3. The trustee of your Revocable or Irrevocable Trust

*Use This Wording*

- Executors or Administrators of my estate
- (Name of trustee) as trustee, or the then acting trustee, of the Trust established under (your name) Will dated (date of Will)
- (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.

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RS-38855-00