



Application for Policy Loan

For use with life insurance policies

Use this Application to request a policy loan on a life insurance policy. Be sure to read the Loan Disclosure on page 5 and retain it for your records. Do not complete this form without understanding the implications. For additional information, contact your personal financial representative, tax advisor or the applicable MassMutual Customer Care Center as noted in section G – Submission & Contact Information.

[illegible]

1. Policy number(s): _____
2. Insured's full legal name (*First, MI, Last, Suffix*): _____

B Owner Information:.....

1. Full legal name: _____

If the Owner's name has changed since the policy was issued, also complete a [Change Request \(F6070\)](#).

2. Taxpayer Identification Number (SSN/ITIN/EIN): _____ ☐ SSN ☐ ITIN ☐ EIN

3. Phone number: _____ Extension: _____ ☐ Home ☐ Work ☐ Mobile

☐ **Receive a text message regarding the status of this form.** By checking this box, you agree to receive information regarding your form from MassMutual, which may be delivered to your mobile phone using an automated system. Standard message and data rates may apply to any SMS or MMS you send or receive as part of this program. You may reply to a text with STOP to cancel future notifications at any time.

4. Email address: _____

By providing your email address, you agree to receive emails regarding this request. These emails may be sent through an automated system.

5. Is this Policy subject to a divorce obligation? ☐ Yes ☐ No (Default)

If Yes, former spouse must sign in section F. *Note: If the MassMutual Policy is subject to a divorce obligation (for example, a court order or a divorce agreement), this form must also be signed by the former spouse. In the event that the former spouse is not willing to sign this form, MassMutual requires the following from the divorce settlement agreement: the first page, any pages pertaining to the MassMutual Policy or life insurance, and the signature page with the signatures of all parties.*

6. Is this Policy collaterally assigned? ☐ Yes ☐ No

If Yes, complete assignee information below. If No, skip to section C – Mailing Information.

- ☐ Individual(s) → Print individual's full legal name (*First, MI, Last, Suffix*): _____

- ☐ Corporate Entity → Print Entity name: _____

- ☐ Trust → Print full name & date of Trust (mm/dd/yyyy): _____

[illegible]

If these questions are left blank, the loan check will be mailed to the address of record via U.S. Postal Service First Class Mail. A separate form must be completed for address changes. Distributions may not be sent to an agent/broker address. For Trust-owned policies: Proceeds will only be payable to the Trust. For Qualified Plans: Proceeds will be made payable to the Plan trustee at the address of record. For Keogh Plans: Proceeds will only be payable to the Owner.

1. Payee (Select one): ☐ Owner (Default) ☐ Assignee

2. How would you like to receive your payment? (Select one):

- ☐
- Direct Deposit via ACH/EFT (Complete the One-Time ACH/EFT for Disbursements Form, FR2130, and skip to section D)

- ☐ U.S. Postal Service First Class Mail (Default – allow 10 business days for normal delivery. **Complete question 3 below**)

- 3. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):**

[illegible]

1. Loan type (Select all that apply):

☐ Apply proceeds to pay existing MassMutual policy (**Complete questions 1a-1e below**)

e. Apply to loan principal: \$ _____

| Dollar Amount | Investment Option | Dollar Amount | Investment Option |
|---------------|---|---------------|--|
| \$ | American Funds® Asset Allocation | \$ | LVIP American Century Disciplined Core Value |
| \$ | American Funds® Growth-Income | \$ | LVIP American Century Value |
| \$ | DWS Small Cap Index | \$ | MFS® Investors Trust |
| \$ | Fidelity® VIP Contrafund® | \$ | MFS® New Discovery |
| \$ | Franklin Small Cap Value VIP | \$ | MML Blend |
| \$ | Goldman Sachs Strategic Growth | \$ | MML Blue Chip Growth |
| \$ | Invesco Oppenheimer V.I. International Growth | \$ | MML Equity |
| \$ | Invesco V.I. Discovery Large Cap ¹ | \$ | MML Equity Index |
| \$ | Invesco V.I. Discovery Mid Cap Growth | \$ | MML Inflation-Protected and Income |
| \$ | Invesco V.I. Global | \$ | MML Managed Bond |
| \$ | Invesco V.I. Global Strategic Income | \$ | MML Managed Volatility |
| \$ | Invesco V.I. Main Street ® | \$ | MML Small Cap Equity |
| \$ | Invesco V.I. Core Plus Bond | \$ | MML Small Cap Growth Equity |
| \$ | Invesco V.I. Diversified Dividend | \$ | MML U.S. Government Money Market |
| \$ | Invesco V.I. Health Care | \$ | T. Rowe Price Blue Chip Growth |
| \$ | Invesco V.I. Technology | \$ | T. Rowe Price Equity Income |
| \$ | Janus Henderson Balanced | \$ | T. Rowe Price Mid Cap Growth ² |
| \$ | Janus Henderson Forty | \$ | Templeton Foreign VP |
| \$ | Janus Henderson Global Research | \$ | Guaranteed Principal Account (GPA) |

² The T. Rowe Price Mid Cap Growth division is not available as an investment choice for contracts issued on May 1, 2004 or later.

Policy number(s): _____

E Withholding Election for Modified Endowment Contracts ::::::::::::::::::::::::::::::::::

Not applicable for Qualified Plans. Payments you receive from Massachusetts Mutual Life Insurance Company ("MassMutual") are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is already included in your income subject to federal income tax. There will be no withholding on the return of your own after-tax contributions to the Policy. If we do not know what portion of a distribution is taxable, we will withhold on the net amount after charges. Once a payment has been made, the withholding election applicable to that payment cannot be changed. If you elect not to have withholding apply to your other payments, or if you do not have enough federal income tax withheld from these payments, you may be responsible for payment of estimated tax and/or be subject to estimated tax penalties.

State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the laws of the state in which you live, state income tax withholding will also apply. For more information on the withholding requirements in your state, see State Income Tax Withholding Disclosure. You should consult with a professional tax advisor before you begin receiving payments or before changing your election.

MassMutual will apply default withholding of 10%, unless (a) you check the box below to opt-out of withholding; or (b) a completed IRS Form W-4R accompanies this request. You can obtain this form here: www.irs.gov/pub/irs-pdf/fw4r.pdf. If the IRS Form W-4R is received after a disbursement is processed, MassMutual cannot change the withholding on that disbursement.

Check the box below if you do not want any federal income tax withheld from your distribution for payments other than eligible rollover distributions.

☐ I do not want to have federal income tax withheld from my disbursement.

Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.

F Agreements & Signatures ::::::::::::::::::::::::::::::::::

Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; (3) I am a U.S. person (including U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. *Strike out any of these statements if incorrect.*

Note: While we are required by the IRS to include item 4 above, FATCA does not apply to a U.S. account owned by a U.S. person, so we have not included the ability to enter an exemption code. If you have indicated that you are not a U.S. person, any applicable FATCA information will be captured on the Form W-8. The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a policy loan. Each of the undersigned certifies that they are of legal age, and that the Policy is not pledged or subject to any bankruptcy proceeding, attachment, lien or other claim. If the Policy is assigned, the Assignee must sign this form.

► Signature of Owner: _____
Printed name: _____ Date: _____
Title (If applicable): _____
Printed name of Corporation/Partnership/Trust (If applicable): _____
Trust Date (If applicable): _____

► Signature of Joint Policy Owner or former spouse (If applicable): _____
Printed name: _____ Date: _____
Title (If applicable): _____
Printed name of Corporation/Partnership/Trust (If applicable): _____
Trust Date (If applicable): _____

Keogh (H.R. 10) Plans only

► Signature of Insured: _____
Printed name: _____ Date: _____



H Loan Disclosure ::**Read and retain this page for your records.**

This disclosure provides you with general information that may be relevant to your decision on whether to take a loan against your policy. The terms and conditions of your specific policy control when you can take a loan, how much the loan can be, and what effects such a loan may have on your policy's benefit, values, and premiums. Additionally, policy loan provisions will vary depending upon the type of policy you have and the state law governing the issuance of your policy. The Policy Loan Date (the date from which interest begins accruing) is the date that this request is received in good order at MassMutual's administrative office.

Before requesting a loan, we strongly recommend that you:

- Review the loan provisions of your policy. **If loan interest is not paid when due, it will be added to the principal balance and will bear interest at the rate payable on the loan.**
- Read the discussion of policy loans in the prospectus if the policy is a Variable Life policy.
- Seek the advice of your tax advisor and personal financial representative.
- Obtain a personalized illustration that will demonstrate the impact of a loan on your policy values and benefits.

We strongly recommend that you monitor the status of your policy and review your policy values, benefits and risks with your financial representative at least annually and take the appropriate action necessary to prevent or minimize any possible adverse consequences discussed below. The release of policy values may affect guaranteed and non-guaranteed elements, the face amount, or the surrender value of your policy.

General consequences. A policy loan affects important policy features, benefits, and values as a loan will reduce the death benefit and surrender value by the amount of the loan and any accrued but unpaid interest. Note: If your policy is a variable life policy, the portion of the account value equal to the loan is transferred to the loan section of the Guaranteed Principal Account.

If your policy is a VUL GuardSM or SVUL GuardSM, a policy loan may require you at some later date to make substantial premium payments or loan repayments to keep your policy in force. If you elect to take any portion of the loan from the Guaranteed Principal Account (GPA), the policy's Guaranteed Death Benefit (GDB) measure will also be reduced and consequently impact the GDB safety test. If the loan results in a reduction to the GDB measure, your policy will not meet the GDB safety test on the next monthly charge date. Additionally, the GDB premium will increase as a result of the unpaid loans. The portion of the account value equal to the loan is invested in the Guaranteed Principal Account.

Once we have processed the loan request and deducted the proportionate amounts from the investment divisions and/or the guaranteed principal account, we consider the loan effective and outstanding. If after we process the loan request you decide not to cash the check, you may submit a written request to our Administrative Office to repay the loan amount. The loan repayment will be effective on the valuation date the written request is received in good order at our Administrative Office. Loan interest begins to accrue as soon as the loan is effective. Therefore, loan interest will accrue even if the loan check is not cashed. If the LISR/SIPR Rider is attached to your policy, failure to pay loan interest when due may cause recommended and minimum rider premiums to increase. The LISR/SIPR face amount will be reduced if you do

not pay the minimum rider premium. Electing to take a loan when the policy is on the APO strategy may also jeopardize the LISR/SIPR rider.

Potential adverse tax consequences. You may incur a significant income tax liability if your policy terminates before the death of the Insured. Specifically, you will have to include in your taxable income the excess, if any, of the outstanding loan amount (including loan interest due) and any cash distributed over your cost basis in the policy. Cost basis is equal to the sum of the premiums and other considerations paid for the policy less any prior withdrawals that were not subject to income taxation. If your policy carries an outstanding loan, the amount to be included in your taxable income may exceed any cash distribution you receive upon the termination of the policy. You may need to make substantial premium payments or loan repayments to keep your policy in force and to avoid this potential and significant income tax liability. Warning! If your policy has been designated a Modified Endowment Contract (MEC), any loan you take will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59½, any taxable gain will incur a 10% penalty in addition to the income tax. If loan interest is not paid when due, it will be added to the principal balance and will be subject to income tax under the same rules.

For Keogh Plans: This loan does not meet the requirements of Code Section 72(p). Proceeds will only be payable to the Owner. If the Owner is an individual (i.e. not a trustee Keogh Plan) it will be reported as a taxable distribution and will not be eligible for rollover to an IRA or another Qualified Plan. If this loan is used to pay premium on or is applied to a policy not owned by a Keogh Plan, it will be reported as a taxable distribution.

Accelerated Death Benefit for Long Term Care Services Rider (LTCR) or Qualified Long Term Care Insurance Rider (QLTCIR).

If the LTCR or QLTCIR rider is attached to your policy and there is an outstanding loan at the time a rider benefit payment is to be paid, a pro-rata portion of the benefit payment will be used to reduce the amount of the outstanding loan. A smaller benefit payment will be paid.

Possible Policy termination. Factors that may contribute to the termination of any life insurance policy prior to the death of the insured(s) include but are not limited to the following: (1) the amount of the outstanding policy debt (e.g., if the policy debt is at or near the maximum loan value or debt limit); (2) failure to pay policy premiums and loan interest; and (3) an increase in the policy loan rate if the adjustable policy loan rate is in effect.

Additional factors may contribute to termination of your policy if your policy is a universal or variable universal life policy, such as: (1) investment results, as applicable, that adversely affect your policy's account value; (2) an increase in monthly policy charge rates due to the increasing attained age of the insured; or (3) a high or increased amount of insurance risk which may depend on the Death Benefit Option you have selected and changes in your account value.

For example, your policy will terminate whenever the total policy debt (which includes accrued unpaid interest) equals or exceeds a limit specified in your policy. If this limit is reached, we will send you a notice specifying the amount needed to bring the policy debt back within the limit. If you fail to make the payment in a timely manner, the policy will terminate without value. If the policy is a variable life policy, the debt limit may also be exceeded if the policy value falls below the debt limit due to adverse investment performance of the division of the Separate Account in which the account value is allocated.

Use these guidelines to determine signature and title requirements for all products and forms. If you have additional questions regarding signature requirements, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am – 8pm Eastern Time).

| Owner Type | Signature format and examples | Additional Information |
|--|--|---|
| Corporation | <p>[Full name of authorized officer], [title] <i>Example: John Doe, AVP</i></p> <p>Acceptable titles may include: Chief Executive Officer, Director, President, Vice President</p> <p><i>Members of the Board of Directors, including Chairman of the Board, are not acceptable unless they are also Officers of the corporation or the raised corporate seal is affixed.</i></p> | <ul style="list-style-type: none"> A completed MassMutual Corporate Resolution (FR2057) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another officer who is not related. If all officers are related, the signature of two officers is required. If the Insured/Annuitant is the only officer, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title. |
| <ul style="list-style-type: none"> Partnership Limited Liability Partnership (LLP) Limited Partnership (LP) | <p>[Full name of authorized officer], [title] <i>Example: John Doe, Partner</i></p> <p>Acceptable titles may include: Partner, General Partner, Managing Partner</p> <p><i>General Partner is the only acceptable title for Limited Partnerships.</i></p> <p><i>Limited Partner is not an acceptable title for any type of partnership.</i></p> | <ul style="list-style-type: none"> A completed copy of the Entity Certification (F7833) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another partner who is not related. If all partners are related, the signature of two partners is required. If the Insured/Annuitant is the only partner, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title. |
| <ul style="list-style-type: none"> Limited Liability Company (LLC) Professional Limited Liability Company (PLLC) Public Limited Company (PLC) | <p>[Full name of authorized officer], [title] <i>Example: John Doe, Director</i></p> <p>Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member</p> <p><i>(Member is not recognized in Colorado.)</i></p> | <ul style="list-style-type: none"> A completed copy of the Entity Certification (F7833) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another officer who is not related. If all officers are related, the signature of two officers is required. If the Insured/Annuitant is the only officer, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title. |

| Owner Type | Signature format and examples | Additional Information |
|--|--|---|
| Trust | <p><u>Individual trustees</u> [Full name of Trustee], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, Trustee under Doe Family Trust dated 01/01/2011</i></p> <p><u>Company trustees</u> [Authorized officer], [title] of [company name], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, VP of XYZ Trust Company, Trustee under Doe Family Trust dated 01/01/2011</i></p> | <ul style="list-style-type: none"> • A completed Certification of Trust Agreement (F6734) must be submitted or on file. • All required Trustees must sign. |
| Sole Proprietorship | <p>[Full name of individual sole proprietor] <i>Example: John Doe</i></p> | <ul style="list-style-type: none"> • Neither a title nor business name is required. |
| Qualified PLa | <p><u>Individual trustees</u> [Full name of Trustee], Trustee under [full name of Qualified Plan] <i>Example: John Doe, Trustee under XYZ Company Retirement Plan</i></p> <p><u>Company trustees</u> [Authorized officer], [title] of [company name], Trustee under [full name of Qualified Plan] <i>Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan</i></p> | <ul style="list-style-type: none"> • All required Trustees must sign. |
| Power of Attorney (POA) / Attorney-in-Fact (AIF) | <p>[Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting] <i>Example: John Doe, AIF for Jane Doe</i></p> | <ul style="list-style-type: none"> • A copy of the legal document that established authority must be submitted or on file. |
| Estate/Executor | <p>[Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased <i>Example: John Doe, Executor for the Estate of Jane Doe, deceased</i></p> | <ul style="list-style-type: none"> • A copy of the death certificate and a copy of the currently certified court appointment of Executor/ Administrator must be submitted or on file. |
| Legal Guardian/Conservator | <p>[Full name of the legal guardian or conservator], [Guardian/Conservator] for the Estate of [full name of individual for whom they are acting] <i>Example: John Doe, Conservator for the Estate of Jane Doe</i></p> | <ul style="list-style-type: none"> • A copy of the court appointment that established authority must be submitted or on file. |
| Custodian under Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA) | <p>[Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA] <i>Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA</i></p> | <ul style="list-style-type: none"> • South Carolina and Vermont have UGMA instead of UTMA. |
| Collaterally assigned policy | <p>[Authorized officer], [title] of [assignee name], Assignee <i>Example: John Doe, Vice President of ABC Bank, Assignee</i></p> | <ul style="list-style-type: none"> • The owner and assignee must both sign. However, if the right being exercised is granted to the assignee, only the assignee's signature is required. |



State Income Tax Withholding Disclosure

State income tax withholding requirements on taxable distributions vary by state. State income tax, if required by your state of residence, will be withheld by MassMutual as detailed below. If you have questions regarding the withholding rules that we will apply in your state, or if you want to make a state income tax withholding request, contact our Customer Care Center at 1-800-272-2216 (Monday through Friday, 8 a.m. - 8 p.m. Eastern Time).

State Withholding Requirements ::

| If you are a resident of... | State income tax rules are... |
|---|---|
| Alabama, Arizona, Colorado, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Jersey, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia or Wisconsin | State income tax will be withheld, if requested. |
| Alaska, Florida, Illinois (<i>non-periodic payments only</i>) Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming | State income tax will not be withheld. |
| Arkansas, North Carolina | <ul style="list-style-type: none"> State income tax will always be withheld on Eligible Rollover Distributions from Qualified Plans. For other distributions, state income tax will be withheld if federal taxes are withheld. You may opt-out of state withholding even if federal withholding applies. You may elect state withholding even if opting-out of federal withholding. |
| California, Delaware, Kansas, Oklahoma, Oregon | <ul style="list-style-type: none"> State income tax will be withheld if federal taxes are withheld. You may opt-out of state withholding even if federal withholding applies. You may elect state withholding even if opting-out of federal withholding. |
| Connecticut, Michigan, Minnesota | State income tax will always be withheld, unless you provide us the appropriate state-specific withholding form opting out of / claiming exemption or electing a different amount/percentage from state withholding. |
| District of Columbia | <ul style="list-style-type: none"> State income tax will always be withheld on full surrenders of qualified contracts, or eligible rollover distributions. State income tax will be withheld, if requested, on other distributions. |
| Georgia | <ul style="list-style-type: none"> State income tax will be withheld from periodic payments, unless you opt-out of withholding. State income tax will be withheld, if requested, from non-periodic distributions |
| Illinois | State income tax will be withheld from periodic payments only, if requested. |
| Iowa | <ul style="list-style-type: none"> State income tax will be withheld if federal income tax is withheld. You may opt-out of state income tax withholding. You may elect state withholding even if opting-out of federal withholding. Certain taxpayers may not be subject to withholding. Refer to Iowa tax form IA W-4P. |
| Maine | <p><u>Periodic payments</u></p> <ul style="list-style-type: none"> State income tax will be withheld if federal taxes are also withheld. You may opt-out of state by providing form W-4ME. <p><u>Non-periodic payments</u></p> <ul style="list-style-type: none"> You can only opt-out of state withholding if also opting-out of federal. You may elect state withholding even if opting-out of federal withholding. |

| If you are a resident of ... | State income tax rules are ... |
|------------------------------|---|
| Maryland | <ul style="list-style-type: none"> • State income tax will be withheld if requested, only from annuities, pensions, IRAs. • State income tax will be withheld if federal taxes are withheld on eligible rollover distributions from qualified plans. |
| Massachusetts | <ul style="list-style-type: none"> • State income tax will be withheld if federal taxes are withheld. • You may opt-out of state withholding only if also opting-out of federal withholding. |
| Nebraska | <ul style="list-style-type: none"> • State income tax will be withheld on premature distributions from IRAs, if requested. • State income tax will be withheld if federal taxes are withheld for other distributions. • You may elect state withholding even if opting-out of federal withholding. |
| New York | State income tax will be withheld only from annuities, if requested. |
| New Mexico | <ul style="list-style-type: none"> • State income tax will be withheld, if requested. • MassMutual will NOT withhold from entity-owned contracts |
| Vermont | <ul style="list-style-type: none"> • State income tax will be withheld if federal taxes are withheld. • You may elect state withholding even if opting-out of federal withholding |
| Virginia | <ul style="list-style-type: none"> • State income tax will be withheld if federal income tax is withheld for all contracts <u>other than</u> IRAs or SEP-IRAs. • State income tax will be withheld only if requested for IRAs or SEP-IRAs. • State taxes <u>will not be withheld</u> on annuity lump sum death benefits. |

***Continue to page 3 for details about
State Income Tax Withholding requirements, if withholding applies.***

If Withholding Applies:.....

If withholding is required or requested, MassMutual will withhold

| State | For non-periodic (i.e. non-annuitized) payments | For periodic (i.e. annuitized) payments |
|--|---|--|
| Alabama, Colorado, Hawaii, Idaho, Kentucky, Louisiana, Mississippi, North Dakota, Ohio, Pennsylvania, Rhode Island, or West Virginia | the amount you request | |
| Arizona | the rate you choose from the following: 0.5%, 1.0%, 1.5%, 2.0%, 2.5%, 3.0%, 3.5%, plus any additional amount you request. | |
| Arkansas | <ul style="list-style-type: none"> • 5% on eligible rollover distributions • 3% on all other distributions | <ul style="list-style-type: none"> • 5% on eligible rollover distributions • an amount based on Wage Withholding for all other distributions |
| California | 10% of the federal withholding or the amount you request, minimum \$10 | |
| Connecticut | 6.99% of the taxable amount, unless you provide Form CT W-4P | |
| Delaware | 5%, or more if requested | |
| District of Columbia | <ul style="list-style-type: none"> • 10.75% on Qualified distributions (full surrenders and eligible rollover distributions) • the amount you request for all other distributions | |
| Georgia, Massachusetts, South Carolina, Utah | an amount based on Wage Withholding | |
| Illinois | N/A | the amount requested |
| Indiana, Missouri, Montana, New Jersey or New Mexico | <ul style="list-style-type: none"> • the amount you request • minimum \$10 | |
| Iowa | <ul style="list-style-type: none"> • 5% through 12/31/2024 • 3.8% effective 1/1/2025 | |
| Kansas, Maine | 5%, unless you request a greater amount | an amount based on Wage Withholding |
| Maryland | <ul style="list-style-type: none"> • 7.75% on eligible rollover distributions • the amount you request for all other distributions | |
| Michigan | 4.25%, unless you provide Form MI W-4P | |
| Minnesota | 6.25%, unless you provide Form MN-4P | |
| Nebraska* | 5% | <ul style="list-style-type: none"> • 5% on eligible rollover distributions • an amount based on Wage Withholding for all other distributions |
| New York, Wisconsin | <ul style="list-style-type: none"> • the amount you request • minimum \$5 | |
| North Carolina, Virginia* | 4%, unless you request a greater amount | an amount based on Wage Withholding |
| Oklahoma* | 4.75%, unless you request a greater amount | an amount based on Wage Withholding |
| Oregon | <ul style="list-style-type: none"> • 8%; you may request up to 10% • minimum \$10 | <ul style="list-style-type: none"> • an amount based on Wage Withholding • minimum \$10 |
| Vermont | 30% of federal withholding, unless you request a greater amount | an amount based on Wage Withholding |

*These states require you to submit a state withholding form to MassMutual in order to make withholding elections, including requesting state withholding if you have opted out of federal withholding.



Use this form to authorize MassMutual to deposit funds payable from a policy disbursement into a designated bank account through Automated Clearing House (ACH)/Electronic Funds Transfer (EFT).

The corresponding transaction form is required in addition to this form.

[illegible]

1. Policy number(s): _____
2. Insured's full legal name (*First, MI, Last, Suffix*): _____
3. Owner's full legal name (*If different than Insured*): _____

B Transaction Information:

Complete this section to receive an ACH/EFT deposit into your bank account. A voided check or signed specification (spec) sheet/letter of instruction from the bank must be submitted with this form. Deposit slips and starter checks will not be accepted. To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing an ACH/EFT. If we are unable to independently validate the bank and customer account information to support the ACH/EFT, we will mail a check via U.S. Postal Service First Class Mail to the Owner at the address of record. Refer to the Disclosures in section C for further information. ACH/EFT deposits will not be made into the bank account of an Assignee.

- [illegible]

The ACH/EFT will only be accepted and processed if the policy Owner's name matches the name on the bank account. If the policy Owner is a Trust, Estate or Corporation/Partnership, deposits cannot be made into the personal account of a trustee, executor or officer. If the policy Owner is an individual, deposits cannot be made into bank accounts owned by a Trust, Estate or Corporation/Partnership. For example, if ABC Trust is the policy Owner and John Doe is the trustee, a deposit can only be made into a bank account that has the name ABC Trust, and not a bank account that has the name John Doe. Similarly, if John Doe is the policy Owner, a deposit cannot be made into a bank account that has the name ABC Trust. ACH/EFT deposits will not be made into the bank account of an Assignee.

C Disclosures

- MassMutual shall incur no liability as a result of a deposit being dishonored by your bank.
- If MassMutual cannot make a deposit into the designated bank account via ACH/EFT for any reason, we reserve the right to mail a check to the Owner at the address of record via U.S. Postal Service First Class Mail.
- ACH/EFT is only available for U.S.-based banks or participating credit unions.
- MassMutual does not accept requests to deposit funds to For Further Credit (FFC) accounts, foreign bank accounts or brokerage accounts.
- If MassMutual is not able to validate the bank and customer account information, there may be a delay processing your request.
- Some banks may charge a fee to process the ACH/EFT.
- It may take up to 2-3 business days from the date the disbursement is processed for your bank to reflect the deposit.

