∴ MassMutual

VUL GuardSM & SVUL GuardSM Portfolio Rebalancing Request

Refer to your prospectus for additional information about the divisions of the Separate Account and Information regarding Portfolio Rebalancing. Carefully review the Disclosures in section A before completing this form.

You may not elect Portfolio Rebalancing if the Dollar Cost Averaging The Guaranteed Principal Account (GPA) is not a division of the Separate Account and is not eligible as a designated division in our (DCA) option is in effect on your policy. Portfolio Rebalancing program. The account value in at least one of the selected divisions must vary from If the Portfolio Rebalancing election is made while an earlier Portfolio your chosen ratio by at least \$25.00 in order for rebalancing to occur. Rebalancing election is currently in effect for the policy, the new election The premium allocation percentages must be in whole numbers and will supersede the current one as of the new effective date. Only one the sum of the allocation percentages must equal 100%. Portfolio Rebalancing election is allowed for a given Valuation Date. All of the existing divisons will be rebalanced to the divisions designated on this form. 1. Policy number(s): 2. Insured full legal name (First, MI, Last, Suffix): 3. Additional Insured full legal name (First, MI, Last, Suffix): 1. Full legal name: Home Work Cell 2. Phone number: 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. 3. Email address: Receive an email regarding the status of this request. By checking this box, you agree to receive emails regarding this request to your email address. These emails may be sent through an automated system **4.** Is this policy collaterally assigned? Yes No If Yes, complete assignee information below. If No, skip to section D – Dollar Cost Averaging Information. \square Individual(s) \rightarrow Print individual's full legal name (*First, MI, Last, Suffix*): \Box Corporate Entity \rightarrow Print Entity name: \Box Trust \rightarrow Print full name & date of Trust (*mm/dd/yyyy*): D Portfolio Rebalancing Information Carefully review section A - Disclosures before completing the following questions. If a termination date is not provided, Portfolio Rebalancing will continue as long as your designated rebalancing divisions are available. **1.** Frequency (*Select one*): Monthly Quarterly Semi-Annual Annual Cancel Rebalancing (*skip to question 3*) 2. Start date (Enter 1st - 28th): **3.** End date (*Enter date (mm/dd/yyyy*) or number of years):

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.

E Divisions by Asset Class

Complete this section to identify the Portfolio Rebalancing elections. Values in the percentage column must be in whole numbers. The sum of all percentages entered in this section must equal 100%.

Percentage	Separate Account Divisions	Percentage	Separate Account Divisions
%	American Funds® Asset Allocation	%	LVIP American Century Disciplined Core Value
%	American Funds® Growth-Income	%	LVIP American Century Value
%	DWS Small Cap Index	%	MFS® Investors Trust
%	Fidelity® VIP Contrafund®	%	MFS® New Discovery
%	Franklin Small Cap Value VIP	%	MML Blend
%	Goldman Sachs Strategic Growth	%	MML Blue Chip Growth
%	Invesco V.I. Discovery Large Cap ¹	%	MML Equity
%	Invesco V.I. Discovery Mid Cap Growth	%	MML Equity Index
%	Invesco V.I. Global	%	MML Inflation-Protected and Income
%	Invesco V.I. Global Strategic Income	%	MML Managed Bond
%	Invesco Oppenheimer V.I. International Growth	%	MML Managed Volatility
%	Invesco V.I. Main Street®	%	MML U.S. Government Money Market
%	Invesco V.I. Core Plus Bond	%	MML Small Cap Equity
%	Invesco V.I. Diversified Dividend	%	MML Small Cap Growth Equity
%	Invesco V.I. Health Care	%	T. Rowe Price Blue Chip Growth
%	Invesco V.I. Technology	%	T. Rowe Price Equity Income
%	Janus Henderson Balanced	%	T. Rowe Price Mid Cap Growth ²
%	Janus Henderson Forty	%	Templeton Foreign VIP
%	Janus Henderson Global Research		

¹ Formerly known as Invesco V.I. Capital Appreciation.

² T. Rowe Price Mid-Cap Growth division is not available as an investment option for policies issued on May 1, 2004 or later.

We will only accept electronic signatures generated using a MassMutual-approved electronic signature process. Electronic signatures generated from personal accounts, software or applications will not be accepted.

Owner (Required for all policies)

By signing below, I acknowledge that I have read section A – Disclosures and understand the implications of this request. I certify that I am of legal age, and that the policy is not pledged or subject to any bankruptcy proceeding, attachment, lien or other claim. *If the Policy is assigned, the Assignee must sign this form.* If there is not sufficient space for all required signatures, make a copy of this Agreements & Signatures section. Submit the additional page of signatures with the completed form.

Signature of Policy Owner/Officer/Trustee:	
Printed name:	Date:
Title (If applicable, e.g. Trust or Corporate owned):	
Printed name of Corporation/Partnership/Trust (If applicable):	
Date of Trust (If applicable):	
Signature of Joint Policy Owner/Officer/Trustee or former spouse (If applicable):	
Printed name:	Date:
Title (If applicable, e.g. Trust or Corporate owned):	
Printed name of Corporation/Partnership/Trust (If applicable):	
Date of Trust (If applicable):	
Assignee (Required when the Policy is assigned)	
Signature of Assignee (If applicable):	
Printed name:	Date:
Title (If applicable, e.g. Trust or Corporate assigned):	
Printed name of Corporation/Partnership/Trust (If applicable):	
Date of Trust (If applicable):	
Signature of Additional Assignee (If applicable):	
Printed name:	
Title (If applicable, e.g. Trust or Corporate assigned):	
Printed name of Corporation/Partnership/Trust (If applicable):	
Date of Trust (If applicable):	

For more information or general questions, use the resources below or visit <u>www.MassMutual.com</u>. Once you have reviewed and completed the form, return all pages for processing.

Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual Attention: Life Hub PO Box 1865 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.
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