



Operating Engineers Local No. 77 Annuity Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (877) 850-0977
www.associated-admin.com

8400 Corporate Drive, Suite 430
Landover, Maryland 20785-2361
Telephone: (877) 850-0977
www.associated-admin.com

BENEFICIARY DESIGNATION (PLEASE PRINT)

Account Number: 51753-1-1

Participant's Name _____
FIRST MIDDLE LAST

Participant's Address _____
STREET NUMBER CITY STATE ZIP CODE

Social Security No.: _____ Marital Status: Married Single or Legally Separated

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

This designation supersedes any prior designation.

Primary Beneficiary (Check either box 1 or 2).

1. **Spouse Primary Beneficiary:** I designate my spouse to receive my entire account balance upon death.

Spouse's Name _____

Spouse's Social Security No.: _____ Spouse's Date of Birth _____

2. **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) to receive my account balance upon my death: (Must be in whole percentages totaling 100%).

If applicable, Spouse's Date of Birth: _____
mm/dd/yyyy

Name	Relationship	SSN	Percentage

If you are married and you have not designated your spouse as primary beneficiary, please have your spouse provide consent below.

SPOUSAL CONSENT: I understand I have a legal right to a death benefit equal to the participant's entire account balance. I consent to waive that legal right in accordance with the beneficiary designation set forth above. I acknowledge that I have a right to limit my consent only to a specific beneficiary and that I voluntarily elect to relinquish such right. I further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided below.

Spouse's Signature

Date

The spouse's signature must be witnessed by the Plan Administrator or a Notary Public.

Plan Administrator

Date

-OR-

Notary Public:

Notarization of spousal consent can be signed off by a Notary Public or the Plan Administrator. A Notary Seal is not required when signed by the Plan Administrator or when participant resides in one of the following states: CT, KY, LA, ME, MI, NJ, NY, RI, VT.

Before me, the undersigned notary, personally appeared _____,
and proved to me through identification documents allowed by law, which were _____,
to be the person who signed the preceding document in my presence and who affirmed to me that they executed the above Consent of Spouse as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this ____ day of _____, ____.

Witnessed: _____ State _____ County _____
(official signature and seal of notary)

My Commission expires: _____.

Contingent Beneficiary (optional): If no Primary Beneficiary listed above 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 our participant website at www.massmutual.com/retire. Plan Administrator: Please retain a copy of this form in your files.

Name	Relationship	SSN	Percentage

SIGNATURES

I understand that this beneficiary designation supersedes any previous designation.

_____ **Participant**

_____ **Date**

I, the Plan Administrator, certify, to the best of my knowledge, the above information is correct. If a married participant designated a Non-Spouse Primary Beneficiary, and the spouse’s signature was not witnessed by a Notary Public, I certify I witnessed the spouse’s signature agreeing to the designation.

_____ **Plan Administrator**

_____ **Date**

-OR-

Notary Public:

Notarization of consent can be signed off by a Notary Public or the Plan Administrator. A Notary Seal is not required when signed by the Plan Administrator or when participant resides in one of the following states: CT, KY, LA, ME, MI, NJ, NY, RI, VT.

Before me, the undersigned notary, personally appeared _____, and proved to me through identification documents allowed by law, which were _____, to be the person who signed the preceding document in my presence and who affirmed to me that they executed the above as a free and voluntary act.

IN WITNESS WHEREOF, I have signed my name and affixed my official notarial seal this ____ day of _____, _____.

Witnessed: _____ State _____ County _____
(official signature and seal of notary)

My Commission expires: _____.

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 of the Trust established under Established under your Will	(Name of trustee) as trustee, or the then acting trustee, (your name) Will dated (date of Will)
3. The trustee of your Revocable of the (name of Trust) or Irrevocable Trust	(Name of trustee) as trustee, or the then acting trustee, established on (date of Trust)