# ∴ MassMutual

## **Beneficiary Change Request**

Use for Life Post Issue only; not for use with Annuities, Qualified Plans or Disability Income

Use this form to change the Beneficiary on an existing MassMutual policy. See section D – Disclosures for exceptions. Any existing automatic programs on the Policy will remain unchanged unless otherwise requested. For all beneficiaries within a class, the sum of the designated percentages must equal 100%. If the distribution is blank, the death benefit will be divided equally between all beneficiaries within that class. To name additional beneficiaries, copy pages three or four as applicable. To name a funeral home as beneficiary, refer to section F - Submission Instructions and contact Customer Service for your product. Be sure to submit <u>all</u> pages of this form to ensure accurate processing.

1.	Policy number(s):					
<b>2.</b>	nsured's full lega	I name:				
		First		MI	Last	Suffix
<b>3</b> . /	Additional Insured	d's full legal name:				
			First		MI Last	Suffix
(	Owner Informati	on				
I. I	ull legal name:					
	-	First		MI Last		Suffix
. I	hone number:			Home	Work Mobile	
	Email address:				y to a text with STOP to c	ancel notifications at any time.
.	s this Policy subi	aat ta a diwaraa ah		(Dofoult)		
	<b>f Yes, former sp</b> been filed. If the N be signed by the	ouse must sign i MassMutual Policy former spouse. In	is subject to a divorce obligat the event that the former spo	ual must comply ion (for example, use is not willing	, a court order or a divorce to sign this form, MassN	when divorce proceedings have e agreement), this form must also Autual requires the following from
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Primary Equal shares (Default)   Secondary Specific percentage (Specify):   Tertiary Issue per stirpes?   Yes No (Default)   Full legal name:   Full legal name:		Class (Select one):	Distribution (Select one):					
Secondary       Specific percentage (Specify):         Image: Tertiary       Issue per stirpes?       Yes       No (Default)         Full legal name:       First       MI       Last         Date of birth (mm/dd/yyyy):			Equal shares (Default)					
Image: Secondary       Issue per stirpes?       Yes       No (Default)         Full legal name: First       MI       Last         Date of birth (mm/dd/yyyy):								
First       MI       Last         Date of birth (mm/dd/yyyy):		· ·	Issue per stirpes?					
Date of birth (mm/dd/yyyy):   Taxpayer Identification Number:   Taxpayer Identification Number:   Image: Taxpayer Identification Number:								
Taxpayer Identification Number:				Suffix				
Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):   Phone number:   Phone number:   Image: Phone number:   Relationship to Insured:     Relationship to Insured:     Distribution (Select one):   Primary   Secondary   Image: Tertiary     Full legal name:   First   Mill   Last   Date of birth (mm/dd/yyyy):   Taxpayer Identification Number:	-							
Phone number:   Email address:   Relationship to Insured:     Class (Select one):   Primary   Secondary   Secondary   Tertiary     Full legal name:   First   MI   Last   Date of birth (mm/dd/yyyy):   Taxpayer Identification Number:								
Email address:   Relationship to Insured:     Class (Select one):   Primary   Primary   Secondary   Secondary   Tertiary     Full legal name:   First   First   Date of birth (mm/dd/yyyy):   Taxpayer Identification Number:								
Relationship to Insured:		Phone number:	Home Work Mobile					
Class (Select one):   Primary   Secondary   Secondary   Tertiary     Full legal name:   First   First   Date of birth (mm/dd/yyyy):   Taxpayer Identification Number:     Distribution (Select one):   Distribution (Select one):   Equal shares (Default)   Specific percentage (Specify):   Issue per stirpes?   Yes   No (Default)		Email address:						
Image: Constraint of the formation of the form		Relationship to Insured:						
□ Primary □ Equal shares (Default)   □ Secondary □ Specific percentage (Specify):   □ Tertiary Issue per stirpes?   □ Yes □ No (Default)		Class (Select one):	Distribution (Select one):					
□ Secondary       □ Specific percentage (Specify):         □ Tertiary       Issue per stirpes?       Yes         Full legal name:			Equal shares (Default)					
Issue per stirpes?   Yes   No (Default)     Full legal name:   First   First   MI   Last     Date of birth (mm/dd/yyyy):   Taxpayer Identification Number:     SSN     ITIN		· ·	Specific percentage (Specify):					
First     MI     Last       Date of birth (mm/dd/yyyy):			Issue per stirpes?					
Note of birth (mm/dd/yyyy):								
Taxpayer Identification Number:				Suffix				
	2							
Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code).								
		I Walling address (PU BOX OF SILEEL ADL OF SL	ille #, City & State/Country, ZIP/Postar Code).					
Phone number: Home Work Mobile		Phone number:	Home 🗌 Work 🗌 Mobile					

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	Class (Select one):	Distribution (Select one):	
		Equal shares (Default)	
	Secondary	Specific percentage (Specify):	
	Tertiary	Issue per stirpes?  Yes No (Default)	
	Full legal name:		
	First	MI Last	Suffix
ი	Date of birth (mm/dd/yyyy):		
	Taxpayer Identification Number:         Mailing address (PO Box or Street, Apt. or Suited)		
	Relationship to Insured:		
		Distribution (Select one):	
	Relationship to Insured:         Class (Select one):         Primary		
	Class (Select one):	Distribution (Select one):	
	Class (Select one):	Distribution (Select one): <ul> <li>Equal shares (Default)</li> <li> </li></ul>	
	Class (Select one):   Primary  Secondary  Tertiary  Full legal name:	Distribution (Select one):         Equal shares (Default)         Specific percentage (Specify):         Issue per stirpes?         Yes         No (Default)	
	Class (Select one):   Primary  Secondary  Tertiary  Full legal name:  First	Distribution (Select one):         Equal shares (Default)         Specific percentage (Specify):         Issue per stirpes?         Yes         MI	Suffix
4	Class (Select one):   Primary  Secondary  Tertiary  Full legal name: First Date of birth (mm/dd/yyyy):	Distribution (Select one):         Equal shares (Default)         Specific percentage (Specify):         Issue per stirpes?         Yes         MI	Suffix
4	Class (Select one):   Primary  Secondary  Tertiary  Full legal name:  First	Distribution (Select one):         Equal shares (Default)         Specific percentage (Specify):         Issue per stirpes?         Yes         MI         Last         SSN         ITIN	Suffix
4	Class (Select one):         Primary         Secondary         Tertiary         Full legal name:         First         Date of birth (mm/dd/yyyy):         Taxpayer Identification Number:	Distribution (Select one):         □ Equal shares (Default)         □ Specific percentage (Specify):         Issue per stirpes?       Yes         No (Default)         MI       Last         □       SSN         □       ITIN         te #, City & State/Country, ZIP/Postal Code):	Suffix

Policy number(s):

C Entity	y Beneficiary	Information	•••	•	•••	:	•••	•	•	•••	•	• •	•	•	•	•••	• •	•	• •	•	•	• •	•	•	•	•••	•	•	•••	•	•	• •	 •	•••	•	•••
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Complete the table below to name an <u>entity</u> as beneficiary. If both individual and entity beneficiaries are being named on this form, enter the individual information in section B – Individual Beneficiary Information on the previous pages. Note: If either the estate of the Insured or a corporation is being named as the sole primary beneficiary, the Owner cannot name a secondary beneficiary.

	Class (Select one):	Distribution (Select one):	
	Primary	Equal shares (Default)	
	Secondary	Specific percentage (Specify):	%
	Tertiary		
	Type (Select one):       Irrevocable Trust       Revocable Trust         Estate of Insured (Skip to next beneficiary)       Corporation		
-	Full legal name:		
	Date Trust was established (Complete if Irrevocable Trust or Re	vocable Trust is selected above; mm/dd/yyyy):	
	Taxpayer Identification Number:		
	Mailing address (PO Box or Street, Apt. or Suite #, City & State/0	Country, ZIP/Postal Code):	
	Phone number:	🗌 Home 🔲 Work 🔲 Mobile	
	Email address:		
	Class (Select one):	Distribution (Select one):	
	Primary	Equal shares (Default)	
	Secondary	Specific percentage (Specify):	%
	Tertiary		
	Type (Select one):  Irrevocable Trust  Revocable Trus	t Trust under Insured's Will (Skip to next beneficiary)	
	Estate of Insured (Skip to next beneficiary)		
5	Full legal name:		
	Date Trust was established (Complete if Irrevocable Trust or Re	vocable Trust is selected above; mm/dd/yyyy):	
	Taxpayer Identification Number:		
	Mailing address (PO Box or Street, Apt. or Suite #, City & State/C	Country, ZIP/Postal Code):	
	Phone number:	🗌 Home 🔲 Work 🗌 Mobile	
	Email address:		

### Policy number(s):

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### **General Provisions:**

- MassMutual is only responsible to perform according to the terms of the Policy, and is not responsible for carrying out the terms of any trust or any trust agreement outside of this Policy.
- If a minor is named as a beneficiary and 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.
- When the Owner of the contract is not the beneficiary, there may be unintended income and gift tax consequences. The Owner should seek advice from personal legal or tax advisors.

**Beneficiary.** Unless otherwise requested, proceeds shall be paid equally and in one sum as follows:

- If there is no living or existing beneficiary, the proceeds will be paid to the owner or the owner's estate.
- If there is no living or existing beneficiary, and the owner is an entity, the proceeds will be paid to the entity.
- For survivorship policies, if both insureds are owners and there is no living or existing beneficiary, the proceeds will be paid to the estate of the last to die of the insureds.

- If distribution percentages are designated, and a beneficiary predeceases the Insured, no longer exists or is no longer entitled to payment, that percentage will be distributed to the surviving beneficiaries in that class as per the ratio designated.
- If a revocable trust is the owner, and the trust is not in effect at the death of the Insured, and there is no living or existing beneficiary, 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 a Trust under the Insured's Will is designated, then proceeds will be paid only if the Will is probated and if there is a trust in effect.
- If a corporation or a corporate entity is designated, such designation shall include the successors or assigns.

If "Issue per stirpes" is elected and a beneficiary dies before the Insured, 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 contingent beneficiary.

If "Issue per stirpes" <u>is not</u> elected and a beneficiary dies before the Insured, any amount that would have been paid to that beneficiary, will be paid in equal shares to the surviving primary beneficiaries, if any.

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I, the undersigned, have read all statements and answers and agree that the information provided is true, complete, and correctly recorded to the best of my knowledge and belief. I hereby consent to the beneficiary arrangement as indicated on this form.

	Signature of Owner:	
	Printed name:	Date:
	Title (If applicable):	
	Printed name of Corporation/Partnership/Trust (If applicable):	
	Signature of Additional Owner or former spouse (If applicable):	
•	Printed name:	Date:
	Title (If applicable):	
	Printed name of Corporation/Partnership/Trust (If applicable):	
W	litness (A witness, age 18 or older, must sign when the Owner resides in Massachusetts; all si	ignature dates <u>must</u> match)
I, the	e undersigned, am a disinterested party (i.e. anyone other than the Owner, Insured or Beneficiar	y) and have witnessed the above signature(s).



#### 

For more information or general questions, use the resources below. For additional information regarding the Policy, visit <u>www.MassMutual.com</u>. Once you have reviewed and completed the form, return all pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

Life		
<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	Email: lifefax@MassMutual.com Fax: Attention: Life Hub 1-866-329-4527 Retain this original and the fax machine confirmation statement for your files.
Executive Group Life (EGL) Worksite Ins	urance	
<b>Phone:</b> 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	<b>Mail:</b> MassMutual PO Box 2488 Springfield, MA 01101-2488	Email: <u>LCMclientservices@MassMutual.com</u> Fax: 1-860-562-6154 Retain this original and the fax machine confirmation statement for your files.
Institutional Insurance		· · · · · · · · · · · · · · · · · · ·
<b>Phone:</b> 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	<b>Mail:</b> MassMutual PO Box 2488 Springfield, MA 01101-2488	Email: <u>LCMclientservices@MassMutual.com</u> Fax: 1-860-562-6154 Retain this original and the fax machine confirmation statement for your files.

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.