.:. MassMutual

Owner Change Coversheet

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

Before You Begin

- 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.

Completing Your Owner Change Form

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 Owner Information):

- Questions 1-10 are required for all cases.
- Questions 11-18 are required when naming a Joint or Contingent owner.

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 <u>and</u> 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, for the Estate of <deceased name>, 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.)*

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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MassMutual

Individual Owner & Beneficiary Change Request

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

Use this form to transfer ownership of an existing MassMutual policy to an individual. 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 E – 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.

A Policy Information

1. Policy number(s): ______

2. Insured's full legal name : ______ First ______ MI ______ Last ______ Suffix

3. Additional Insured's full legal name *(If applicable)*: ______ First ______ MI ______ Last ______ Suffix

Current Owner's Information

4. Full legal name: ______ First ______ MI ______ Last ______ Suffix

5. Phone number: ______ ☐ 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.

6. Email address: ______

7. Is this Policy subject to a divorce obligation? ☐ Yes ☐ No

If Yes, former spouse must sign in section F. *Note: MassMutual must comply with applicable state law when divorce proceedings have been filed. 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. If the submitted divorce obligation requires a specific beneficiary designation, MassMutual is required to comply with the agreement and not this submitted form, regardless of signatures.*

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

If Yes, complete assignee information below. If No, skip to section B – New Individual Owner Information.

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

☐ Corporate Entity[1,2] → Print Entity name: ______

☐ Trust[3] → Print full name & date of Trust *(mm/dd/yyyy)*: ______

[1] Corporate assignees, also complete Corporate Resolution Form, FR2057

[2] Partnership, Limited Liability Company (LLC), or Limited Partnership assignees, also complete Certificate Form, F7833

[3] Trust assignees, complete Certification of Trust, F6734; in New York, use F6734NY)

B New Individual Owner Information

1. Select the owner role(s) to be changed. *(Select all that apply)*:

☐ Primary owner *(Complete questions 2-10)*

☐ Contingent owner *(Complete questions 11-18)*

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.

Policy number(s): ____________________

B New Individual Owner Information *continued*

If the contingent owner is changing and primary ownership is remaining the same, the current primary owner must enter their information in questions 3-10 and the contingent owner's information in questions 11-18.

2. Type *(Select one):*

- ☐ **Insured(s)** *(Complete questions 3-10 for one Insured; for two Insureds, also complete questions 11-18. If your policy is a Survivorship Whole Life (SWL), both Insureds are assumed to be Joint Owners with Right of Survivorship[1].)*
- ☐ **One individual Owner during his/her lifetime and thereafter the Insured[2]**
  (Complete questions 3-10 for the individual Owner even if the current owner is not changing, then skip to section C)
- ☐ **One individual Owner during his/her lifetime and thereafter the individual Owner's estate**
  (Complete questions 3-10 for the individual Owner, then skip to section C)
- ☐ **One individual Owner during his/her lifetime and thereafter a contingent Owner and thereafter the Insured[2]**
  (Complete questions 3-10 for the individual Owner even if the current owner is not changing, and questions 11-18 for the contingent Owner)
- ☐ **Joint with Right of Survivorship[1]** → Is Insured an Owner? ☐ Yes ☐ No
  (Complete questions 3-10 for the first joint Owner, and questions 11-18 for the second joint Owner)
- ☐ **Joint with Tenants-in-Common[3]** → Is Insured an Owner? ☐ Yes ☐ No
  (Complete questions 3-10 for the first joint Owner even if the current owner is not changing, and questions 11-18 for the second joint Owner)

[1]Right of Survivorship means if an Owner dies, the deceased Owner's portion will pass to the survivor(s) equally, otherwise to the estate of whichever said Owners is the last to die.

[2]If your policy is a Survivorship Whole Life, this ownership type may require a complex arrangement. Contact us to prepare a form for you.

[3]Tenants-in-Common means if an Owner dies, the deceased Owner's portion will pass to the estate of that deceased Owner.

3. Full legal name: __________ First ____ MI __________ Last ____ Suffix

4. Date of birth *(mm/dd/yyyy):* __________

5. Taxpayer Identification Number *(SSN/ITIN):* __________

6. Residential address – ***do not use PO Box*** *(Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):*

____

7. Mailing address – ***only if different than question 5*** *(PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):*

____

8. Phone number: __________ ☐ Home ☐ Work ☐ Mobile

9. Email address: __________

10. Relationship to Insured: __________

Complete for a Contingent/Joint Individual Owner *(Required for last three checkbox options in B2 above)*

11. Full legal name: __________ First ____ MI __________ Last ____ Suffix

12. Date of birth (mm/dd/yyyy): __________

13. Taxpayer Identification Number (SSN/ITIN): __________

14. Residential address – do not use PO Box (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

____

15. Mailing address – only if different than question 13 (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

____

16. Phone number: __________ ☐ Home ☐ Work ☐ Mobile

17. Email address: __________

18. Relationship to Insured: __________

Policy number(s): ______

C Transfer for Value, Premium & Billing Information

1. **Transfer for Value Certification.** The Current and New Owners certify that *(Select one; if consideration left blank, assumed at $0):*
   - ☐ The transfer is a gift or otherwise meets one of the exceptions to the "Transfer for Value" rule
   - ☐ The transfer is not a gift and does not meet a "Transfer for Value" exception → Consideration: $ ______

The following questions must be completed by the new Owner. The Premium Payor is the recipient of billing notices.

If payments are currently made via AutoPay (EFT) established by the current Owner, AutoPay will be discontinued as a result of the owner change. The policy will default to direct billing with the new Owner as the Premium Payor.

If payments are currently being made via Pre-Authorized Check (PAC) Premium Payment, premiums will continue to be drafted until a new billing arrangement is established.

2. Will the new Owner become the new Premium Payor? ☐ Yes (***Skip to question 4)*** ☐ No ***(If No, complete questions 3 & 4)***
3. **New Premium Payor Information***:*
   - **a.** Full legal name: ______ First ______ MI ______ Last ______ Suffix
   - **b.** Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code): ______
   - **c.** Relationship to Insured: ______
4. Select desired billing type *(Refer to section E - Disclosures for more information about premium payment options. If no election is made, the policy will remain on the current billing type and frequency, except in the case of AutoPay.):*
   - ☐ Direct Bill → Select bill frequency: ☐ Annual ☐ Semi-annual ☐ Quarterly
   - ☐ New Pre-Authorized Check (PAC) Premium Payment *(Complete F6445)*
   - ☐ Autopay (EFT) *(You must set up AutoPay by logging in to your account on MassMutual.com. Until AutoPay is set up, premium notices will be mailed to the Premium Payor noted above.)*
   - ☐ Add to existing Group number: ______
   - ☐ New Group *(Contact your MassMutual financial professional for help completing the Group Set Up form (F6748))*

D New Beneficiary Information

For entity beneficiaries, skip to question 3. 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 four or five as applicable. Be sure to submit all pages of this form to ensure accurate processing.

Individual Beneficiary Information

Complete this section to name an individual beneficiary. If both individual and entity beneficiaries are being named on this form, enter the entity information in question 3 on page 5.

1. Is any beneficiary being designated on this form considered a minor by the state in which they reside? ☐ Yes ☐ No *(Default)*

   If No, skip to question 2. If Yes, continue to question 1a.

   UTMA/UGMA. UTMA/UGMA refer to a state's law that governs the transfer of title to life insurance proceeds to a Custodian to manage for a minor until the minor reaches an age permitted by law. Under the UTMA/UGMA of the state designated in question 1d, the person designated in question 1a will be Custodian for the child(ren) named in this section. These custodial arrangements may only be used in U.S. states where permitted by applicable law. This does not extend to issue per stirpes, if selected.

   - **a.** Custodian's full legal name *(First. MI, Last, Suffix):* ______
   - **b.** Custodian's date of birth *(mm/dd/yyyy):* ______
   - **c.** Custodian's mailing address *(PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):* ______
   - **d.** Minor's resident state: ______

Policy number(s): ______________________________

D New Beneficiary Information *continued*

2. **Beneficiary arrangement** *(Complete one row per individual beneficiary. If percentages are designated, the total under each class must equal 100%. If foreign beneficiary, also complete W-8BEN.)*

1

Class *(Select one):*
- ☐ Primary
- ☐ Secondary
- ☐ Tertiary

Distribution *(Select one):*
- ☐ Equal shares *(Default)*
- ☐ Specific percentage *(Specify):* __________ %

Issue per stirpes? ☐ Yes ☐ No *(Default)*

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: ______________

2

Class *(Select one):*
- ☐ Primary
- ☐ Secondary
- ☐ Tertiary

Distribution *(Select one):*
- ☐ Equal shares *(Default)*
- ☐ Specific percentage *(Specify):* __________ %

Issue per stirpes? ☐ Yes ☐ No *(Default)*

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: ______________

Policy number(s): ______________________

D New Beneficiary Information *continued*

Entity Beneficiary Information

Complete the table below to name an entity 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 entity beneficiary. If percentages are designated, the total under each class must equal 100%. If foreign beneficiary, also Complete form W-8BEN-E.)*

1

Class *(Select one):*
☐ Primary
☐ Secondary
☐ Tertiary

Distribution *(Select one):*
☐ Equal shares *(Default)*
☐ Specific percentage *(Specify):* ______ %

Type *(Select one):* ☐ Irrevocable Trust ☐ Revocable Trust ☐ Trust under Insured's Will ***(Skip to next beneficiary)***
☐ Estate of Insured ***(Skip to next beneficiary)*** ☐ Corporation ☐ Other *(Specify):* ______

Full legal name: ______

Date Trust was established *(Complete if Irrevocable Trust or Revocable 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

Email address: ______

2

Class *(Select one):*
☐ Primary
☐ Secondary
☐ Tertiary

Distribution *(Select one):*
☐ Equal shares *(Default)*
☐ Specific percentage *(Specify):* ______ %

Type *(Select one):* ☐ Irrevocable Trust ☐ Revocable Trust ☐ Trust under Insured's Will ***(Skip to next beneficiary)***
☐ Estate of Insured ***(Skip to next beneficiary)*** ☐ Corporation ☐ Other *(Specify):* ______

Full legal name: ______

Date Trust was established *(Complete if Irrevocable Trust or Revocable 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

Email address: ______

Policy number(s):

E Disclosures

If the Insured's name has changed, complete and submit a Change Request (F6070). 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.

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.

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 be referred to as Invoice, Franchise, List Bill, and APM Billing.

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 bae 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. 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.

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.

Policy number(s): ______________________________

F Agreements & Signatures

If the contingent owner is changing and primary ownership is remaining the same, the primary owner must sign as current and new owner. Signature of contingent owner is not required. 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.

Signature of Current Owner: ______________________________

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)*: ______________________________

Trust date *(mm/dd/yyyy; if applicable)*: ____________

New Owner *(Complete if changing ownership)*

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.

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 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: ____________

Signature of New Additional Owner *(If applicable)*: ______________________________

Printed name: ______________________________ Date: ____________

Witness *(A witness must sign for beneficiary changes when the Owner resides in Massachusetts; all signature dates must match*

I, the undersigned, am a disinterested party (i.e. anyone other than the Owner, Insured or Beneficiary) age 18 or older and have witnessed the above signature(s).

Signature of Witness: ______________________________

Printed name: ______________________________ Date: ____________

***** Continue to next page for assignee signature(s), if applicable. *****

Policy number(s): ______________________

F 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)*: ______________________

G Submission Instructions

For more information or general questions, use the resources below. For additional information regarding the policy, visit www.MassMutual.com. 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	**Life 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 Insurance		
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:** LCMclientservices@MassMutual.com **Fax:** 1-860-562-6154 *Retain this original and the fax machine confirmation statement for your files.*