

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

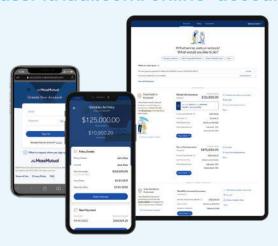


Easily change beneficiaries



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.

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## 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.

A Policy Information ::::::::::::::::::::::::::::::::::::	• •
1. Policy number(s):	
2. Insured full legal name (First, MI, Last, Suffix):	
B 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 to request to your mobile phone. These messages may be sent through an automated system. Standard message and data rates may ap 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.	
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 you email address. These emails may be sent through an automated system.	our
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 t quency, complete question 9.	re-
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 des nation. If the name change is a life event, your beneficiary may need to be changed.	ig-
1. Role (Select one):   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	
5. Full legal name (First, MI, Last, Suffix):	
Taxpayer Identification Number (SSN/ITIN/EIN):	
7. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Co.	untry, ZIP/Postal Code):
8. If permitted by the terms of the policy, send future premium notices to per	rson/address listed in questions 5-7 of this section: Yes
Change Premium Payment Frequency	
9. Change premium payment mode to (Select one):	
☐ Annual ☐ Semi-annual ☐ Quarterly (Not available for Disa	ability Income products)
Add or Revoke Automatic Premium Loan (APL) or Automatic Appli	ication of Dividends
10. Automatic Premium Loan provision (APL): Add Revoke	
11. Automatic Application of Dividends provision:   Add  Revoke	
<b>Warning:</b> If your policy has been designated a <b>Modified Endowment Co</b> income to the extent of the gain in the policy. If you are under age 59½, an your tax advisor.	ny taxable premium loan may be subject to a 10% tax penalty. Col
Agreements & Signatures : : : : : : : : : : : : : : : : : : :	
y signing below, the Owner acknowledges that s/he has read this form and ertifies that s/he is of legal age, and that the Policy is not pledged or subject olicy is assigned, the Assignee must sign this form.	
<b>axpayer Certification.</b> By my signature, I, the Owner, certify under pena 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 r	3) I am a U.S. person (including U.S. resident alien); and (4) the FA
ote: 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 to e captured on the Form W-8.	
he Internal Revenue Service (IRS) does not require your consent tequired to avoid backup withholding.	o any provision of this document other than the certificati
Signature of Owner:	
Printed name:	Date:
Title (If applicable):	Sole Offi
Printed name of Corporation/Partnership/Trust (If applicable):	
Signature of Joint Policy Owner (If applicable):	
	Date:
Printed name:	Date.

\*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):			
•			
Assignee (Required when the policy is assigned)	ined)		
Printed name:		Date:	
, ,, ,	p/Trust (If applicable):		
Signature of Additional Assignee (If application of Printed name:  Title (If applicable):  Printed name of Corporation/Partnership of the Sole Officer box is selected and the sign with the corporate seal affixed is required.  E Submission & Contact Info	ip/Trust (If applicable):  ner is the only officer, a signed letter on co  ormation : : : : : : : : : : : : : : : : : : :	Date:	
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			
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), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.