

Beneficiary Form
Local No. 8 IBEW Retirement Plan & Trust 1-419-666-4450 62327-1-1

SOCIAL SECURITY NUMBER BIRTH DATE		Marital Status			
AST NAME  FIRST NAME  STREET ADDRESS  CITY  STATE  ZIP CODE  (		☐ Married ☐ Not	Married	/	/
STREET ADDRESS  CITY STATE  ZIP CODE  (	SOCIAL SECURITY NUMBER			BIRTH DATE	
DAYTIME TELEPHONE NUMBER  EVENING TELEPHONE NUMBER  E-MAIL ADDRESS  2. Designate Beneficiary(ies) (check one box only)  Spouse Primary Beneficiary: I would like my spouse to receive my entire account balance upon my death. If you are married and you elected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.  Spouse's Name  Spouse's Social Security Number (SSN)  Spouse's Date of Birth: mm – dd – yyyy  Non-Spouse Primary Beneficiaries: I would like the following person(s) to receive my entire account balance upon my death  Social Security Number (SSN)  Relationship  Percentage  Beneficiary Name  Social Security Number (SSN)  Relationship  Percentage  Percentage	LAST NAME	FIRST NAM	Е		MIDDLE INITIA
2. Designate Beneficiary(ies) (check one box only)  Spouse Primary Beneficiary: I would like my spouse to receive my entire account balance upon my death. If you are married and you relected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.  Spouse's Name  Spouse's Social Security Number (SSN)  Spouse's Date of Birth: mm – dd – yyyy  Non-Spouse Primary Beneficiaries: I would like the following person(s) to receive my entire account balance upon my death  Beneficiary Name  Social Security Number (SSN)  Relationship  Percentage  Beneficiary Name  Social Security Number (SSN)  Relationship  Percentage  96  Beneficiary Name  Social Security Number (SSN)  Relationship  Percentage	STREET ADDRESS	Cr	ГҮ	STATE	ZIP CODE
2. Designate Beneficiary(ies) (check one box only)    Spouse Primary Beneficiary: I would like my spouse to receive my entire account balance upon my death. If you are married and you relected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.    Spouse's Name	(	()	·		
Spouse Primary Beneficiary: I would like my spouse to receive my entire account balance upon my death. If you are married and you belected your spouse as sole primary beneficiary, please have your spouse provide consent on the back of this form.  Spouse's Name  Spouse's Social Security Number (SSN)  Spouse's Date of Birth: mm – dd – yyyy  Non-Spouse Primary Beneficiaries: I would like the following person(s) to receive my entire account balance upon my death  Beneficiary Name  Social Security Number (SSN)  Relationship  Percentage  Beneficiary Name  Social Security Number (SSN)  Relationship  Percentage  Social Security Number (SSN)  Relationship  Percentage	DAYTIME TELEPHONE NUMBER	EVENING TELEPHONE NUMBER		E-MAIL ADDRESS	
Beneficiary Name  Social Security Number (SSN)  Relationship  Percentage  Social Security Number (SSN)  Relationship  Percentage  Social Security Number (SSN)  Relationship  Percentage					are married and you h
Beneficiary Name Social Security Number (SSN) Relationship Percentage  Manage  Social Security Number (SSN) Relationship Percentage	elected your spouse as sole primary benefic	ciary, please have your spouse prov	ride consent on the ba	ck of this form.	
Beneficiary Name Social Security Number (SSN) Relationship Percentage  Manage  Social Security Number (SSN) Relationship Percentage	Spouse's Name  Non-Spouse Primary Benefic	Spouse's Social Security I	Number (SSN)  person(s) to receive my	Spouse's Date of entire account balance u	Birth: mm – dd – yyyy  pon my death
Beneficiary Name Social Security Number (SSN) Relationship Percentage	Spouse's Name  Non-Spouse Primary Benefic	Spouse's Social Security I	Number (SSN)  person(s) to receive my	Spouse's Date of entire account balance u	Birth: mm – dd – yyyy  pon my death  centage
%	Spouse's Name  Non-Spouse Primary Beneficiary Name	Spouse's Social Security I  Social Security Number (SSN)	Number (SSN)  person(s) to receive my  Relationship	Spouse's Date of Per	Birth: mm – dd – yyyy  pon my death  centage
Beneficiary Name Social Security Number (SSN) Relationship Percentage	Spouse's Name  Non-Spouse Primary Beneficiary Name  Beneficiary Name	Spouse's Social Security I  Spouse's Social Security I  Social Security Number (SSN)  Social Security Number (SSN)	Number (SSN)  Person(s) to receive my  Relationship	Spouse's Date of Per	Birth: mm – dd – yyyy  pon my death  centage  % centage

## 3. Secondary/Contingent Beneficiary(ies) (continued)

If no Primary Beneficiary listed on the front of this form is alive upon my death, I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%.) NOTE: MassMutual does not retain Contingent Beneficiary information nor will it be displayed on the participant website. Plan Administrator: Please retain a copy of this form in your files.

			0/-		
Beneficiary Name	Social Security Number (SSN)	Relationship	Percentage %		
Beneficiary Name	Social Security Number (SSN)	Relationship	Percentage %		
Beneficiary Name	Social Security Number (SSN)	Relationship	Percentage %		
Beneficiary Name	Social Security Number (SSN)	Relationship	Percentage %		
please have your spouse provid I understand that I have a legal right to a beneficiary designation set forth above. I	nsent (If you are married and le consent below.)  death benefit equal to the participant's entry further understand and acknowledge that my consent only to a specific beneficiary a	ire account balance. I consent to waive if I sign this form, no death benefit wil	e that legal right in accordan Il be payable to me except a	ace with the	
Spouse's Signature		Date		-	
Notary Public's Signature	plic's Signature Date		Date Commission Expires		
5. Sign, date and return	your forms			_	
Participant's Signature		Date			
<b>6.</b> Plan Administrator Si	gnature				
Plan Administrator Signature		Date		_	

©2017 Massachusetts Mutual Life Insurance Company, Springfield, MA. All rights reserved. www.massmutual.com.

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.