

Use this form to transfer policy ownership and/or change the recipient of benefits on an existing MassMutual Disability Income policy. As a result of an ownership change, the new owner may have the right to update the recipient of benefits. If section D – New Recipient of Benefits Information is not completed, the existing recipient of benefits will remain. See section E – Disclosures for definitions and exceptions.

A Policy Information ::

1. Policy number(s): _____

2. Insured's full legal name (*First, MI, Last, Suffix*): _____

Current Owner's Information

3. Full legal name (First, MI, Last, Suffix, for individual): _____

4. 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.

5. Email address: _____

6. 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 disability income insurance, and the signature page with the signatures of all parties. If the submitted divorce obligation requires a specific recipient of benefits designation, MassMutual is required to comply with the agreement and not this submitted form, regardless of signatures.

7. Are the benefits under this Policy collaterally assigned? ☐ Yes ☐ No

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

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

☐ Corporate Entity^{1,2} → Print Entity name: _____

☐ Trust³ → 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

[illegible]

1. **Type** (Select one):

☐ Insured☐ Individual other than Insured☐ **Trust** (Also complete *Certification of Trust*, [F6734](#); in New York, use [F6734NY](#))

☐ **Corporation** (Also complete [Corporate Resolution Form, FR2057](#); required for CURRENT and NEW owner)

☐ **Partnership, Limited Liability Company (LLC), or Limited Partnership** (Also complete [Certificate Form, F7833](#); required for *CURRENT* and *NEW* owner)

Policy number(s): _____

B New Owner Information *continued*

2. Full legal name (First, MI, Last, Suffix, for individual): _____

3. Date of birth/Date of Trust (mm/dd/yyyy): _____

4. Taxpayer Identification Number (SSN/ITIN/EIN): _____

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

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

7. Phone number: _____ ☐ Home ☐ Work ☐ Mobile

8. Email address: _____

9. Relationship to Insured: _____

C Premium Payment & Billing Information ::

This section 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.

1. Will the new Owner become the new Premium Payor? ☐ Yes (**Skip to question 3**) ☐ No (**If No, complete questions 2 & 3**)

2. 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: _____

3. 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

☐ New Pre-Authorized Check (PAC) Premium Payment (Complete F6445; Monthly and quarterly frequencies available)

☐ 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 Recipient of Benefits Information ::

This section not applicable for RetireGuard.

1. As the new Owner, will you also be the new Recipient of Benefits? ☐ Yes ☐ No (**If No, skip to section E**)

2. Type (Select one):

☐ Individual ☐ Corporate Entity^{1,2} ☐ Trust³

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

3. Full legal name (First, MI, Last, Suffix, for individual): _____

4. Date of birth/Date of Trust (mm/dd/yyyy): _____

5. Taxpayer Identification Number (SSN/ITIN/EIN): _____

Policy number(s): _____

D Recipient of Benefits Information *continued*

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: _____

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.

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) also succeed to the new Owner by this amendment.

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. Only annual and semi-annual frequencies available.
- **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. Monthly and quarterly frequencies available.
- **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.
- **Recipient of Benefits.** By completing section D of this form, I hereby revoke any and all previous revocable assignments of benefits under such policies. This change of recipient of benefits will take effect when received at MassMutual's administrative office and processed by MassMutual and will be operative for all benefits payable on or after that date but without prejudice to MassMutual on

account of any payment made by it before receipt and processing. This assignment will remain in effect until MassMutual is otherwise directed by my written revocation.

- The recipient of benefits for RetireGuard must remain MassMutual Trust Company.
- If section D – New Recipient of Benefits Information is not completed, the existing recipient of benefits will remain.
- 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.
- 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.

Tax Disclosures. When the Owner of the contract is not the Insured and the Owner is not the Recipient of Benefits, 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.



G Submission Instructions :::

Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual 1295 State Street, W066 Springfield, MA 01111-0001	Email: DIFAX@MassMutual.com
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