



# Make your life a little bit simpler

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**

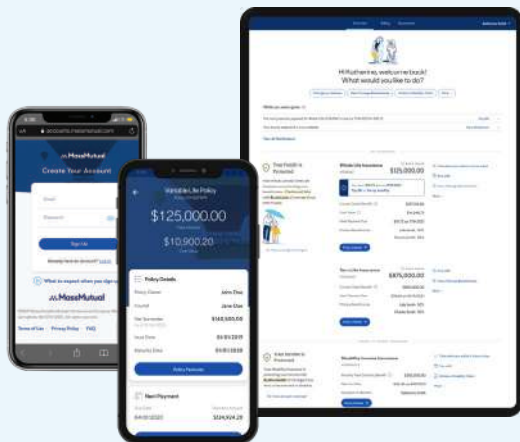


**Manage  
paperless  
preferences  
and more**

Ready to get started? Just go to  
[MassMutual.com/online-account](https://www.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.

**A** Policy Information :::

- B** Owner Information :::

- ☐ Trust → Print full name & date of Trust (mm/dd/yyyy): \_\_\_\_\_

[illegible]

## Change of Name

☐ Other (Specify): \_\_\_\_\_

**C** Change Request Information *continued* .....

8. If permitted by the terms of the policy, send future premium notices to person/address listed in questions 5-7 of this section: ☐ Yes ☐ No

**Warning:** If your policy has been designated a **Modified Endowment Contract (MEC)**, 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 premium loan may be subject to a 10% tax penalty. Consult your tax advisor.

**D Agreements & Signatures :::**

By signing below, the Owner acknowledges that s/he has read this form and understands the implications of their request. Each of the undersigned certifies that s/he is 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.

**Taxpayer Certification.** By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B 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.

Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_



Policy number(s): \_\_\_\_\_

**D** Agreements & Signatures *continued* .....

**Assignee** (Required when the policy is assigned)

Signature of Assignee: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Title (If applicable): \_\_\_\_\_ ☐ Sole Officer\*

Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

Signature of Additional Assignee (If applicable): \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Title (If applicable): \_\_\_\_\_

Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_

*\*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.*

**E** Submission & Contact Information ::::::::::::::::::::::::::::::::::

For more information or general questions, use the resources below or visit [www.massmutual.com](http://www.massmutual.com). Once you have reviewed and completed this form, return all pages for processing.

Life		
<b>Phone:</b> 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	<b>Mail:</b> MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	<b>Email:</b> LifeFax@MassMutual.com  <b>Fax:</b> Attention: Life Hub 1-866-329-4527 <i>Retain this original and the fax machine confirmation statement for your files.</i>
Disability Income		
<b>Phone:</b> 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	<b>Mail:</b> MassMutual Attention: DI Hub 1295 State Street Springfield, MA 01111-0001	<b>Email:</b> DIFax@Massmutual.com  <b>Fax:</b> Attention: DI Hub 1-413-226-4024 <i>Retain this original and the fax machine confirmation statement for your files.</i>