

**Use this form to withdraw/apply dividends. IMPORTANT: If the Life Insurance Supplement Rider (LISR) or Supplemental Insurance Purchase Rider (SIPR) is currently attached to your policy, a dividend withdrawal processed for any purpose other than to pay the annual premium may result in a reduction or cancellation of the rider. For additional information, contact your personal financial representative, tax advisor or the MassMutual Customer Care Center as noted in section F – Submission & Contact Information.**

[illegible]

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

[illegible]

1. Full legal name: \_\_\_\_\_
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 request.** By checking this box, you agree to receive text messages regarding this request to your mobile phone. These messages may be sent through 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 notifications at any time.
4. Email address: \_\_\_\_\_  
☐ **Receive an email regarding the status of this request.** By checking this box, you agree to receive emails regarding this request to your email address. 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 E. 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 – Withdraw/Apply Dividends.***

- ☐ 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*): \_\_\_\_\_

**C Withdraw/Apply Dividends**

*If corporate-owned, the Corporate Resolution form (FR2057) is required. For Supplemental Insurance Dividend option policies, I am aware that if dividends are withdrawn or applied, the death benefit may decrease but the premium will remain the same. If any portion of the payment is taxable, an IRS Form 1099 (if required) will be issued to the owner of this policy. If a rider\* that provides benefits for qualified long term care services is attached to the policy, a withdrawal of paid-up additions may impact the value of the benefits available under the rider(s).*

*\*These riders include the Accelerated Death Benefit for Long Term Care Services Rider (known as the Long Term Care Insurance Accelerated Death Benefit Rider in Florida), the Accelerated Death Benefit for Qualified Long Term Care Insurance Rider, the Extended LTC Benefits Rider, or the Qualified Long Term Care Insurance Rider.*

**Continue to next page...**

Policy number(s): \_\_\_\_\_

**C** Withdraw/Apply Dividends *continued* •••••

1. Withdraw/surrender dividends from (Select all that apply):

Option	Amount
Dividend/Paid-up Additions	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Accumulated Dividends	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
ALIR Purchase Payments	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
ALIR Dividends	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Additional Benefit Riders (ABR) <input type="checkbox"/> I acknowledge that as a result of this transaction I will no longer be able to make ABR premium payments.	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Annuity Paid-up Additions	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Flexible Term Rider	<input type="checkbox"/> Maximum (A partial surrender is not allowed)

2. Pay/apply dividends to (Select all that apply):

Option	Amount	Policy Number
<input type="checkbox"/> Pay to Cash ( <b>Also complete questions 3-5</b> )	\$ _____	Not applicable
<input type="checkbox"/> Apply to Premium	\$ _____	
<input type="checkbox"/> Apply to Loan Principal	\$ _____	
<input type="checkbox"/> Apply to Loan Interest	\$ _____	
<input type="checkbox"/> Payoff Loan*	Not applicable	
<input type="checkbox"/> Apply Automatic Premium Loan (APL) to any balance due for Premium and/or Loan Interest**		

\*The loan payoff amount will be determined as of the date this form is received in good order at MassMutual's administrative office.

\*\*For Modified Endowment Contract (MEC) policies, any automatic premium loan will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59½, any taxable premium loan may be subject to a 10% tax penalty.

**Delivery Information** (Required for cash withdrawals)

If these questions are left blank for policies on a Pre-Authorized Payment Plan (PAPP), payment will be sent via ACH to the account on record. If direct deposit fails, a check will be mailed to the address of record via U.S. Postal Service First Class Mail. If these questions are left blank for policies not on a Pre-Authorized Payment Plan (PAPP), a check will be mailed to the address of record via U.S. Postal Service First Class Mail. Distributions may not be sent to an agent/broker address. For Trust-owned policies: Proceeds will only be payable to the Trust.

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

4. 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 – no charge; allow 10 business days for normal delivery. **Complete question 5 below**)

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

\_\_\_\_\_  
\_\_\_\_\_

Policy number(s): \_\_\_\_\_

**D** Withholding Election (Not for eligible rollover distributions subject to 20% withholding) ::::::::::::::::::::

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](http://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.*

**E** Agreements & Signatures ::::::::::::::::::::

**Only eSignatures generated through approved MassMutual processes will be accepted. Personal accounts may not be used.**

By signing below, the Owner acknowledges that they have read this form and understand the implications of their request. 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. If there is not sufficient space for all required signatures, make a copy of this Agreements & Signatures section. Submit the additional page(s) of signatures with the completed form.

For (1) Enhanced Whole Life (EWL) contracts with the Supplemental Insurance Dividend (SID) option; (2) contracts with the Term Dividend provision; or (3) contracts with a Term Dividend option, read the following statement and check the box preceding it. A request to withdraw dividends from these dividend options will not be processed unless the box below is checked:

☐ I am aware that in withdrawing dividends from the Supplemental Insurance Dividend (SID) option, Term Dividend provision or Term Dividend option, the death benefit may decrease, but the premium will remain the same.

**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.**

**Owner** (Required in all cases)

Signature of Owner: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Title (If applicable, e.g. Trust or Corporate owned): \_\_\_\_\_

Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

Date of Trust (If applicable; mm/dd/yyyy): \_\_\_\_\_



Policy number(s): \_\_\_\_\_

**E** Agreements & Signatures *continued* .....

▶ Signature of Additional Owner or former spouse (If applicable): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable, e.g. Trust or Corporate owned): \_\_\_\_\_  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_  
Date of Trust (If applicable; mm/dd/yyyy): \_\_\_\_\_

**Assignee** (Required when the policy is assigned)

▶ Signature of Assignee: \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable, e.g. Trust or Corporate owned): \_\_\_\_\_  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_  
Date of Trust (If applicable; mm/dd/yyyy): \_\_\_\_\_

▶ Signature of Additional Assignee (If applicable): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable, e.g. Trust or Corporate owned): \_\_\_\_\_  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_  
Date of Trust (If applicable; mm/dd/yyyy): \_\_\_\_\_

**F** Submission & Contact Information ::

**For more information or general questions, use the resources below or for additional information regarding your policy, visit [www.MassMutual.com](http://www.MassMutual.com). Once you have reviewed and completed this form, return all pages for processing. We will only accept responsibility for forms that are submitted as indicated below.**

<b>Phone:</b> 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	<b>Mail:</b> MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	<b>Email:</b> lifefax@MassMutual.com  <b>Fax:</b> Attention: Life Hub 1-866-329-4527 <i>Retain this original and the fax machine confirmation statement for your files.</i>
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## 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"> <li>State income tax will always be withheld on Eligible Rollover Distributions from Qualified Plans.</li> <li>For other distributions, state income tax will be withheld if federal taxes are withheld.</li> <li>You may opt-out of state withholding even if federal withholding applies.</li> <li>You may elect state withholding even if opting-out of federal withholding.</li> </ul>
California, Delaware, Kansas, Oklahoma, Oregon	<ul style="list-style-type: none"> <li>State income tax will be withheld if federal taxes are withheld.</li> <li>You may opt-out of state withholding even if federal withholding applies.</li> <li>You may elect state withholding even if opting-out of federal withholding.</li> </ul>
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"> <li>State income tax will always be withheld on full surrenders of qualified contracts, or eligible rollover distributions.</li> <li>State income tax will be withheld, if requested, on other distributions.</li> </ul>
Georgia	<ul style="list-style-type: none"> <li>State income tax will be withheld from periodic payments, unless you opt-out of withholding.</li> <li>State income tax will be withheld, if requested, from non-periodic distributions</li> </ul>
Illinois	State income tax will be withheld from periodic payments only, if requested.
Iowa	<ul style="list-style-type: none"> <li>State income tax will be withheld if federal income tax is withheld.</li> <li>You may opt-out of state income tax withholding.</li> <li>You may elect state withholding even if opting-out of federal withholding.</li> <li>Certain taxpayers may not be subject to withholding. Refer to Iowa tax form IA W-4P.</li> </ul>
Maine	<p><u>Periodic payments</u></p> <ul style="list-style-type: none"> <li>State income tax will be withheld if federal taxes are also withheld.</li> <li>You may opt-out of state by providing form W-4ME.</li> </ul> <p><u>Non-periodic payments</u></p> <ul style="list-style-type: none"> <li>You can only opt-out of state withholding if also opting-out of federal.</li> <li>You may elect state withholding even if opting-out of federal withholding.</li> </ul>

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

***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"> <li>• 5% on eligible rollover distributions</li> <li>• 3% on all other distributions</li> </ul>	<ul style="list-style-type: none"> <li>• 5% on eligible rollover distributions</li> <li>• an amount based on Wage Withholding for all other distributions</li> </ul>
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"> <li>• 10.75% on Qualified distributions (full surrenders and eligible rollover distributions)</li> <li>• the amount you request for all other distributions</li> </ul>	
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"> <li>• the amount you request</li> <li>• minimum \$10</li> </ul>	
Iowa	<ul style="list-style-type: none"> <li>• 5% through 12/31/2024</li> <li>• 3.8% effective 1/1/2025</li> </ul>	
Kansas, Maine	5%, unless you request a greater amount	an amount based on Wage Withholding
Maryland	<ul style="list-style-type: none"> <li>• 7.75% on eligible rollover distributions</li> <li>• the amount you request for all other distributions</li> </ul>	
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"> <li>• 5% on eligible rollover distributions</li> <li>• an amount based on Wage Withholding for all other distributions</li> </ul>
New York, Wisconsin	<ul style="list-style-type: none"> <li>• the amount you request</li> <li>• minimum \$5</li> </ul>	
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"> <li>• 8%; you may request up to 10%</li> <li>• minimum \$10</li> </ul>	<ul style="list-style-type: none"> <li>• an amount based on Wage Withholding</li> <li>• minimum \$10</li> </ul>
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.

