

It only takes a few minutes to create your secure MassMutual® online account, and the benefits can last a lifetime.

WHAT DOES AN ONLINE ACCOUNT GET YOU? LOTS.



Secure 24/7 access



Make payments with a few clicks



Skip paper forms, make changes online



Make address and contact updates anytime

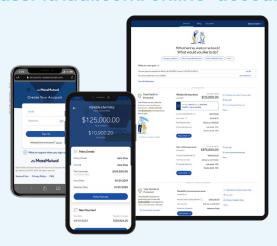


Easily change beneficiaries



Manage paperless preferences and more

Ready to get started? Just go to MassMutual.com/online-account



OR

Download the MassMutual App



Questions?

Consult with your financial professional on the best way to take advantage of online account management.

Change Request

... MassMutual

Use this form to change the name and/or address and change the mode of premium payment. For additional information, contact your personal financial representative or the applicable MassMutual Service Center as noted in section E – Submission & Contact Information.

Policy Information	,
1. Policy number(s):	
2. Insured full legal name (First, MI, Last, Suffix):	
Owner Information::::::::::::::::::::::::::::::::::::	
1. Full legal name:	
If the Owner's name and/or address has changed, complete section C – Change Request Information below.	
2. Taxpayer Identification Number (SSN/ITIN/EIN):	
3. Phone number:	
Receive a text message regarding the status of this request. By checking this box, you agree to receive text messages regarding request to your mobile phone. These messages may be sent through an automated system. Standard message and data rates may 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	apply
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 email address. These emails may be sent through an automated system.	your
5. Is this Policy collaterally assigned?	
If Yes, complete assignee information below. If No, skip to section C – Change Request Information.	
☐ 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):	
Change Request Information ::::::::::::::::::::::::::::::::::::	
For a name change, complete questions 1-4. For an address change, complete questions 5-8. For a change of premium billing quency, complete question 9.	fre-
Change of Name	
Documentation of the name change must be submitted with this request. This form does <u>not</u> change the owner or beneficiary donation. If the name change is a life event, your beneficiary may need to be changed.	sig-
1. Role (Select one. If an individual occupies more than one role, the name will be updated in all roles):	
☐ Beneficiary ☐ Insured ☐ Owner ☐ Payee ☐ Payer	
2. Current full legal name (First, MI, Last, Suffix):	
3. New full legal name (First, MI, Last, Suffix):	
4. Reason (Select one):	
Court order (Attach court order)	
☐ Correction (Attach copy of government-issued identification)	
☐ Marriage (Attach marriage certificate)	
☐ Divorce (Attach divorce decree)	
Other (Specify):	

Change Request Information continued • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Change of Address	
 6. Taxpayer Identification Number (SSN/ITIN/EIN): 7. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Counter #, City &	ntry, ZIP/Postal Code):
8. If permitted by the terms of the policy, send future premium notices to personal series of the policy.	son/address listed in questions 5-7 of this section:
Change Premium Payment Frequency	
9. Change premium payment mode to (Select one):	
☐ Annual ☐ Semi-annual ☐ Quarterly (Not available for Disab	ility Income products)
Add or Revoke Automatic Premium Loan (APL) or Automatic Applic	cation of Dividends
10. Automatic Premium Loan provision (APL): ☐ Add ☐ Revoke	
11. Automatic Application of Dividends provision: Add Revoke	
Warning: If your policy has been designated a Modified Endowment Corincome to the extent of the gain in the policy. If you are under age 59½, any your tax advisor. D Agreements & Signatures::::::::::::::::::::::::::::::::::::	y taxable premium loan may be subject to a 10% tax penalty. Consu
by signing below, the Owner acknowledges that s/he has read this form and usertifies that s/he is of legal age, and that the Policy is not pledged or subject tolicy is assigned, the Assignee must sign this form.	
axpayer Certification. By my signature, I, the Owner, certify under penal axpayer Identification Number; (2) I am not subject to backup withholding; (3 ode entered on this form (if any) indicating that I am exempt from FATCA re) I am a U.S. person (including U.S. resident alien); and (4) the FATC/
lote: While we are required by the IRS to include item 4 above, FATCA do ot included the ability to enter an exemption code. If you have indicated the e captured on the Form W-8.	
he Internal Revenue Service (IRS) does not require your consent to equired to avoid backup withholding.	any provision of this document other than the certification
Signature of Owner:	
Printed name:	Date:
Tillica hame.	Sole Officer
Title (If applicable):	
Title (If applicable):	
Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable):	

*If the Sole Officer box is selected and the signer is the only officer, a signed letter on company stationery to that effect or the signer's signature with the corporate seal affixed is required.



Policy number(s):			
D Agreements & Signatures cor	ntinued ••••••	• • • • • • • • • • • • • • • • • • • •	
Assignee (Required when the policy is assignee	gned)		
Signature of Assignee:			
Printed name:			
, ,, ,			
Printed name of Corporation/Partnersh	ip/Trust (If applicable):		
Signature of Additional Assignee (If app	olicable):		
Printed name:		Date:	
Title (If applicable):			
Printed name of Corporation/Partnersh	ip/Trust (If applicable):		
For more information or general questions pleted this form, return all pages for proce. Life		MassMutual.com. Once you have reviewed and com-	
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.	
Disability Income		1	
Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual Attention: DI Hub 1295 State Street Springfield, MA 01111-0001	Email: DIFax@Massmutual.com Fax: Attention: DI Hub 1-413-226-4024 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.