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This coversheet describes the forms and signatures required for ownership change requests on life insurance policies.

- Ensure our records are up to date the name and address for the current owner (you) and insured are current and accurate.
- For Estate owned policies, Estate documentation is required to be on file prior to completing an ownership change.
- For Entity owned policies ensure MassMutual has a current Corporate Resolution (FR2057).
- For Trust owned policies, ensure MassMutual has a current Certification of Trust Agreement (F6734 or F6734NY).
- For policies owned by a Partnership, Limited Partnership (LP) or Limited Liability Company (LLC), ensure MassMutual has a current Certificate of Partnership, Limited Partnership (LP), Limited Liability Company (LLC) (F7833).
- The ownership change will be effective on the latest signature date on this form; however, the change is subject to any payment we make or other action we take prior to receiving this form in good order at MassMutual's administrative office.

When the questions listed below <u>are not completed</u>, your request will be deemed "Not In Good Order" and will result in a delay in processing the change.

Section A (Policy Information):

• Questions 1 - 4 are required for all cases.

Section B (New Entity Owner Information):

• Questions 1-7 are required for all cases.

Section C (Transfer for Value, Premium & Billing Information)

- If question 1 is left blank, \$0.00 will be the assumed Consideration amount for the "Transfer for Value" exception. For more information, refer to section E Tax Disclosures on the Individual Owner & Beneficiary Change Request form and contact your personal legal or tax advisor.
- · Questions 2-4 are always required.

Section D (New Beneficiary Designation):

• Should be completed by the NEW owner(s).

Section E (Agreements & Signatures) - REQUIRED FOR ALL CASES:

- The CURRENT owner and NEW owner must print their name, sign and date the completed form. If the policy is assigned, the Assignee must also sign.
- For Life policies, a signed and completed form <u>must be received within 6 months</u> of the date signed. Forms with signature dates beyond 6 months will be considered "Not In Good Order".
- Current and new owners must sign the forms in their signatory capacity. Below are just a few examples.

Ownership Type	Signature Examples
Corporation	John Doe, Title (Name and title must match as it appears on the Corporate Resolution (FR2057) provided to MassMutual.)
Trust	John Doe, Trustee, ABC Trust dated 01/01/2020 (Name of Trust must match as it appears on the Certification of Trust (F6734/F6734NY). All specifiedTrustees must sign.)
Partnership, Limited Partnership, Limited Liability Company	John Doe, Partner. (Name and title must match as it appears on the Certification (F7833) Acceptable titles may include: Partner, General Partner, Managing Partner, Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal.)
Estate Owned	John Doe, <conservator, <deceased="" estate="" for="" name="" of="" the="">, deceased. (A copy of the death certificate and a copy of the currently certified court appointment of Executor/Administrator must be submitted or on file.)</conservator,>

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.

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Entity Owner & Beneficiary Change Request

Use for Post Issue only with all products excluding Annuity & Direct to Consumer (DTC)

Use this form to transfer policy ownership to an entity on an existing MassMutual policy. As a result of an ownership change, the new owner may have the right to update the beneficiary. If section D – New Beneficiary Information is not completed, the existing beneficiary will remain. See section F – Disclosures for definitions and exceptions.

To name a funeral home as beneficiary, refer to section *G* - Submission Instructions and contact Customer Service for your product. Be sure to submit <u>all</u> pages of this form to ensure accurate processing. eSignature not allowed for owner changes.

I. Policy number(s):			
2. Insured's full legal name:			
First	MI	Last	Suffix
3. Additional Insured's full legal name (<i>If applicable</i>):	First	MI Last	Suffi
Current Owner's Information			
I. Full legal name:			
Phone number:	Hom	e 🗌 Work 🗌 Mobile	
Receive a text message regarding the status of MassMutual, which may be delivered to your may any SMS or MMS you send or receive as part of	obile phone using an autom	ated system. Standard message a	nd data rates may apply to
Email address:			
. Is this Policy subject to a divorce obligation?	Yes 🗌 No		
If Yes, former spouse must sign in section E. No been filed. If the MassMutual Policy is subject to a d be signed by the former spouse. In the event that the the divorce settlement agreement: the first page, a with the signatures of all parties. If the submitted of comply with the agreement and not this submitted f	livorce obligation (for examp he former spouse is not will ny pages pertaining to the livorce obligation requires a	le, a court order or a divorce agree ing to sign this form, MassMutual MassMutual Policy or life insurance a specific beneficiary designation,	ement), this form must also requires the following from ce, and the signature page
B. Is this Policy collaterally assigned? \Box Yes \Box	No		
If Yes, complete assignee information below. If	No, skip to section B – Ne	w Individual Owner Information.	
\Box Individual(s) \rightarrow Print individual's full legal nar	ne (First, MI, Last, Suffix):		
\Box Corporate Entity ^{1,2} \rightarrow Print Entity name:			
\Box Trust ³ \rightarrow Print full name & date of Trust (mm/	(dd/yyyy):		
¹ Corporate assignees, also complete Corporate Re	esolution Form, FR2057		
² Partnership, Limited Liability Company (LLC), or L	imited Partnership assigned	es, also complete Certificate Form	, F7833
³ Trust assignees, complete Certification of Trust, F	6734; in New York, use F67	34NY)	

Policy number(s):

B New Entity Owner Information ::::::::::::::::::::::::::::::::::::
For Variable products where MMLIS is the Broker Dealer of record, the <u>Associated Person's Information form (FR3025)</u> is also re- quired. If an Accelerated Death Benefit for Long Term Care Services Rider (LTCR) is attached to the Policy, the <u>Owner If Other Than</u> <u>Insured Disclosure (FR2054)</u> must also be completed. Be sure <u>all questions in this section are complete</u> and <u>all</u> required supplemen- tal forms are included to avoid any delays in processing the request.
1. Type (Select one):
Trust \rightarrow Date established (mm/dd/yyyy): (Also complete Certification of Trust, <u>F6734</u> ; in New York, use <u>F6734NY</u>)
Corporation (Also complete <u>Corporate Resolution Form, FR2057;</u> required for CURRENT and NEW owner)
Partnership, Limited Liability Company (LLC), or Limited Partnership (Also complete <u>Certificate Form, F7833;</u> required for CURRENT and NEW owner)
□ Qualified Plan → Provide Qualified Billing Number: Note: Plan is Beneficiary by default. (Also complete <u>Disclosure & Acknowledgment, F3678</u> , and <u>Group Billing/Discount Request, F6748</u> ; for retirement plans, also complete the applicable version of Life Insurance & Qualified Retirement Plans Disclosure & Acknowledgment <u>FR2195</u> or <u>FR2197</u>)
Viatical or Life Settlement Company, its successors or assigns (Also complete <u>Corporate Resolution Form, FR2057;</u> required for CURRENT and NEW owner)
2. Full legal name of Entity/Trust/Qualified Plan:
3. Taxpayer Identification Number (SSN/ITIN/EIN):
 4. Legal address – do not use PO Box (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code): 5. Mailing address – only if different than question 4 (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):
6. Contact name:
7. Phone number: Home Work Mobile
8. Email address:
9. Type of citizenship (Select one): U.S. Entity Foreign Entity (Complete form <u>W-8BEN-E</u>)

Policy number(s)	:						
C Transfer	for Value &	Premium Pa	ayor Informa	ation :::			
		f its agents, employ					
		The Current and Ne	-		-	-	
						n lon blank, at	bullioù at ¢0j.
□ The transfer is a gift or otherwise meets one of the exceptions to the "Transfer for Value" rule $□$ The transfer is <u>not</u> a gift and does <u>not</u> meet a "Transfer for Value" exception \rightarrow Consideration: \$							
		e completed by the					notices
If payments ar	e currently made		established by t	he current (Owner, AutoPay w	ill be discont	inued as a result of the
	e currently being rrangement is es		orized Check (P	AC) Premiu	m Payment, premi	ums will cont	tinue to be drafted until
2. Will the new	Owner become the	e new Premium Pay	or? 🗌 Yes (Sk	to questi	ion 4) 🗌 No (If I	No, complete	questions 3 & 4)
3. New Premiu	m Payor Informa	tion					
a. Full legal	name:						
-	First				ast		Suffix
b. Mailing ac	ldress (PO Box or	Street, Apt. or Suite	#, City & State or	Country, ZIF	P/Postal Code):		
c. Relationsl	hip to Insured:						
		er to section E - Disc t billing type and free				nent options. I	f no election is made, the
Direct Bi	II \rightarrow Select bill free	quency: 🗌 Annua	al 🗌 Semi-anr	iual 🗌 Qi	uarterly		
New Pre	-Authorized Check	(PAC) Premium Pa	yment (Complete	F6445)			
Autopay		t set up AutoPay by ailed to the Premium			MassMutual.com. U	Intil AutoPay is	set up, premium notices
Add to ex	xisting Group num	ber:					
New Gro	oup (Contact your I	MassMutual financia	l professional for	help complet	ing the Group Set U	Up form (F674	8))
D New Ber	neficiary Inf	ormation					
100%. If the dis	stribution is blan	k, the death benefi	t will be divided	equally bet	ween all beneficial	ries within th	ercentages must equal at class. To name addi- accurate processing.
Individual B	eneficiary Inform	ation					
•	section to name a mation in question		ciary. If both indi	vidual and e	entity beneficiaries	s are being na	med on this form, enter
1. Is any benefi	ciary being design	ated on this form co	nsidered a minor	by the state i	in which they reside	e? 🗌 Yes	🗌 No (Default)
If No, skip to	o question 2. If Ye	es, continue to que	stion 1a.				
minor until th ed in questio	e minor reaches a n 1a will be Custo	n age permitted by la	aw. Under the UTI n) named in this se	MA/UGMA of ection. These	f the state designate e custodial arrange	ed in question	ustodian to manage for a 1d, the person designat- ly be used in U.S. states
a. Custodian	i's full legal name:						
		First		MI	Last		Suffix
	i's date of birth (m				_		
c. Custodian	i's mailing address	(PO Box or Street, A	Apt. or Suite #, Ci	ty & State or	Country, ZIP/Posta	al Code):	
d. Minor's re	sident state:						

Individual Beneficiary Information continued						
	ficiary arrangement (Complete one row per <u>in</u> 100%.) If foreign beneficiary, also complete <u>W-8</u>	<u>dividual</u> beneficiary. If percentages are designated, the total under ea BEN.	ch class m			
	Class (Select one):	Distribution (Select one):				
	Primary	Equal shares (Default)				
	Secondary	Specific percentage (Specify):	0			
	Tertiary	Issue per stirpes?				
	Full legal name:					
	First	MI Last	Suffix			
-	Date of birth (mm/dd/yyyy):					
	Taxpayer Identification Number: SSN ITIN Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):					
	Phone number:	Home Work Mobile				
	Email address:					
	Relationship to Insured:					
	Class (Select one):	Distribution (Select one):				
	Primary	Equal shares (Default)				
	Secondary	Specific percentage (Specify):				
	Tertiary	Issue per stirpes?				
	Full legal name:					
	First	MI Last	Suffix			
2	Date of birth (mm/dd/yyyy):					
	Taxpayer Identification Number:					
	Mailing address (PO Box or Street, Apt. or Su	ite #, City & State/Country, ZIP/Postal Code):				
	Phone number:	🗌 Home 🔲 Work 🗌 Mobile				

Policy number(s):

D New Beneficiary Information continued

Entity Beneficiary Information

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 question 2 on the previous page. 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. To name a funeral home as beneficiary, refer to section G - Submission Instructions and contact Customer Service for your product.

3. Beneficiary arrangement (Complete one row per <u>entity</u> beneficiary. If percentages are designated, the total under each class must equal 100%.) If foreign beneficiary, also Complete form <u>W-8BEN-E</u>.

	Class (Select one):	Distribution (Select one):		
	Primary	Equal shares (<i>Default</i>)		
	Secondary	Specific percentage (Specify): %		
	Tertiary			
	Type (Select one):	ust I Trust under Insured's Will (Skip to next beneficiary)		
	Estate of Insured (Skip to next beneficiary)	tion Dther (Specify):		
-	Full legal name:			
	Date Trust was established (Complete if Irrevocable Trust or Re	evocable Trust is selected above; mm/dd/yyyy):		
	Taxpayer Identification Number:	EIN ITIN SSN		
	Mailing address (PO Box or Street, Apt. or Suite #, City & State	/Country, ZIP/Postal Code):		
	Phone number:	L Home Work Mobile		
	Email address:			
	Class (Select one):	Distribution (Select one):		
		L Equal shares (<i>Default</i>)		
		Specific percentage (Specify): %		
	Type (Select one):	ust I Trust under Insured's Will (Skip to next beneficiary)		
	Estate of Insured (Skip to next beneficiary) Corporation Other (Specify): Full legal name:			
5				
	Date Trust was established (Complete if Irrevocable Trust or Re	evocable Trust is selected above; mm/dd/yyyy):		
	Taxpayer Identification Number:	EIN 🔲 ITIN 🔲 SSN		
	Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):			
	Phone number:	Home Work Mobile		
1	Email address:			

eSignature not allowed for owner changes.

Current Owner

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 transfer of ownership and/or beneficiary arrangement as indicated on this form.

Printed name:	Date:
Title (If applicable):	
Printed name of Corporation/Partnership/Trust (If applicable):	
Trust date (mm/dd/yyyy; if applicable):	
Signature of Current Additional Owner or former spouse (If applicable):	
Printed name:	Date:
Title (If applicable):	
Printed name of Corporation/Partnership/Trust (If applicable):	
v Owner	

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-8Ben-E.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

	Signature of New Owner:	
	Printed name:	Date:
	Title (If applicable):	
	Printed name of Corporation/Partnership/Trust (If applicable):	
	Trust date (mm/dd/yyyy; if applicable):	
	Signature of New Additional Owner (If applicable):	
	Printed name:	Date:
	Title (If applicable):	
	Printed name of Corporation/Partnership/Trust (If applicable):	
Witn	ess (A witness must sign for beneficiary changes when the NEW Owner resides in Massachuse	tts; all signature dates <u>must</u> match)
	undersigned, am a disinterested party (i.e. anyone other than the Owner, Insured or Beneficiary bove signature(s).	/) age 18 or older and have witnessed
	Signature of Witness:	
	Printed name:	Date:

E Agreements & Signatures continued • • • • • • • •

Assignee (Required when the policy is assigned)

Signature of Assignee:	
Printed name:	Date:
Title (If applicable):	
Printed name of Corporation/Partnership/Trust (If applicable):	
Signature of Additional Assignee (If applicable):	
Printed name:	Date:
Title (If applicable):	
Printed name of Corporation/Partnership/Trust (If applicable):	

If the Insured's name has changed, additional documentation is required.

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 Insured and the Owner is not the Beneficiary, there may be unintended income and gift tax consequences. The Owner should seek advice from personal legal or tax advisors.

Policy Ownership Requirements. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information about our customers. This form asks for information and/or documents for ownership changes to help identify the new Owner. If the required information or documentation is not provided or this form is not completed entirely, this change may not be processed as requested.

Rights of the Owner on Transfer of Ownership. Every right, privilege, option and benefit granted by the Policy(ies) or allowed by the Company and the right to change the succession of ownership of the Policy(ies) are transferred to the new Owner by this amendment. Any encumbrance or demand (i.e. assignments, loans, Modified Endowment Contract status) also succeed to the new Owner by this amendment.

Impact on Policy if an Accelerated Death Benefit for Long Term Care Services Rider (LTCR) is attached to the Policy. (1) There can be only one Owner of the Policy; and (2) the Owner If Other Than Insured Disclosure form (FR2054) must also be completed if the new Owner is not the Insured.

Annuity Purchase Agreement Rider. If attached to the Policy, it will be cancelled as the result of any ownership change.

Qualified Plans as Owners:

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- If the Policy is owned by a Qualified Plan, the Plan will be designated as the sole Owner and Beneficiary of the Policy and be subject to all terms and conditions set forth in the Policy.
- The Company shall not be responsible for administration of the Plan with respect to its ownership of the Policy, including, by way of example, tax withholding and reporting on any Plan distributions. The Company's responsibility will be limited solely to the administration of the terms of the Policy.
- Any distributions from the Policy will be made payable to the Plan as the Owner.

The Company recommends consulting with appropriate legal and tax advisors to understand all implications of an ownership transfer to a Qualified Plan.

For Qualified Plan to Insured transfers. If personal beneficiaries were named previously, then they will remain the Beneficiaries as of the date of this amendment. If the trustee(s) of the Qualified Plan were named previously, then the Estate of the Insured will be the Beneficiary as of the date of this amendment, unless otherwise designated in section D.

Impact on the Beneficiary. Unless a new Beneficiary is designated in section D, the prior designation will remain in force.

Premium Payment Information.

The new Policyowner has the right to elect the premium payment plan for the Policy.

- Direct Billing. Direct Billing is defined as a single bill generated for a single policy. The Policyowner elects the bill frequency and type.
- Pre-Authorized Check (PAC) Premium Payment Service. PAC is an (EFT) Electronic Funds Transfer arrangement that drafts from either a checking or savings account to pay the policy premium.
- Group Bill. Group Bill is a type of billing frequency that allows multiple policies to be billed on one statement, regardless of the due date, or Ownership of the policy. Group Billing may also referred to as Invoice, Franchise, List Bill, and APM Billing.



Disclosures continued

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" is not 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.

Tax Disclosures. The current and the new Owners, if any, acknowledge and agree that:

- (a) Neither the Company nor any of its agents, employees or representatives are authorized to give legal or tax advice, and
 (b) the undersigned have not relied on any representations or advice from the Company, its agents, employees, or representatives with respect to this transfer.
- A transfer of the Policy's ownership may have federal or state income tax consequences. The current and new Owners have had the opportunity to seek advice from personal legal and tax advisors regarding this transfer.
- Under the "Transfer for Value" rule of the Internal Revenue Code Section 101(a)(2), life insurance death proceeds are taxable in the hands of a transferee who has received the life insurance Policy in exchange for any valuable consideration, monetary or otherwise. The "Transfer for Value" rule does not apply to (a) a transfer to the Insured(s), (b) a transfer to a corporation if the Insured(s) is an officer or shareholder of the corporation, (c) a transfer to a partner of the Insured(s) or a partnership in which the Insured(s) is a partner or (d) a transfer where the transferee determines basis (investment) in whole or in part with reference to the basis of the transferor (typically a gift). If the transfer does not qualify as one of the exceptions listed, any taxable death proceeds will be subject to tax reporting and withholding by the Company.

G Submission Instructions

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: ¹ Attention: Life Hub 1-866-329-4527		
Worksite (Executive Group Life)				
Phone: 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	Mail: MassMutual Attention: LCM Document Hub 1295 State Street PO Box 2488 Springfield, MA 01101-2488	Email: Icmclientservices@MassMutual.com Fax: ¹ 1-413-226-4054.		

¹ 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.