Contract Number:

... MassMutual

Annuitant's Beneficiary Designation

if you elected a form of benefit under which there is a benefit payable at your death.

Primary Beneficiary::::			
If you are not married, you may designa other than your spouse as a primary be Joint and Survivor Annuity form in the pra waiver form, if needed	te any person as your ber eneficiary, you must have	neficiary. If you are your spouse cons	married and choose to have someone ent by signing the Waiver of Qualified
I hereby request that any benefit payable	e at my death under the ab	pove contract be pai	id to the beneficiary(ies) named below.
1. Name:			Percent of Benefit%
Date of Birth:	Phone No.:		Gender: □ Male □ Female
Address:			
			Percent of Benefit%
			Gender: □ Male □ Female
Social Security Number/TIN: Address:			
Secondary Beneficiary is the individua			
Secondary Beneficiary is the individual primary beneficiary(ies) is (are) deceased may be listed on an additional Annuit	ed. If three or more pri tant's Beneficiary Data fo	mary or secondar	y beneficiaries are designated they Percent of Benefit%
Secondary Beneficiary is the individual primary beneficiary(ies) is (are) decease may be listed on an additional Annuit 1. Name: Date of Birth:	ed. If three or more pricant's Beneficiary Data fo	mary or secondar	Percent of Benefit% Gender: Male Female
primary beneficiary(ies) is (are) decease may be listed on an additional Annuit 1. Name: Date of Birth:	ed. If three or more pricant's Beneficiary Data fo	mary or secondar orm. Relationship:	y beneficiaries are designated they Percent of Benefit% Gender: □ Male □ Female
Secondary Beneficiary is the individual primary beneficiary(ies) is (are) decease may be listed on an additional Annuit 1. Name: Date of Birth: Social Security Number/TIN: Address:	ed. If three or more pricant's Beneficiary Data for Phone No.:	mary or secondar orm. Relationship:	Percent of Benefit% Gender: □ Male □ Female
Secondary Beneficiary is the individual primary beneficiary(ies) is (are) decease may be listed on an additional Annuit 1. Name: Date of Birth: Social Security Number/TIN: Address:	ed. If three or more pricant's Beneficiary Data for Phone No.:	mary or secondary orm. Relationship:	Percent of Benefit% Gender: □ Male □ Female Percent of Benefit%
Secondary Beneficiary is the individual primary beneficiary(ies) is (are) decease may be listed on an additional Annuit 1. Name: Date of Birth: Social Security Number/TIN: Address: Date of Birth: Social Security Number/TIN: Address: Address:	ed. If three or more pricant's Beneficiary Data for Phone No.: Phone No.:	mary or secondary orm. Relationship: Relationship:	Percent of Benefit% Gender: □ Male □ Female Percent of Benefit% Gender: □ Male □ Female
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Secondary Beneficiary is the individual primary beneficiary(ies) is (are) decease may be listed on an additional Annuit 1. Name: Date of Birth: Social Security Number/TIN: Address: Date of Birth: Social Security Number/TIN: Address: Signature(s) The foregoing designation/change of	Phone No.: Phone No.: Phone No.: Phone No.: Phone No.:	mary or secondary orm. Relationship: Relationship: des any previous of the processed.	Percent of Benefit% Gender: □ Male □ Female Percent of Benefit% Percent of Benefit% Gender: □ Male □ Female designation / change.