∴ 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):					
2.	nsured's full lega	I name:				
		First		MI	Last	Suffix
3 . /	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)		
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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):					
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Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code).								
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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:		
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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):

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.

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		
Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: 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	
Phone: 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	Mail: 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		· · · · · · · · · · · · · · · · · · ·
Phone: 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	Mail: 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.