

[illegible]

- B** Beneficiary Information :::



**B** Beneficiary Information *continued* •••••

- If joint annuitants are designated under a qualified deferred annuity contract, the joint annuitant must be the sole primary beneficiary and any other beneficiary designation on record at the time of death will be treated as a contingent beneficiary.
- For Non-Qualified Deferred Compensation Plan and Qualified Plan owned contracts, the plan must be designated as primary beneficiary.
- For MassMutual Premier Voyage<sup>SM</sup>, MassMutual Capital Vantage<sup>SM</sup>, MassMutual Envision<sup>SM</sup>, MassMutual Transitions Select<sup>SM</sup> II, and Index Horizons<sup>SM</sup> contracts owned by a non-natural person other than a Trust, the Owner must be the beneficiary.
- For MassMutual Transitions Select<sup>SM</sup> and MassMutual Evolution<sup>SM</sup> contract participating in MassMutual Lifetime Income Protector<sup>SM</sup> or MassMutual Lifetime Payments Plus<sup>SM</sup>, changes to the beneficiary may reduce the value of the benefit.
- **For Index Horizons contracts with the joint life version of the Guaranteed Lifetime Withdrawal Benefit & MassMutual Envision<sup>SM</sup> contracts with MassMutual RetirePay<sup>SM</sup> in effect:** The Joint Covered Person will be considered the primary beneficiary and any other beneficiary designation will be treated as a contingent beneficiary. However, the Beneficiary may be changed if the Joint Covered Person is no longer the spouse, domestic partner, or civil union partner of the owner. Such a change will result in the Annual Benefit Payment (ABP) (*Index Horizons*)/ Annual Lifetime Benefit Amount (ALBA) (*Envision with RetirePay*) being available only for the lifetime of the owner, but the ABP/ ALBA will continue to be calculated using the joint life rates in effect on the issue date. If you are changing a beneficiary in connection with a divorce, provide a copy of the divorce decree or contact the Service Center.
- **For MassMutual Evolution<sup>SM</sup> and MassMutual Transition Select<sup>SM</sup> contracts with Lifetime Payment Plus in effect:** For Single Life Options that are jointly owned, the Covered Person is the contract owner who has elected to be the Covered Person at issue, and may not be changed. In the event of a divorce and where the Covered Person does not maintain ownership of the contract, the Covered Person will be considered the primary beneficiary and any other designation will be treated as a contingent beneficiary. For Joint Life Options, the surviving Covered Person will be considered the primary beneficiary and any other beneficiary designation will be treated as a contingent beneficiary, even in the event of a divorce between the Covered Persons.
- **For MassMutual Transition Select<sup>SM</sup> contracts with Lifetime Income Protector in effect:** A change made to the beneficiary, or a change in marital status due to divorce, may limit the ability to continue the Contract and the rider in the event of a contract owners' death. For Joint Life versions, if there is a death of a Covered Person or a change in marital status due to divorce, the Company will change the Joint Life version to the Single Life version provided that proper documentation is received by us prior to the Income Start Date.
- Notary stamp is required in section C when there is a change to the irrevocable beneficiary.
- Spousal consent is required in section C if changing a beneficiary on a qualified contract subject to ERISA to a person other than a spouse (*if married*).
- Issue per stirpes is only applicable if the beneficiary is a natural person.
- Restricted Beneficiary Designation is for use with non-qualified and IRA contracts only. *See section E for additional information and available products.*

Contract number(s): \_\_\_\_\_

**B** Beneficiary Information *continued* .....

**Individual Beneficiary Information**

**Providing as much information as possible about each beneficiary will expedite the claim process. Beneficiary designations outside of what is listed below may not be allowed.**

Individual Beneficiary #1	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Distribution (Specify):</b> _____ % <b>*Issue per stirpes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) <b>*Irrevocable Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) <i>*See Disclosure section for more information.</i>
	<b>Full legal name:</b> _____ First MI Last Suffix	
	<b>Taxpayer Identification Number:</b> _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN	
	<b>Date of birth (mm/dd/yyyy):</b> _____	
	<b>Gender (Select one):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Mailing address (PO Box or Street, Apt. or Suite #, City &amp; State/Country, ZIP/Postal Code):</b> _____ _____	
	<b>Phone number:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	<b>Email address:</b> _____	
	<b>Relationship to Owner:</b> _____	
	<b>UTMA/UGMA Custodian</b> (This is not applicable to the Issue per stirpes if selected above): During the named child's minority, (Name of adult to act as custodian): _____ shall be custodial for said child under the Uniform Gifts/Transfers to Minor Act of (State where either the owner, custodian or child lives): _____	
<b>Restricted Beneficiary Designation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default, skip restriction elections below) <b>Settlement Option (Select one):</b> <input type="checkbox"/> Period Certain: _____ (Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for all other products. Period Certain is not available for MassMutual RetireEase Choice.) <input type="checkbox"/> Single Life with Period Certain: _____ (Specify number of years: 10 or 20 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for MassMutual RetireEase Choice; 5, 10, 20 years for all other products.) <input type="checkbox"/> Single Life <b>Payment Frequency (Select one):</b> <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <b>Beneficiary Restriction Information:</b> <input type="checkbox"/> <b>Full Restriction.</b> I direct that the total death benefit payable to this beneficiary be applied as the settlement option elected above. (Default) <input type="checkbox"/> <b>Partial Restriction.</b> I direct that no more than _____ % may, at the election of the beneficiary, be paid in a lump sum and the remainder be applied as the settlement option elected above.		

Contract number(s): \_\_\_\_\_

**B** Beneficiary Information *continued* .....

Individual Beneficiary Information *continued*

Individual Beneficiary #2	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Distribution (Specify):</b> _____ % <b>Issue per stirpes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) <b>Irrevocable Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	<b>Full legal name:</b> _____ First MI Last Suffix	
	<b>Taxpayer Identification Number:</b> _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN	
	<b>Date of birth (mm/dd/yyyy):</b> _____	
	<b>Gender (Select one):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Mailing address (PO Box or Street, Apt. or Suite #, City &amp; State/Country, ZIP/Postal Code):</b> _____ _____	
	<b>Phone number:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	<b>Email address:</b> _____	
	<b>Relationship to Owner:</b> _____	
	<b>UTMA/UGMA Custodian</b> (This is not applicable to the Issue per stirpes if selected above): During the named child's minority, (Name of adult to act as custodian): _____ shall be custodial for said child under the Uniform Gifts/Transfers to Minor Act of (State where either the owner, custodian or child lives): _____	
<b>Restricted Beneficiary Designation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default, skip restriction elections below) <b>Settlement Option (Select one):</b> <input type="checkbox"/> Period Certain: _____ (Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for all other products. Period Certain is not available for MassMutual RetireEase Choice.) <input type="checkbox"/> Single Life with Period Certain: _____ (Specify number of years: 10 or 20 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for MassMutual RetireEase Choice; 5, 10, 20 years for all other products) <input type="checkbox"/> Single Life <b>Payment Frequency (Select one):</b> <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <b>Beneficiary Restriction Information:</b> <input type="checkbox"/> <b>Full Restriction.</b> I direct that the total death benefit payable to this beneficiary be applied as the settlement option elected above. (Default) <input type="checkbox"/> <b>Partial Restriction.</b> I direct that no more than _____% may, at the election of the beneficiary, be paid in a lump sum and the remainder be applied as the settlement option elected above.		

Contract number(s): \_\_\_\_\_

**B** Beneficiary Information *continued* .....

Individual Beneficiary Information *continued*

Individual Beneficiary #3	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Distribution (Specify):</b> _____ % <b>Issue per stirpes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) <b>Irrevocable Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	<b>Full legal name:</b> _____ First MI Last Suffix	
	<b>Taxpayer Identification Number:</b> _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN	
	<b>Date of birth (mm/dd/yyyy):</b> _____	
	<b>Gender (Select one):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Mailing address (PO Box or Street, Apt. or Suite #, City &amp; State/Country, ZIP/Postal Code):</b> _____ _____	
	<b>Phone number:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	<b>Email address:</b> _____	
	<b>Relationship to Owner:</b> _____	
	<b>UTMA/UGMA Custodian</b> (This is not applicable to the Issue per stirpes if selected above): During the named child's minority, (Name of adult to act as custodian): _____ shall be custodial for said child under the Uniform Gifts/Transfers to Minor Act of (State where either the owner, custodian or child lives): _____	
<b>Restricted Beneficiary Designation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default, skip restriction elections below) <b>Settlement Option (Select one):</b> <input type="checkbox"/> Period Certain: _____ (Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for all other products. Period Certain is not available for MassMutual RetireEase Choice.) <input type="checkbox"/> Single Life with Period Certain: _____ (Specify number of years: 10 or 20 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for MassMutual RetireEase Choice; 5, 10, 20 years for all other products) <input type="checkbox"/> Single Life <b>Payment Frequency (Select one):</b> <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <b>Beneficiary Restriction Information:</b> <input type="checkbox"/> <b>Full Restriction.</b> I direct that the total death benefit payable to this beneficiary be applied as the settlement option elected above. (Default) <input type="checkbox"/> <b>Partial Restriction.</b> I direct that no more than _____% may, at the election of the beneficiary, be paid in a lump sum and the remainder be applied as the settlement option elected above.		

Contract number(s): \_\_\_\_\_

**B** Beneficiary Information *continued* .....

Individual Beneficiary Information *continued*

Individual Beneficiary #4	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Distribution (Specify):</b> _____ % <b>Issue per stirpes?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) <b>Irrevocable Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	<b>Full legal name:</b> _____ First MI Last Suffix	
	<b>Taxpayer Identification Number:</b> _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN	
	<b>Date of birth (mm/dd/yyyy):</b> _____	
	<b>Gender (Select one):</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
	<b>Mailing address (PO Box or Street, Apt. or Suite #, City &amp; State/Country, ZIP/Postal Code):</b> _____ _____	
	<b>Phone number:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	
	<b>Email address:</b> _____	
	<b>Relationship to Owner:</b> _____	
	<b>UTMA/UGMA Custodian</b> (This is not applicable to the Issue per stirpes if selected above): During the named child's minority, (Name of adult to act as custodian): _____ shall be custodial for said child under the Uniform Gifts/Transfers to Minor Act of (State where either the owner, custodian or child lives): _____	
<b>Restricted Beneficiary Designation:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default, skip restriction elections below) <b>Settlement Option (Select one):</b> <input type="checkbox"/> Period Certain: _____ (Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for all other products. Period Certain is not available for MassMutual RetireEase Choice.) <input type="checkbox"/> Single Life with Period Certain: _____ (Specify number of years: 10 or 20 years for Index Horizons, MassMutual Transitions Select II and MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for MassMutual RetireEase Choice; 5, 10, 20 years for all other products) <input type="checkbox"/> Single Life <b>Payment Frequency (Select one):</b> <input type="checkbox"/> Monthly (Default) <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <b>Beneficiary Restriction Information:</b> <input type="checkbox"/> <b>Full Restriction.</b> I direct that the total death benefit payable to this beneficiary be applied as the settlement option elected above. (Default) <input type="checkbox"/> <b>Partial Restriction.</b> I direct that no more than _____% may, at the election of the beneficiary, be paid in a lump sum and the remainder be applied as the settlement option elected above.		

Contract number(s): \_\_\_\_\_

**B** Beneficiary Information *continued* .....

**Entity Beneficiary Information**

**Providing as much information as possible about each beneficiary will expedite the claim process. Beneficiary designations outside of what is listed below may not be allowed.**

**Note: A contingent beneficiary cannot be named for any portion of the death benefit for which the primary beneficiary is an entity. For entities a designation includes the successors or assigns of the designated entity.**

Entity Beneficiary Information #1	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Distribution (Specify):</b> _____ % <b>Irrevocable Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	<b>Type (Select one):</b> <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Estate ( <b>Skip to next beneficiary</b> )	
	<input type="checkbox"/> Trust under Will ( <b>Skip to next beneficiary</b> ) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____	
	<b>Full legal name:</b> _____	
	<b>Taxpayer Identification Number:</b> _____ <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN	
	<b>Date Trust was established</b> (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy): _____	
	<b>Mailing address</b> (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____	
	<b>Phone number:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <b>Email address:</b> _____	

Entity Beneficiary Information #2	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	<b>Distribution (Specify):</b> _____ % <b>Irrevocable Beneficiary?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	<b>Type (Select one):</b> <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Estate ( <b>Skip to next beneficiary</b> )	
	<input type="checkbox"/> Trust under Will ( <b>Skip to next beneficiary</b> ) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____	
	<b>Full legal name:</b> _____	
	<b>Taxpayer Identification Number:</b> _____ <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN	
	<b>Date Trust was established</b> (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy): _____	
	<b>Mailing address</b> (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____	
	<b>Phone number:</b> _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <b>Email address:</b> _____	









## E Disclosures

**Customer Identification.** To help the government fight the funding of terrorism and money laundering activities, the Federal law requires all financial institutions to obtain, verify and record information about our customers. This form asks for your name, address, date of birth and other information that will allow us to identify you.

**Trust under Will.** The then acting Trustee of the Trust under the Owner's Will that is probated. If no Will of the Owner is probated or if there is no trust in effect under the Will that is probated, proceeds will be paid to the Contingent Beneficiary, if living, otherwise to the owner or the estate of the owner.

**Issue Per Stirpes.** This means that if a Beneficiary dies before the Owner, any amount that would have been paid to that Beneficiary, will be paid in one sum and in equal shares to the surviving children of that Beneficiary, if any, before any other Beneficiary. If per stirpes is not selected, and a Beneficiary dies before the Owner, any amount that would have been paid to that Beneficiary will be paid in equal shares to the surviving Primary Beneficiaries, if any, before any Contingent Beneficiary.

**UTMA/UGMA.** The Law of the named state which applies to a transfer of property to a minor whether it be entitled Uniform Transfers to Minors Act or Uniform Gifts to Minors Act.

**Irrevocable Beneficiary.** An irrevocable beneficiary is one whose consent is required before a contract owner can change the beneficiary and/or exercise contract rights. For all annuity contracts, consent from the irrevocable beneficiary is required to make changes to the beneficiary arrangement. For some contracts (Foundation, Flex IV, Flex Extra, SPIA, and LifeTrust), the irrevocable beneficiary's consent is required before a contract owner can exercise contract rights.

**Restricted Beneficiaries.** A restricted payout plan allows you to designate and restrict the form of death benefit payment to be made to your beneficiaries in the event of your death before the Annuity Date. Beneficiary designation with restricted payout may be made on the following products:

- Index Horizons
- MassMutual Capital Vantage<sup>SM</sup>
- MassMutual Envision<sup>SM</sup>
- MassMutual Evolution<sup>SM</sup>
- MassMutual Equity Edge<sup>SM</sup>
- MassMutual Odyssey Select<sup>SM</sup>
- MassMutual Odyssey Plus<sup>SM</sup>
- MassMutual Premier Voyage<sup>SM</sup>
- MassMutual Stable Voyage<sup>SM</sup>
- MassMutual RetireEase<sup>SM</sup>
- MassMutual RetireEase Select<sup>SM</sup>
- MassMutual Transitions Select<sup>SM</sup>
- MassMutual Transitions Select<sup>SM</sup> II

Beneficiaries may not change the payout instructions as designated by the owner unless it is necessary to comply with Internal Revenue Code (IRC) requirements. This means that in certain circumstances beneficiaries may be able to elect a different settlement option than the one elected on this form.

If you have purchased a Non-Qualified contract: Section 72(s) of the IRC requires that, at the death of any holder, annuity payments to a non-spouse Beneficiary must begin within twelve months of the date of death or the entire death benefit must be distributed within five years of the date of death.

If you have purchased a Qualified contract: Section 401(a)(9) of the IRC requires that, at the death of the participant, annuity payments to a non-spouse beneficiary must begin by December 31 of the year following the year of death or the entire death benefit must

be distributed by December 31 of the year containing the tenth anniversary of the date of death (year containing the fifth anniversary of the date of death if you do not have a designated beneficiary as defined under 401(a)(9), including where your estate or certain trusts are the beneficiary). If the beneficiary is someone other than the surviving spouse and is more than ten years younger than the deceased, any payment option elected cannot continue beyond the year that contains the tenth anniversary of death. A surviving spouse beneficiary or a beneficiary who is not more than ten years younger than the deceased owner may receive a life contingent annuity, but any guaranteed portion such as a period certain or installment refund cannot continue beyond the year that contains the tenth anniversary of the owner's death. If the settlement option chosen does not satisfy Section 401(a)(9) at the time of the participant's death, we reserve the right to amend the settlement option so that it will comply with the required minimum distribution rules.

For an IRA, placing any restrictions on your surviving spouse may have the unintended and adverse impact on your spouse's ability to treat the account as his/her own IRA. Please consult your tax, estate, or financial advisor.

**MassMutual RetireEase Choice<sup>SM</sup> contracts.** If the owner dies during the deferral period and the beneficiary is not a spouse, the contract may not be kept in-force and only a lump sum death benefit will be paid, even though a joint and survivor annuity was purchased. For convertible options this results in a loss of the convertibility feature for the beneficiary.

## General Provisions

- The Company is only responsible to perform according to the terms of the contract, and is not responsible for carrying out the terms of any trust or any trust agreement outside of this policy.
- If no custodian is designated, any money payable to a minor will be paid to the court appointed guardian of the estate of the minor. Only the legal guardian of the minor can exercise any rights given to a minor.
- If a revocable trust is the owner, and the trust is not in effect at the death of the Owner (*or Annuitant if applicable*), the proceeds shall be paid to the designated grantor(s) equally, otherwise to the estate of whichever said grantors is the last to die.
- If there is no living or existing beneficiary, the proceeds will be paid to the owner or the owner's estate.