

Participant Record/Contribution Change Form

Use this Form to:

- request changes to your census information or payroll deduction information on file with MassMutual Retirement Services ("MMRS")

Do not use this Form to:

- complete your initial Plan enrollment.

MassMutual will not process this form until it is received in good order. Please see the *Important Information* Section for information on "Good Order" requirements.

Questions?

Call
MassMutual's Customer
Service Center
1-800-637-6444

Fax
1-800-220-2913

Online
www.massmutual.com/corp

Section A - Plan Information

Plan ID	Plan Name
Plan Contact	Daytime Phone Number

Section B - Participant Information

Change Name	Participant Name	SSN	Date of Birth
<input type="checkbox"/> Change Address	* Legal Address		
City	State	Zip Code	Daytime Phone Number
Date of Birth	Date of Hire	Date of Eligibility	Date of Rehire (if applicable)

Section C - Contribution Change

Please refer to the Plan, the summary plan description, or contact your Plan Administrator for information on the options available under the Plan.

1. Elective Deferrals – I elect to contribute \$ _____ each pay period on a before tax basis effective _____.
2. I elect to discontinue my contributions effective _____.
3. I elect not to participate in elective deferrals effective _____.

SALARY REDUCTION AGREEMENT If elected above, by execution of the Participant Record/Contribution Change Form, I authorize my Employer to make contributions to the Plan by reducing my compensation as elected. This agreement shall continue in effect while I am employed by the Employer or until it is changed in accordance with the terms of the Plan. I understand that the terms of the Plan may provide the Employer with the authority to reduce or cease my elective contributions to ensure the Plan satisfies the requirements of the Internal Revenue Code.

Section E - Participant Authorization

By execution of this document, the Employee authorizes that any Pre-Tax or After-Tax Contributions indicated above be made by reducing the Employee's salary. This agreement shall continue to be in effect only while employment with the Employer continues or until it is altered in accordance to your plan provisions.

Employee Signature

Date

Section F - Plan Administrator Authorization

This document has been received and accepted by the Plan Administrator.

Authorized Plan Administrator Signature

Date

TPA or Plan Administrator's Signature

Date

TPA or Plan Administrator's Name (please print)

Phone Number

E-Mail

Section G - Important Information

Good Order - "Good Order" means that all sections of the form are complete, the participant has provided their signature authorizing the transaction (if required) and the Plan's authorized signatory has provided their signature authorizing MassMutual to process the transaction(s) requested on the form.

MassMutual - MassMutual Retirement Services (MMRS) is a division of Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

Stale Address - It is important that you notify us if you change your address. Going forward, your address may change in our records either at your or your employer's direction, or as a result of an address confirmation service provided under our agreement with your employer. Under this service, the addresses in our records are compared against and updated quarterly with addresses received from commercial address update services (e.g., the U.S. Postal Service). If your mail is returned to us or your employer tells us your address is incorrect, we are likely to suspend future mailings until a new address is obtained. Unless preempted by federal law, failure to give us a current address may also result in uncashed distributions from your participant account being considered abandoned property under state law, and remitted to the applicable state. To update your address, contact your Plan Administrator or, if permitted by your Plan, log in to our website at www.massmutual.com/corp and select the change address link under your personal settings.