Beneficiary Form

Hunterdon Radiological Associates, P.A. Employees' Profit Sharing Plan
Hunterdon Imaging, P.A.
60816-1-2

1 Enter your personal information (Please print clearly)

Participant's Name (First, Middle Initial, Last)			Participant's Social Security Number (SSN)
Street Address		Apt. No.	Birthdate: mm - dd - yyyy
City		State	Zip
( ) Daytime Phone	( ) Evening Phone		E-mail Address

Marital Status: ☐ Married ☐ Single or Legally Separated

Plan Administrator Use Only (Beneficiary form cannot be processed without your signature)

I, the plan administrator, certify that the above information is correct, and if a married participant has designated a non-spouse beneficiary, and the Spouse's signature has not been witnessed by a Notary Public, I also certify that I have witnessed the spouse's signature above agreeing to the designation.

Plan Administrator Signature	Date

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2 Designate beneficiary(ies) (Check one box only)

A. ☐ Spouse Primary Beneficiary: I would like my spouse to receive my entire account balance upon my death. **If you are married and you have NOT 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

or

B. ☐ Non-Spouse or Multiple Primary Beneficiaries: I would like the following person(s) to receive my entire account balance upon my death. (If division is other than equal shares, write in whole percentages totaling 100%.)

Beneficiary Name	Social Security Number	Relationship	Percentage
			%
			%
			%
			%

Contingent Beneficiary (Optional)

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.**

Beneficiary Name	Social Security Number	Relationship	Percentage
			%
			%
			%
			%

3 Provide spousal consent (If you are married and you have NOT elected your spouse as sole primary beneficiary, please have your spouse provide consent below.)

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I understand that 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 further understand and acknowledge that if I sign this form, no death benefit will be payable to me except as provided 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.

Spouse's Signature _____ Date _____

Notary Public's Signature _____ Date _____ Date Commission Expires _____

4 Sign, date and return your forms

Please provide your signature and return to your Plan Administrator. After receipt of this form, MassMutual will send you written confirmation once your account is established.

X

Participant's Signature _____ Date _____