



Annuity Contract Change Request

Use this form to change:

- Name
- Ownership
- Annuitant
- Premium Payor
- Beneficiary

Use form [FR1208](#) to make a change to a contract with MassMutual Lifetime Income ProtectorSM or MassMutual Lifetime Payment PlusSM.

1. Existing Owner/Participant Information

Contract/Certificate Number _____

Owner Name/Plan Name _____

Joint Owner Name (if applicable) _____

Daytime Phone Number _____ Email _____

Participant/Annuitant Name _____

Plan Contact Person (if applicable) _____ Plan Contact Phone Number _____

2. Type of Change

Check all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Name Change (Section 3) | <input type="checkbox"/> Annuitant Change (Section 5) | <input type="checkbox"/> Beneficiary Change (Section 7) |
| <input type="checkbox"/> Ownership Change (Section 4) | <input type="checkbox"/> Premium Payor Change (Section 6) | |

3. Name Change

Documentation of the name change must be submitted with this request. Acceptable forms of documentation include certified copy of divorce decree, marriage certificate, and/or court order. If the change is due to inaccurate information provided on the application, a copy of Government issued identification is acceptable.

If the name change is a life event, your beneficiary may need to be changed.

- | | | | |
|--------------------------------|--|---------------------------|---|
| Whose Name is Changing? | <input type="checkbox"/> Owner | Reason for Change: | <input type="checkbox"/> Marriage / Divorce |
| | <input type="checkbox"/> Joint Owner | | <input type="checkbox"/> Court Order |
| | <input type="checkbox"/> Annuitant | | <input type="checkbox"/> Correction |
| | <input type="checkbox"/> Joint Annuitant (MassMutual Odyssey Select SM & MassMutual Stable Voyage SM only) | | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Beneficiary | | |

Current Name _____

New Name _____

4. Ownership Change

Ownership changes may create a taxable event. Refer to the disclosures in section 10 for additional information.

The new contract owner may request a copy of the Annuity contract. Contact our Service Center for additional information.

- As a result of this Ownership change, you have the right to update the Annuitant and Beneficiary sections of this form. If the Annuitant and Beneficiary sections are not updated we will keep the existing information for Annuitant and Beneficiary.
- The beneficiary **must** be updated when changing ownership from a Qualified plan to the participant or when changing ownership on a trust-owned contract.
- For MassMutual RetireEaseSM, MassMutual RetireEase SelectSM, RetireEase ChoiceSM and SPIA Contracts, you may submit the Income Payment Form to update the Payee and tax withholding information for the Scheduled Periodic Payments. If the form is not submitted the existing Payee and tax withholding information will remain the same.
- Any existing automatic programs on the contract will remain unchanged unless otherwise requested. Contact our Service Center for more information.

A. As Contract Owner, revoke any previous designation of owner and hereby designate the following:

New Individual Contract Owner

If Changing from Trust Owned Contract to Individually Owned Contract - **Complete item B below.**

Participant as a:

Individual Retirement Annuity (IRA) - **Beneficiary must also be updated.**

Roth IRA - **Beneficiary must also be updated.**

Nontransferable former Qualified plan annuity

New Joint Contract Owner

Remove the following Joint Owner from the contract: _____

Trust as Contract Owner - **Form F6734 must be submitted. Complete item B, below.**

Corporation - **Corporate Resolution, Certification of Corporate Resolution or Articles of Incorporation must be submitted.**

Partnership, Limited Liability Company (LLC), or Limited Partnership as Contract Owner - **Form F7833 must be submitted.**

B. Ownership changes involving a Trust may or may not be subject to income tax. Check one of the following:

This ownership change does not meet the criteria disclosed in Section 10, and I understand that any gain in the contract will be reported to the IRS as taxable.

I certify that this ownership change meets the criteria disclosed in Section 10 to be treated as a non-taxable change of ownership.

If neither box is checked, we will treat this as a taxable change of ownership, and any gain in the contract will be reported to the IRS as taxable.

New Owner/Joint Owner Information

Full Legal Name _____

Date of Birth/Date of Trust (mm/dd/yyyy) _____ Gender (if applicable) M F

Taxpayer Identification Number _____

Street Address _____

City, State, Zip _____

Phone Number (_____) _____ - _____ Relationship to Owner _____

Cost Basis, if applicable \$ _____

New Owner Citizenship

U.S. Citizen

U.S. Legal Entity

Resident Alien

Non-resident Alien

Citizenship (if not U.S.) _____

Type of Identification

Driver's License

ID Number _____

Passport

Expiration Date _____

Other _____

State/Country of Issue _____

Issue Date _____

5. Annuitant Change

The annuitant cannot be changed on a contract owned by a non-natural person or on most tax-qualified contracts.

As Contract Owner, revoke any previous designation of Annuitant and hereby designate the following:

Change Annuitant Change Joint Annuitant (*Joint Annuitant allowed with Odyssey Select & Stable Voyage only*)

New Annuitant Full Legal Name _____

Complete all information below for New Annuitant:

New Annuitant Social Security Number _____ - _____ - _____

New Annuitant Date of Birth (mm/dd/yyyy) _____ Gender M F

New Annuitant Street Address _____

New Annuitant City, State, Zip _____

New Annuitant Phone Number (____) _____ - _____ Relationship to Owner _____

6. Premium Payor Change

The premium payor is the individual or entity that makes premium payments (contributions) to the annuity contract.

New Premium Payor Information

Premium Payor Name _____

Premium Payor Taxpayer Identification Number _____

Premium Payor Street Address _____

Premium Payor City, State, Zip _____

7. Beneficiary Change

Unless otherwise indicated, all named beneficiaries will be considered primary beneficiaries. Refer to your contract for more information regarding Settlement Options.

- In the event of death of a Joint Contract Owner/Participant (MassMutual Equity EdgeSM, MassMutual EvolutionSM, MassMutual Odyssey[®], MassMutual Odyssey PlusSM, MassMutual Odyssey SelectSM, MassMutual Stable VoyageSM, MassMutual Transitions[®], MassMutual Transitions SelectSM, MassMutual RetireEaseSM, MassMutual RetireEaseChoiceSM, Panorama Passage[®], and Panorama Premier only), the surviving Joint Contract Owner, if any, will be treated as the primary beneficiary and any other beneficiaries will be treated as contingent.
- For Non-Qualified Deferred Compensation Plan and Qualified Plan owned contracts, the plan must be designated as primary beneficiary.
- Notary stamp is required when there is a change to the irrevocable beneficiary.
- Spousal consent (section 8) is required if changing beneficiary on a qualified contract subject to ERISA to a person other than a spouse (if married).
- Use form F9564 if requesting a Restricted Beneficiary arrangement.
- For additional information on Optional Beneficiary Provisions see "Definitions" under section C in Instructions & Disclosures.

As Contract Owner, revoke any previous designation of beneficiary and hereby designate the following:

A. Beneficiary Information Primary Contingent

Type (Select one): Named Individual(s) Trust Trust under Will Estate of Insured Other Entity

Full legal name: _____ Date of Birth/Date of Trust (*if applicable*): _____

Address: _____ Social Security Number/TIN: _____

Phone Number: (____) _____ - _____ Distribution (*if not equal shares*): % _____

Relationship to Owner _____

I want to designate the above as an Irrevocable Beneficiary.

7. Beneficiary Change *continued*

B. Beneficiary Information Primary Contingent

Type (Select one): Named Individual(s) Trust Trust under Will Estate of Insured Other Entity

Full legal name: _____ Date of Birth/Date of Trust (if applicable): _____

Address: _____ Social Security Number/TIN: _____

_____ Distribution (if not equal shares): % _____

Phone Number: () _____ - _____ Relationship to Owner _____

I want to designate the above as an Irrevocable Beneficiary.

C. Beneficiary Information Primary Contingent

Type (Select one): Named Individual(s) Trust Trust under Will Estate of Insured Other Entity

Full legal name: _____ Date of Birth/Date of Trust (if applicable): _____

Address: _____ Social Security Number/TIN: _____

_____ Distribution (if not equal shares): % _____

Phone Number: () _____ - _____ Relationship to Owner _____

I want to designate the above as an Irrevocable Beneficiary.

D. Beneficiary Information Primary Contingent

Type (Select one): Named Individual(s) Trust Trust under Will Estate of Insured Other Entity

Full legal name: _____ Date of Birth/Date of Trust (if applicable): _____

Address: _____ Social Security Number/TIN: _____

_____ Distribution (if not equal shares): % _____

Phone Number: () _____ - _____ Relationship to Owner _____

I want to designate the above as an Irrevocable Beneficiary.

E. Additional Beneficiary Designations

If additional beneficiary designations are attached separately; check and attach. Yes

F. Optional Beneficiary Provisions:

Per Stirpes

Issue per stirpes of the: Primary beneficiary Contingent beneficiary

Issue per stirpes is only applicable if the beneficiary is a person.

UTMA/UGMA Custodian

During the named child(ren)'s minority, _____ shall be custodian for said child(ren) under the
Name of adult to act as custodian

_____ Uniform Gifts/Transfers to Minors Act.

State where either the owner, custodian or child(ren) live

This is not applicable to the Issue per stirpes if selected above.

8. Signatures

Current Owner's Social Security Number/Tax Identification Number _____

Taxpayer Identification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown above is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; and (3) I am a U.S. person (including U.S. resident alien). Strike out any of these statements if incorrect. **The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.**

As owner/trustee/administrator, I certify that the information shown on this form is correct, accurate, and complete and that I accept liability for the accuracy of the information on this form.

Printed Name of Owner, Employer, Trustee or Plan Administrator	Signature of Owner, Employer, Trustee or Plan Administrator <i>(Must Sign in Capacity if Owner is Trustee, POA, Guardian)</i>	Date
Printed Name of Joint Owner (if applicable)	Signature of Joint Owner (if applicable)	Date
Printed Name of New Owner	Signature of New Owner	Date
Printed Name of New Joint Owner	Signature of New Joint Owner	Date
Printed Name of Annuitant (if applicable)	Signature of Annuitant (if applicable)	Date

Required if the rights of an existing irrevocable beneficiary is being changed/removed:

Printed Name of Irrevocable Beneficiary	Signature of Irrevocable Beneficiary	Date
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Spousal Consent and Notary stamp required for Beneficiary changes on all ERISA TSA, Keogh (H.R.10) and Former Individual Owned Qualified Plans.

I, the above named owner/participant, certify that I am:

Married Single Divorced/Legally Separated Unable to locate spouse

I, the owner/participant's spouse, hereby consent to the owner/participant's election to receive a distribution from the contract. I understand and acknowledge that I am waiving any legal right to this distribution as part of any death benefit payable from this contract.

Printed Name of Spouse _____

Signature of Spouse _____ Date _____

9. Notary Stamp

A notary stamp is required for the irrevocable beneficiary (if applicable) and the owner/participant's spouse (if applicable) when:

- There is an irrevocable beneficiary and the beneficiary is changed
- Spousal consent is required

A Notary stamp can be obtained from most banks or credit unions.

On this _____ day of _____, 20____, before me, the undersigned Notary Public, personally appeared

Name of irrevocable beneficiary (if applicable) and owner/participant's spouse (if applicable)

Signature of Notary Public (Official stamp / seal required):

My commission expires:

MassMutual Contact Information *(We will only accept responsibility for forms that are submitted as indicated below)*



Service Center
(800) 272-2216

Fax (Toll Free)
(866) 329-4272



Mailing Address
MassMutual
PO Box 9067
Springfield MA 01102-9067

Email Address
ANNfax@massmutual.com

Overnight Address
MassMutual
1295 State Street
Springfield MA 01111-0001

A. Ownership Change Section 4

Customer Identification To help the government fight the funding of terrorism and money laundering activities, the Federal law requires all financial institutions to obtain, verify, and record information about our customers. This form asks for your name, address, date of birth, and other information that will allow us to identify you. Similarly, this form also asks for identifying information and/or documents for ownership changes on behalf of an entity, rather than an individual (e.g. trusts, corporations). If you cannot provide the information or documentation we require, we may be unable to process this ownership change.

Product and Tax Information

- Any ownership change is subject to the Company's underwriting rules.
- Ownership changes may result in a taxable transaction. You should consult with your tax advisor prior to making this change.
 - The Plan is responsible for tax reporting when changing ownership from a Qualified plan.
 - When changing ownership from a Corporate-owned Non Qualified contract, the Corporation is responsible for tax reporting.
 - When changing ownership from a Corporate-owned Non Qualified contract, provide cost basis information that should be applied to the individual's contract. If this information is not provided, all future distributions from the contract will be reported as "taxable amount not determined."
- Ownership changes may not be permitted on certain tax qualified contracts.
- Parties to a civil union or domestic partnership recognized under state law are not recognized as spouses under federal tax law. Adverse tax consequences may apply to transactions between such parties.
- A conversion into a Roth IRA will subject the Fair Market Value (FMV) of the contract being converted to income tax. Generally, the FMV is equal to the cash value (without surrender charges) of the contract. However, if the contract has an additional benefit, such as death benefit or guaranteed withdrawal benefit, the FMV of the contract may be significantly greater than the cash value.

Ownership Changes Involving Trusts

If you indicated in Section 4B that an ownership change involving a trust is a non-taxable ownership change, you are certifying to the following:

- **Change from a Trust Owned Contract to an Individually Owned Contract**
 - The new Owner named is considered the beneficial owner of the assets of the trust.
 - The change of ownership between the trust and the new owner is not a taxable change of ownership under Internal Revenue Code section 72(e).
- **Change from an Individually Owned Contract to a Trust Owned Contract**
 - The change of ownership between the individual and the new trust is not a taxable change of ownership under Internal Revenue Code section 72(e).
- **Change from a Trust Owned Contract to a new Trust Owned Contract**
 - The current trustee is requesting that ownership of this contract be transferred to the trust named in section 4 and represents that he/she is considered the owner of the assets of both trusts for purpose of Internal Revenue Code sections 671-679 or that the beneficial owner of the assets of both trusts is the same individual(s).

Joint Ownership

- Joint ownership is only allowed on non-qualified contracts.
- Joint ownership is available on LifeTrust, MassMutual Equity EdgeSM, MassMutual EvolutionSM, MassMutual Odyssey[®], MassMutual Odyssey PlusSM, MassMutual Odyssey SelectSM, MassMutual RetireEaseSM, MassMutual RetireEase SelectSM, MassMutual RetireEase ChoiceSM, MassMutual Stable VoyageSM, MassMutual Transitions[®], MassMutual Transitions SelectSM, Panorama Passage[®], and Panorama Premier contracts.
- MassMutual Odyssey[®], Panorama Passage[®], and Panorama Premier only allow joint ownership between spouses, except in certain states.

B. Annuitant Change Section 5

- Available for MassMutual Evolution, MassMutual Odyssey[®], MassMutual Odyssey PlusSM, MassMutual Odyssey SelectSM, MassMutual Stable VoyageSM, MassMutual Transitions[®], MassMutual Transitions SelectSM, Panorama Passage[®], and Panorama Premier contracts only.
- Any annuitant change is subject to the company's underwriting rules at the time.

C. Beneficiary Change *Section 7*

If there are any discrepancies between this form and the contract, the contract will prevail.

If there are multiple beneficiaries, only the age of the oldest can be used for purposes of determining payment amounts, unless separate accounts have been established in accordance with the Treasury Regulations section 1.401(a)(9) and other guidance published by the IRS.

Definitions

"Trust under Will" means the then acting Trustee of the Trust under the Insured's Will that is probated. If no Will of the insured is probated or if there is no trust in effect under the Will that is probated, proceeds will be paid to the Contingent Beneficiary, if living, otherwise to the owner or the estate of the owner.

"Issue per stirpes" means that if a beneficiary dies before the owner, 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.

For selected Entities (e.g. trusts, corporations), it includes the successors or assigns of the Designated Entity.

"UTMA/UGMA " means the Law of the named state which applies to a transfer of property to a minor whether it be entitled Uniform Transfers to Minors Act or Uniform Gifts to Minors Act. Custodial arrangements are not available in the state of Vermont and Puerto Rico.

Irrevocable Beneficiary – An irrevocable owner is one whose consent is required before a contract owner can change the beneficiary and/or exercise contract rights. For all annuity contracts, consent from the irrevocable beneficiary is required to make changes to the beneficiary arrangement. For some contracts (Foundation, Flex IV, Flex Extra, SPIA, and LifeTrust), the irrevocable beneficiary's consent is required before a contract owner can exercise contract rights

General Provisions

- The Company is only responsible to perform according to the terms of the contract, and is not responsible for carrying out the terms of any trust or any trust agreement outside of this policy.
- If 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.
- If a revocable trust is the owner, and the trust is not in effect at the death of the Insured, 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 there is no living or existing beneficiary, the proceeds will be paid to the owner or the owner's estate.
- If Distribution Amounts/Percentages are designated, and a beneficiary predeceases the Owner, no longer exists or is no longer entitled to payment, that amount/percentage will be distributed to the surviving beneficiaries in that class as per the ratio designated (excluding per stirpes designations).