

The "Company" shall be defined as the Company that issued the policy. This is either Massachusetts Mutual Life Insurance Company or Connecticut Mutual Life Insurance Company.

1 Policy Information

Policy number(s): _____

Insured(s) name(s): _____

Owner(s) name(s): _____

Owner's address: PO Box, Apt #, _____

Check here if this is a new address Street: _____

City, State ZIP: _____

Owner's daytime phone number: _____

Owner's e-mail address: _____

I authorize MassMutual to send confirmation of the requested change to the e-mail address noted above where e-mail notification is available.

Is this Policy subject to a divorce decree? Yes No (Default) **If Yes, former spouse must sign in section 8.**

2 Address and/or Name Change *This form does NOT change the owner or beneficiary designation.*

If permitted by the terms of the policy, the Company is requested to :

Send future premium notices to: _____ (Name) _____ (Tax ID Number)

(Address)

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?

Owner
 Insured
 Beneficiary
 Payer
 Payee

Reason for change:

Marriage / Divorce
 Court Order
 Correction
 Other _____

Current name

New name

3 Mode of Premium Payment Change

Change mode of premium payment to:

Annual Semi-annual Quarterly

Policy number(s) _____

Change Request

Name(s) of Insured(s) _____

4 Policy Provision Change

Change policy provision to:

- Add Revoke the Automatic Premium Loan provision (APL)
- Add Revoke the Automatic Application of Dividends provision

5 Non-forfeiture Option Change

Change the non-forfeiture option to:

- Provide for automatic paid-up insurance
- In the event of lapse As of the next premium due date (lapse to reduced paid up insurance)
- Provide for extended term insurance (not applicable if the policy is in a classified premium)
- In the event of lapse As of the next premium due date (lapse to extended term)

6 Dividend Changes

Effective on the next policy anniversary and in accordance with the terms of the policy, the Company is instructed to apply future dividends:

- To reduce premiums. (This option is not available if premiums are being paid monthly)
- To purchase paid-up additions
- To accumulate at interest
- Cancel One-Year Term Agreement – effective on the next policy anniversary

Use of dividends as loan repayments:

- Revoke the authorization for loan repayment by dividends
- Add the authorization for loan repayment by dividends. By adding this authorization it is understood that the Company will change the dividend option to accumulations and invoke the automatic premium loan provision and the automatic application of dividends provision. If the premium and/or loan interest are not paid within the grace period, any amount due will be added to the loan principal provided there is sufficient value in the policy.
- As of the next policy anniversary
- Withdraw accumulated dividends as of the next anniversary and apply toward the loan principal.
 Use future dividends to reduce the outstanding loan.
- Cancel the Modified Payment Option (MPO)

Warning: If your policy has been designated a Modified Endowment Contract (MEC), any dividend left to accumulate at interest and any automatic premium loan will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59½, any taxable dividend or premium loan may be subject to a 10% tax penalty. Consult your tax advisor.

Policy number(s) _____

Change Request

Name(s) of Insured(s) _____

7 Owner Tax ID Required *Enter your Taxpayer Identification Number (SSN or EIN as applicable)*

Check one: SSN EIN

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Taxpayer Certification. 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; (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 (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.***

8 Individual, Joint or Multiple Owners Signature Section *(All owners must sign)*

Printed Name of Owner	Signature of Owner	Date Signed
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Printed Name of Additional Owner or former spouse	Signature of Additional Owner or former spouse	Date Signed
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Printed Name of Additional Owner	Signature of Additional Owner	Date Signed
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Residency Address of Owner (Apt/House Number & Street Name,	City	State	Zip)
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9 Corporate, Partnership or Trust-Owned Signature Section

Printed Name of Corporation, Partnership or Trust	Date of Trust
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Printed Name of Corporate Officer/Trustee	Signature	Title	Date Signed
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Printed Name of Corporate Officer/Trustee	Signature	Title	Date Signed
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10 Collateral Assignee Signature Section

Printed Name of Collateral Assignee	Signature	Title	Date Signed
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Printed Name of Collateral Assignee	Signature	Title	Date Signed
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11 Customer Service Information

Once you have reviewed and completed this form, return pages 1- 3 for processing. To submit your request, mail or fax this form to:



MassMutual
Enterprise Document Management Hub
1295 State Street
Springfield, MA 01111-0001



Fax Number(s)
Attention Life Hub
1-866-329-4527

For additional information regarding your policy, use the following resources:



Internet Service Connection
www.massmutual.com



MassMutual Customer Service Center
1-800-272-2216
Monday through Friday, 8 a.m. – 8 p.m. Eastern Time

Use these guidelines to determine signature and title requirements for all products and forms. If you have additional questions regarding signature requirements, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am – 8pm Eastern Time).

Owner Type	Signature format and examples	Additional Information
Corporation	<p>[Full name of authorized officer], [title] <i>Example: John Doe, AVP</i></p> <p>Acceptable titles may include: Chief Executive Officer, Director, President, Vice President</p> <p><i>Members of the Board of Directors, including Chairman of the Board, are not acceptable unless they are also Officers of the corporation or the raised corporate seal is affixed.</i></p>	<ul style="list-style-type: none"> A completed MassMutual Corporate Resolution (FR2057) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another officer who is not related. If all officers are related, the signature of two officers is required. If the Insured/Annuitant is the only officer, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title.
<ul style="list-style-type: none"> Partnership Limited Liability Partnership (LLP) Limited Partnership (LP) 	<p>[Full name of authorized officer], [title] <i>Example: John Doe, Partner</i></p> <p>Acceptable titles may include: Partner, General Partner, Managing Partner</p> <p><i>General Partner is the only acceptable title for Limited Partnerships.</i></p> <p><i>Limited Partner is not an acceptable title for any type of partnership.</i></p>	<ul style="list-style-type: none"> A completed copy of the Entity Certification (F7833) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another partner who is not related. If all partners are related, the signature of two partners is required. If the Insured/Annuitant is the only partner, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title.
<ul style="list-style-type: none"> Limited Liability Company (LLC) Professional Limited Liability Company (PLLC) Public Limited Company (PLC) 	<p>[Full name of authorized officer], [title] <i>Example: John Doe, Director</i></p> <p>Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member</p> <p><i>(Member is not recognized in Colorado.)</i></p>	<ul style="list-style-type: none"> A completed copy of the Entity Certification (F7833) must be submitted or on file. If the officer is the Insured/Annuitant or a family member, we require the signature of another officer who is not related. If all officers are related, the signature of two officers is required. If the Insured/Annuitant is the only officer, we require either a letter on company stationery to that effect or the Insured/Annuitant's signature with the corporate seal affixed. When applicable, check sole officer box on form and include appropriate signature and title.

Owner Type	Signature format and examples	Additional Information
Trust	<p>Individual trustees [Full name of Trustee], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, Trustee under Doe Family Trust dated 01/01/2011</i></p> <p>Company trustees [Authorized officer], [title] of [company name], Trustee under [full name of trust agreement] dated [mm/dd/yyyy] <i>Example: John Doe, VP of XYZ Trust Company, Trustee under Doe Family Trust dated 01/01/2011</i></p>	<ul style="list-style-type: none"> • A completed Certification of Trust Agreement (F6734) must be submitted or on file. • All required Trustees must sign.
Sole Proprietorship	<p>[Full name of individual sole proprietor] <i>Example: John Doe</i></p>	<ul style="list-style-type: none"> • Neither a title nor business name is required.
Qualified PLan	<p>Individual trustees [Full name of Trustee], Trustee under [full name of Qualified Plan] <i>Example: John Doe, Trustee under XYZ Company Retirement Plan</i></p> <p>Company trustees [Authorized officer], [title] of [company name], Trustee under [full name of Qualified Plan] <i>Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan</i></p>	<ul style="list-style-type: none"> • All required Trustees must sign.
Power of Attorney (POA) / Attorney-in-Fact (AIF)	<p>[Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting] <i>Example: John Doe, AIF for Jane Doe</i></p>	<ul style="list-style-type: none"> • A copy of the legal document that established authority must be submitted or on file.
Estate/Executor	<p>[Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased <i>Example: John Doe, Executor for the Estate of Jane Doe, deceased</i></p>	<ul style="list-style-type: none"> • A copy of the death certificate and a copy of the currently certified court appointment of Executor/ Administrator must be submitted or on file.
Legal Guardian/Conservator	<p>[Full name of the legal guardian or conservator], [Guardian/Conservator] for the Estate of [full name of individual for whom they are acting] <i>Example: John Doe, Conservator for the Estate of Jane Doe</i></p>	<ul style="list-style-type: none"> • A copy of the court appointment that established authority must be submitted or on file.
Custodian under Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA)	<p>[Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA] <i>Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA</i></p>	<ul style="list-style-type: none"> • South Carolina and Vermont have UGMA instead of UTMA.
Collaterally assigned policy	<p>[Authorized officer], [title] of [assignee name], Assignee <i>Example: John Doe, Vice President of ABC Bank, Assignee</i></p>	<ul style="list-style-type: none"> • The owner and assignee must both sign. However, if the right being exercised is granted to the assignee, only the assignee's signature is required.