... MassMutual

Annuity Beneficiary Change Request

Use this form to change the Beneficiary on an existing MassMutual contract. See section E – Disclosures for rules and restrictions. For all beneficiaries within a class, the sum of the designated percentages must equal 100%. If the distribution percentage is blank, the death benefit will be divided equally between all beneficiaries within that class. To name additional beneficiaries, copy pages as applicable. Be sure to submit <u>all</u> pages of this form to ensure accurate processing.

A	Contract Information ::::::::::::::::::::::::::::::::::::					
1.	. Contract number(s):					
2.	Owner/Plan full legal name (If individual: First, MI, Last, Suffix):					
	a. Taxpayer Identification Number (SSN / ITIN / EIN):					
	b. Phone number:	,	☐ Home ☐ Work ☐	Cell		
	request to your mobile phone. Th	ese messages may be sent throu	By checking this box, you agree to righ an automated system. Standard numay reply to a text with STOP to cal	nessage and data rates may apply to		
	c. Email address:	c. Email address:				
	By providing your email address, y	you agree to receive emails regard	ding this request. These emails may be	e sent through an automated system.		
3.	Joint Owner full legal name (If ap	plicable: First, MI, Last, Suffix):				
4.	Annuitant/Participant full legal name (If different from owner: First, MI, Last, Suffix):					
5.	Joint Annuitant full legal name (If	applicable: First, MI, Last, Suffix)):			
6.	Plan contact name (If applicable)	Plan contact name (If applicable):				
	a. Phone number:					
7. Is this contract subject to a divorce obligation? Yes No If Yes, the former spouse must comply with applicable state law when divorce proceedings have been filed. If the MassMutual contract or a divorce agreement), this form must also be signed by the former spouse willing to sign this form, MassMutual requires the following from the divorce settlement agreement MassMutual contract or annuities, and the signature page with the signatures of all parties. If the state of the signature designation, MassMutual is required to comply with the agreement and not the surface of the signature of the s			peen filed. If the MassMutual contract be be signed by the former spouse. In the e divorce settlement agreement: the fi signatures of all parties. If the submitt	is subject to a divorce obligation (for the event that the former spouse is not first page, any pages pertaining to the ted divorce obligation requires a spe-		
3	Beneficiary Information	on : : : : : : : : : : : : : : :	• • • • • • • • • • • • • • • • • •			
C	omplete the Individual Benefici	ary sub-section on pages 3 - (6 to name <u>individual</u> beneficiaries ridual and entity beneficiaries are l	. Complete the Entity Beneficiary		
•	Unless otherwise indicated, all na	amed beneficiaries will be consid-	ered primary beneficiaries. Refer to y	our contract for more information.		
•	In the event of death of a Joint Contract Owner/Participant, the surviving Joint Contract Owner, if any, will be treated as the primary beneficiary and any other beneficiaries will be treated as contingent for the following contracts. Upon the death of the last annuitant after the annuity date, the owner may not be the default beneficiary. See your contract for specific rules.					
	Index Horizons	MassMutual Odyssey	MassMutual Transitions®	MassMutual RetireEase Choice SM		
	MassMutual Capital Vantage SM	 MassMutual Odyssey PlussM 	MassMutual Transitions Select SM	Panorama Passage®		
	MassMutual Equity Edge SM	MassMutual Odyssey Select SM	 MassMutual Transitions SelectSM II 	Panorama Premier		
	 MassMutual EvolutionSM 	MassMutual Premier Voyage SM	MassMutual RetireEase SM			
	MassMutual Envision SM	MassMutual Stable Voyage sm		2036		

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

Contract number(s):	
()	

- 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 VoyageSM, MassMutual Capital VantageSM, MassMutual EnvisionSM, MassMutual Transitions SelectSM II, and Index HorizonsSM contracts owned by a non-natural person other than a Trust, the Owner must be the beneficiary.
- For MassMutual Transitions SelectSM and MassMutual EvolutionSM contract participating in MassMutual Lifetime Income ProtectorSM or MassMutual Lifetime Payments PlusSM, 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 EnvisionSM contracts with MassMutual RetirePaySM 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 EvolutionSM and MassMutual Transition SelectSM 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 SelectSM 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.

divid	ual Beneficiary Information				
	ng as much information as possible about is listed below may not be allowed.	each beneficiary will expedite the claim process. Beneficiary designations outsi			
	Class (Select one):	Distribution (Specify):			
	☐ Primary ☐ Contingent	*Issue per stirpes?			
	, ,	*Irrevocable Beneficiary? Yes No (Default) *See Disclosure section for more information.			
	Full legal name:				
	First	MI Last Suffix			
	Taxpayer Identification Number:				
	Date of birth (mm/dd/yyyy):				
	Gender (Select one): ☐ Male ☐ Female				
	Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):				
ficiary #1	Email address: Relationship to Owner:				
l Bene	UTMA/UGMA Custodian (This is not applicable to the Issue per stirpes if selected above): During the named child's minorit (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 chilives):				
dividua	11100).				
Individual Beneficiary		Yes No (Default, skip restriction elections below)			
Individua		Yes No (Default, skip restriction elections below)			
Individua	Restricted Beneficiary Designation: Settlement Option (Select one): Period Certain:	Yes No (Default, skip restriction elections below) (Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions I Vantage; 5-30 years for all other products. Period Certain is not available for Mass-			
Individua	Restricted Beneficiary Designation: Settlement Option (Select one): Period Certain: (Select II and MassMutual Capital Mutual RetireEase Choice.) Single Life with Period Certain:	(Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions I Vantage; 5-30 years for all other products. Period Certain is not available for Mass— (Specify number of years: 10 or 20 years for Index Horizons, MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for Mass-			
Individua	Restricted Beneficiary Designation: Settlement Option (Select one): Period Certain: (Select II and MassMutual Capital Mutual RetireEase Choice.) Single Life with Period Certain: Transitions Select II and MassMutual Capital MassMutual Capital Select II and MassMutual Capital	(Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions I Vantage; 5-30 years for all other products. Period Certain is not available for Mass———————————————————————————————————			
Individua	Restricted Beneficiary Designation: Settlement Option (Select one): Period Certain: Select II and MassMutual Capital Mutual RetireEase Choice.) Single Life with Period Certain: Transitions Select II and MassMutual RetireEase Choice; 5, 10,	(Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions I Vantage; 5-30 years for all other products. Period Certain is not available for Mass. (Specify number of years: 10 or 20 years for Index Horizons, MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for Mass, 20 years for all other products.)			
Individua	Restricted Beneficiary Designation: Settlement Option (Select one): Period Certain: (Select II and MassMutual Capital Mutual RetireEase Choice.) Single Life with Period Certain: Transitions Select II and MassMutual RetireEase Choice; 5, 10, Single Life	(Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions I Vantage; 5-30 years for all other products. Period Certain is not available for Mass. (Specify number of years: 10 or 20 years for Index Horizons, MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for Mass, 20 years for all other products.)			
Individua	Restricted Beneficiary Designation: Settlement Option (Select one): Period Certain: Select II and MassMutual Capital Mutual RetireEase Choice.) Single Life with Period Certain: Transitions Select II and MassMutual RetireEase Choice; 5, 10, Single Life Payment Frequency (Select one): Mo Beneficiary Restriction Information:	(Specify number of years: 10-30 years for Index Horizons, MassMutual Transitions I Vantage; 5-30 years for all other products. Period Certain is not available for Mass			

lump sum and the remainder be applied as the settlement option elected above.

Taxpayer Identification Number: SSN ITIIN Date of birth (mm/dd/yyyy): Gender (Select one): Male Female Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): Phone number: Home Work Cell Email address: Relationship to Owner: UTMA/UGMA Custodian (This is not applicable to the Issue per stirpes if selected above): During the named child's (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 lives): Restricted Beneficiary Designation: Yes No (Default, skip restriction elections below) Settlement Option (Select one): (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 Mutual RetireEase Choice.) Single Life with Period Certain: (Specify number of years: 10 or 20 years for Index Horizons, Mas Transitions Select II and MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for Mutual RetireEase Choice; 5, 10, 20 years for all other products) Single Life Payment Frequency (Select one): Monthly (Default) Quarterly Semi-Annually Annually Beneficiary Restriction Information:					
Full legal name:					
First)				
Taxpayer Identification Number: SSN ITIIN Date of birth (mm/dd/yyyy): Gender (Select one): Male Female Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): Phone number: Home Work Cell Email address: Relationship to Owner: UTMA/UGMA Custodian (This is not applicable to the Issue per stirpes if selected above): During the named child's (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 lives): Restricted Beneficiary Designation: Yes No (Default, skip restriction elections below) Settlement Option (Select one): 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 Mutual RetireEase Choice; 5, 10, 20 years for all other products) Single Life Payment Frequency (Select one): Monthly (Default) Quarterly Semi-Annually Annually Beneficiary Restriction Information:					
Date of birth (mm/dd/yyyy): Gender (Select one):	Suffix				
Gender (Select one):					
Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):	Date of birth (mm/dd/yyyy):				
Phone number:	Gender (Select one):				
Phone number:	Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):				
Restricted Beneficiary Designation: Yes No (Default, skip restriction elections below) Settlement Option (Select one): Period Certain: (Specify number of years: 10-30 years for Index Horizons, MassMutual Transit Select II and MassMutual Capital Vantage; 5-30 years for all other products. Period Certain is not available for Mutual RetireEase Choice.) Single Life with Period Certain: (Specify number of years: 10 or 20 years for Index Horizons, Mas Transitions Select II and MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for Mutual RetireEase Choice; 5, 10, 20 years for all other products) Single Life Payment Frequency (Select one): Monthly (Default) Quarterly Semi-Annually Annually Beneficiary Restriction Information:	Relationship to Owner: UTMA/UGMA Custodian (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):				
Transitions Select II and MassMutual Capital Vantage; 5-30 years for MassMutual RetireEase; 10-30 years for Mutual RetireEase Choice; 5, 10, 20 years for all other products) Single Life Payment Frequency (Select one): Monthly (Default) Quarterly Semi-Annually Annually Beneficiary Restriction Information:	Restricted Beneficiary Designation: Yes No (Default, skip restriction elections below) Settlement Option (Select one): 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 Mass-				
Payment Frequency (Select one): Monthly (Default) Quarterly Semi-Annually Annually Beneficiary Restriction Information:					
Beneficiary Restriction Information:					
Full Restriction. I direct that the total death benefit payable to this beneficiary be applied as the settlement option elected above. (Default) Partial Restriction. I direct that no more than% may, at the election of the beneficiary, be paid in a					

idu	ual Beneficiary Information continued				
	Class (Select one):	Distribution (Specify):			
☐ Primary ☐ Contingent		Issue per stirpes? Yes No (Default)			
		Irrevocable Beneficiary? Yes No (Default)			
	Full legal name:				
	First	MI Last Suffix			
	Taxpayer Identification Number:	SSN			
	Date of birth (mm/dd/yyyy):				
	Gender (Select one):				
	Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):				
Relationship to Owner: UTMA/UGMA Custodian (This is not applicable to the Issue per stirpes if selected above): During the name (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 lives):					
Idividi	snail be custodial for said child under the Uniform Gifts/Trans lives):	fers to Minor Act of (State where either the owner, custodian or ch			
Restricted Beneficiary Designation: Yes No (Default, skip restriction elections below)					
Settlement Option (Select one): 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 Mas Mutual RetireEase Choice.)					
Single Life with Period Certain: (Specify number of years: 10 or 20 years for Index Horizons, MassMutu 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)					
	☐ Single Life				
	Payment Frequency (Select one):	Quarterly Semi-Annually Annually			
	Beneficiary Restriction Information:				
		t payable to this beneficiary be applied as the settlement option			
	elected above. (Default)				
		% may, at the election of the beneficiary, be paid in a tlement option elected above.			

/idu	ual Beneficiary Information continued				
	Class (Select one):	Distribution (Specify):			
	☐ Primary ☐ Contingent	Issue per stirpes? ☐ Yes ☐ No (Default) Irrevocable Beneficiary? ☐ Yes ☐ No (Default)			
	Full legal name:				
	First	MI Last Suffix			
	Taxpayer Identification Number:	SSN			
	Date of birth (mm/dd/yyyy):				
	Gender (Select one):				
	Mailing address (PO Box or Street, Apt. or Suite #, City &	& State/Country, ZIP/Postal Code):			
Individual Beneficiary #4					
Individ	Restricted Beneficiary Designation: Yes No (Default, skip restriction elections below)				
	Settlement Option (Select one): 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 Mass-Mutual RetireEase Choice.)				
	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)				
	☐ Single Life				
	Payment Frequency (Select one): Monthly (Default) Quarterly Semi-Annually Annually				
	Beneficiary Restriction Information:				
	Full Restriction. I direct that the total death be	nefit payable to this beneficiary be applied as the settlement option			
	elected above. (Default)				
	Partial Restriction. I direct that no more than	% may, at the election of the beneficiary, be paid in a			

	eneficiary Information continued • • • • • • • • • • • •				
	y Beneficiary Information				
	iding as much information as possible about each beneficiary w nat is listed below may not be allowed.	rill expedite the claim process. Beneficiary designations outside			
Note	•	e death benefit for which the primary beneficiary is an entity. For ignated entity.			
	Class (Select one):	Distribution (Specify): %			
	☐ Primary ☐ Contingent	Irrevocable Beneficiary? Yes No (Default)			
#	Type (Select one): Irrevocable Trust Revocable Trust Estate (Skip to next beneficiary)				
ation	☐ Trust under Will (Skip to next beneficiary) ☐ Corporation ☐ Other (Specify):				
form	Full legal name:				
ary In	Taxpayer Identification Number:				
Entity Beneficiary Information #1	Date Trust was established (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy): Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):				
	Phone number:				
	Class (Select one):	Distribution (Specify): %			
	☐ Primary ☐ Contingent	Irrevocable Beneficiary?			
#5	Type (Select one): Irrevocable Trust Revocable Trust Estate (Skip to next beneficiary)				
ation	☐ Trust under Will (Skip to next beneficiary) ☐ Corporation ☐ Other (Specify):				
form	Full legal name:				
ary In	Taxpayer Identification Number:				
eficia	Date Trust was established (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy):				
Entity Beneficiary Information	Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):				
ш	Phone number:	☐ Home ☐ Work ☐ Cell			
	Email address:				

Contract number(s):		
C Agreements & Signatures ::::::::::::::::::::::::::::::::::::	• • • • • • • • • • • • • • • • • • • •	
Marital Status (Required for beneficiary changes on all ERISA TSA, Keogh (H.R. 10) & f By my signature below, I, the Owner/Annuitant, certify that I am (Select one):	former Qualified Plan (individually-o	wned) contracts)
☐ Single, divorced/legally separated, widowed or unable to locate my spouse. ☐ Married and my Plan is not subject to ERISA (Consult with your employer if you are understand my Plan is subject to ERISA (Signature of spouse and Notary stamp/sea I consent to the changes designated on this form and certify that the information state I accept liability for the accuracy of the information on this form.	al also required).	,
Owner Signature(s)		
Signature of Owner:		
Printed name: Title (If applicable):		Sole Officer
Printed name of Corporation/Partnership/Trust (If applicable):		Sole Officer
Signature of Joint Owner or former spouse (If applicable):		
Printed name:	Date:	
Title (If applicable):		
Irrevocable Beneficiary Signature & Notary Stamp/Seal (If applicable)		
Complete this section for the Irrevocable Beneficiary if there is an Irrevocable Benefi banks and credit unions.	iciary change. Notary services are	offered at mos
Signature of Irrevocable Beneficiary being removed:		
Printed name:	Date:	
On,		
(mm/dd/yyyy) (full lega	·	
personally appeared before me and is known to me and/or satisfactorily proved to me to own free will and accord.	be the person who signed this doc	ument of his/her
Signature of Notary Public:		
State/County where signed:		Notary p/Seal
My commission expires (mm/dd/yyyy):		

Contract number(s):			
C Agreements & Signa	tures continued • • • • •	• • • • • • • • • • • • • •	
Spousal Consent & Notary State (individually-owned) contracts)	tamp/Seal (Required for benefic	ciary changes on all ERISA TS.	A, Keogh (H.R. 10) & former Qualified Plan
	Plan (individually-owned) contract		equested change from an ERISA TSA, Keogl hat I am waiving any legal right to this contrac
Signature of Spouse:			
Printed name:			Date:
On	- ;		
(mm/dd/yyyy)		(full legal name)	
own free will and accord.	and is known to me and/or satis	factorily proved to me to be the	person who signed this document of his/her
Signature of Notary Public:			ASS. Notes
State/County where signed	l:		Affix Notary Stamp/Seal
My commission expires (m	m/dd/yyyy):		
For more information or gener MassMutual.com. Once you have for forms that are submitted as	al questions, use the resource reviewed and completed the indicated below.	es below. For additional infor	mation regarding the contract, visit www.cessing. We will only accept responsibilit
Phone:	Mail:	Overnight Mail:	Email:
1-866-645-2362	MassMutual	MassMutual	MassMutual.Services@zinnia.com
Monday through Friday, 7 a.m. – 7 p.m. Central Time	PO Box 758511 Topeka, KS 66675-8550	Mail Zone 511 5801 SW 6th Ave Topeka, KS 66636-0001	Fax: 1-785-286-6106 Retain this original and the fax machine confirmation statement for your files.
For all other annuity contract	t numbers, use the mailing ins	tructions below:	
Phone: 1-800-272-2216 Monday through Friday 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual PO Box 9067 Springfield, MA 01102-9067	Overnight Mail: MassMutual 1295 State Street Springfield, MA 01111-0001	Email: ANNfax@MassMutual.com Fax: Attention: Annuity Hub 1-866-329-4272 Retain this original and the fax machine confirmation statement for your files.



Contract number(s):

■ 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 Premier VoyageSM
- MassMutual Capital VantageSM
- MassMutual Stable VoyageSM
- MassMutual EnvisionSM
- MassMutual RetireEaseSM
- MassMutual EvolutionSM
- MassMutual RetireEase SelectSM
- MassMutual Equity EdgeSM
- MassMutual Transitions SelectSM
- MassMutual Odyssey SelectSM
- MassMutual Transitions SelectSM II
- MassMutual Odyssey PlusSM

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 ChoiceSM 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.