

State of South Carolina State Optional Retirement Program PARTICIPANT INFORMATION CHANGE

Fax to 816-701-8005 or Email to RSCSOProcessing@massmutual.com

Account Number **61953-1-__** Employer Name: _____

CHANGE(S)

- For investment selection changes, transfers between investments, or address changes call 1-800-743-5274 or access our participant website at www.retiresmart.com.

Section 1: Complete this section:

Name _____
first middle last

Social Security No. _____

Address _____
street

city state zip

Telephone # _____ Email Address _____

Please check box if the address, telephone # or email address listed above is a change request.

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.

Section 2: Check the boxes for ALL changes requested and provide applicable information:

MARITAL STATUS CHANGE: Change to Married Not Married or Legally Separated

PARTICIPANT NAME CHANGE:

Name changed from: _____
first middle last

Name changed to: _____
first middle last

PARTICIPANT SOCIAL SECURITY NUMBER CHANGE: An IRS Form W-9 has been provided to my employer or the Plan Administrator.

Social Security Number changed from: _____

Social Security Number changed to: _____

BIRTH DATE CORRECTION: My date of birth is: _____
mm/dd/yyyy

BENEFICIARY CHANGE: 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 my death.

Spouse's Name: _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____
mm/dd/yyyy

2. **Non-Spouse or Multiple Primary Beneficiaries:** I designate the following person(s) 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%.]

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

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

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: [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%.]

NOTE: Contingent Beneficiary information is not displayed on our participant website at www.retiresmart.com.

Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent
Name	Relationship	Social Security #	Percent

(must total 100%)

SIGNATURES

Participant

_____/_____/_____
Date

Copyright © 2017. All rights reserved. Massachusetts Mutual Life Insurance Company (MassMutual), Springfield, MA 01111.