

Use this form to transfer policy ownership to an entity on an existing MassMutual policy. As a result of an ownership change, the new owner may have the right to update the beneficiary. If section D – New Beneficiary Information is not completed or the Revocable Assignment of Benefits (FR1114) is not submitted for Disability Income policies, the existing beneficiary/recipient of benefits will remain. See section E – Disclosures for definitions and exceptions. Any existing automatic programs on the Policy will remain unchanged unless otherwise requested. To name a funeral home as owner and/or beneficiary, contact Customer Service at 1-800-272-2216.

A Policy Information ::

- 1. Policy number(s): _____
2. Insured's full legal name: _____
First MI Last Suffix

Current Owner's Information

- 3. Full legal name: _____
First MI Last Suffix
4. Phone number: _____
[] Home [] Work [] Cell
[] Receive a text message regarding the status of this form. By checking this box, you agree to receive information regarding your form from MassMutual, which may be delivered to your mobile phone using 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 future notifications at any time.
5. Email address: _____
6. Is this Policy subject to a divorce obligation? [] Yes [] No (Default)

If Yes, former spouse must sign in section F. Note: MassMutual must comply with applicable state law when divorce proceedings have been filed. If the MassMutual Policy is subject to a divorce obligation (for example, a court order or a divorce agreement), this form must also be signed by the former spouse. In the event that the former spouse is not willing to sign this form, MassMutual requires the following from the divorce settlement agreement: the first page, any pages pertaining to the MassMutual Policy or life insurance, and the signature page with the signatures of all parties. If the submitted divorce obligation requires a specific beneficiary designation, MassMutual is required to comply with the agreement and not this submitted form, regardless of signatures.

B New Entity Owner Information ::

If an Accelerated Death Benefit for Long Term Care Services Rider (LTCR) is attached to the Policy, the Owner If Other Than Insured Disclosure (FR2054) must also be completed. Be sure all required supplemental forms are included to avoid any delays in processing the request.

- 1. Type (Select one):
[] Trust -> Date established (mm/dd/yyyy): _____
(Also complete Certification of Trust, F6734; in New York, use F6734NY)
[] Corporation
(Also complete Corporate Resolution Form, FR2057)
[] Partnership, Limited Liability Company (LLC), or Limited Partnership
(Also complete Certificate Form, F7833)
[] Qualified Plan -> Provide Qualified Billing Number: _____ Note: Plan is Beneficiary by default.
(Also complete Disclosure & Acknowledgment, F3678, and Group Billing/Discount Request, F6748; for retirement plans, also complete the applicable version of Life Insurance & Qualified Retirement Plans Disclosure & Acknowledgment FR2195 or FR2197)
[] Viatical or Life Settlement Company, its successors or assigns
(Also complete Corporate Resolution Form, FR2057)

Policy number(s): _____

B New Entity Owner Information *continued*

2. Full legal name of Entity/Trust/Qualified Plan: _____

3. Taxpayer Identification Number (SSN/ITIN/EIN): _____

4. Legal address – **do not use PO Box** (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

5. Mailing address – **only if different than question 4** (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

6. Contact name: _____
First MI Last Suffix

7. Phone number: _____ Home Work Cell

8. Email address: _____

9. Type of citizenship (Select one): U.S. Entity Foreign Entity (**Complete Form W-8**)

C Transfer of Value & Premium Payor Information ::::::::::::::::::::::::::::::::::::::

Neither the Company nor any of its agents, employees or representatives are authorized to give legal or tax advice.

1. **Transfer of Value Certification.** The Current and New Owners certify that (Select one; if consideration left blank, assumed at \$0):
 The transfer is a gift or otherwise meets one of the exceptions to the "Transfer of Value" rule
 The transfer is not a gift and does not meet a "Transfer of Value" exception → Consideration: \$ _____

2. **Premium Payor Information (Optional).** Complete questions 2a-2c below if the New Owner will not be the Premium Payor. The New Owner automatically becomes the Premium Payor unless otherwise indicated below.

a. Full legal name: _____
First MI Last Suffix

b. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

c. Relationship to Insured: _____

Policy number(s): _____

D New Beneficiary Information: ::

For entity beneficiaries, skip to question 3. For all beneficiaries within a class, the sum of the designated percentages must equal 100% or the sum of the designated dollar amounts must equal the total Face Amount of the Policy. If the distribution is blank, the death benefit will be divided equally between all beneficiaries within that class. To name additional beneficiaries, copy pages four or five as applicable. Be sure to submit all pages of this form to ensure accurate processing.

Individual Beneficiary Information

Complete this section to name an individual beneficiary. If both individual and entity beneficiaries are being named on this form, enter the entity information in question 3 on page 5.

1. Is any beneficiary being designated on this form considered a minor by the state in which they reside? Yes No (Default)

If No, skip to question 2. If Yes, continue to question 1a.

UTMA/UGMA. UTMA/UGMA refer to a state's law that governs the transfer of title to life insurance proceeds to a Custodian to manage for a minor until the minor reaches an age permitted by law. Under the UTMA/UGMA of the state designated in question 1d, the person designated in question 1a will be Custodian for the child(ren) named in this section. These custodial arrangements may only be used in U.S. states where permitted by applicable law. This does not extend to issue per stirpes, if selected.

a. Custodian's full legal name: _____
First MI Last Suffix

b. Custodian's date of birth (mm/dd/yyyy): _____

c. Custodian's mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

d. Minor's resident state: _____

2. **Beneficiary arrangement** (Complete one row per individual beneficiary. If percentages are designated, the total under each class must equal 100%. If dollar amounts are designated, the total under each class should equal the Face Amount of the Policy.):

| | |
|--|---|
| <p>Class (Select one):</p> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary | <p>Distribution (Select one):</p> <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____ Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) |
| <p>Full legal name: _____ First MI Last Suffix</p> | |
| <p>Date of birth (mm/dd/yyyy): _____</p> | |
| <p>Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN</p> | |
| <p>Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____</p> | |
| <p>Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p> | |
| <p>Email address: _____</p> | |
| <p>Relationship to Insured: _____</p> | |

Continues on next page...

Policy number(s): _____

D New Beneficiary Information *continued*

Individual Beneficiary Information *continued*

| | | |
|--|--|---|
| 2 | Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary | Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____ Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) |
| | Full legal name: _____ First MI Last Suffix | |
| Date of birth (mm/dd/yyyy): _____ | | |
| Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN | | |
| Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____ | | |
| Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Email address: _____ | | |
| Relationship to Insured: _____ | | |

| | | |
|--|--|---|
| 3 | Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary | Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____ Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) |
| | Full legal name: _____ First MI Last Suffix | |
| Date of birth (mm/dd/yyyy): _____ | | |
| Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN | | |
| Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____ | | |
| Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Email address: _____ | | |
| Relationship to Insured: _____ | | |

Policy number(s): _____

D New Beneficiary Information *continued*

Entity Beneficiary Information

Complete the table below to name an entity as beneficiary. If both individual and entity beneficiaries are being named on this form, enter the individual information in question 2 on the previous page. Note: If either the estate of the Insured or a corporation is being named as the sole primary beneficiary, the Owner cannot name a secondary beneficiary.

3. Beneficiary arrangement (Complete one row per entity beneficiary. If percentages are designated, the total under each class must equal 100%. If dollar amounts are designated, the total under each class should equal the Face Amount of the Policy.):

| | | |
|--|--|---|
| 1 | Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary | Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____ |
| | Type (Select one): <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Trust under Insured's Will (Skip to next beneficiary) <input type="checkbox"/> Estate of Insured (Skip to next beneficiary) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____ | |
| Full legal name: _____ | | |
| Date Trust was established (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy): _____ | | |
| Taxpayer Identification Number: _____ <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN | | |
| Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____ | | |
| Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Email address: _____ | | |

| | | |
|--|--|---|
| 2 | Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary | Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____ |
| | Type (Select one): <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Trust under Insured's Will (Skip to next beneficiary) <input type="checkbox"/> Estate of Insured (Skip to next beneficiary) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____ | |
| Full legal name: _____ | | |
| Date Trust was established (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy): _____ | | |
| Taxpayer Identification Number: _____ <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN | | |
| Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____ | | |
| Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell | | |
| Email address: _____ | | |

Policy number(s): _____

E Disclosures ::

If the Insured's name has changed, additional documentation is required.

General Provisions:

- MassMutual is only responsible to perform according to the terms of the Policy, and is not responsible for carrying out the terms of any trust or any trust agreement outside of this Policy.
- If a minor is named as a beneficiary and 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.
- When the Owner of the contract is not the Insured and the Owner is not the Beneficiary, there may be unintended income and gift tax consequences. The Owner should seek advice from personal legal or tax advisors.

Policy Ownership Requirements. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information about our customers. This form asks for information and/or documents for ownership changes to help identify the new Owner. If the required information or documentation is not provided or this form is not completed entirely, this change may not be processed as requested.

Rights of the Owner on Transfer of Ownership. Every right, privilege, option and benefit granted by the Policy(ies) or allowed by the Company and the right to change the succession of ownership of the Policy(ies) are transferred to the new Owner by this amendment. Any encumbrance or demand (i.e. assignments, loans, Modified Endowment Contract status) also succeed to the new Owner by this amendment.

Impact on Policy if an Accelerated Death Benefit for Long Term Care Services Rider (LTCR) is attached to the Policy. (1) There can be only one Owner of the Policy; and (2) the Owner If Other Than Insured Disclosure form (FR2054) must also be completed if the new Owner is not the Insured.

Annuity Purchase Agreement Rider. If attached to the Policy, it will be cancelled as the result of any ownership change.

Qualified Plans as Owners:

- If the Policy is owned by a Qualified Plan, the Plan will be designated as the sole Owner and Beneficiary of the Policy and be subject to all terms and conditions set forth in the Policy.
- The Company shall not be responsible for administration of the Plan with respect to its ownership of the Policy, including, by way of example, tax withholding and reporting on any Plan distributions. The Company's responsibility will be limited solely to the administration of the terms of the Policy.
- Any distributions from the Policy will be made payable to the Plan as the Owner.

The Company recommends consulting with appropriate legal and tax advisors to understand all implications of an ownership transfer to a Qualified Plan.

For Qualified Plan to Insured transfers. If personal beneficiaries were named previously, then they will remain the Beneficiaries as of the date of this amendment. If the trustee(s) of the Qualified Plan were named previously, then the Estate of the Insured will be the Beneficiary as of the date of this amendment, unless otherwise designated in section D.

Impact on the Beneficiary. Unless a new Beneficiary is designated in section D or the Revocable Assignment of Benefits (FR1114) for Disability Income, the prior designation will remain in force.

Beneficiary. Unless otherwise requested, proceeds shall be paid equally and in one sum as follows:

- If there is no living or existing Beneficiary, the proceeds will be paid to the Owner or the Owner's estate.
- If there is no living or existing Beneficiary, and the Owner is an entity, the proceeds will be paid to the entity.
- For survivorship policies, if both Insureds are Owners and there is no living or existing beneficiary, the proceeds will be paid to the estate of the last to die of the Insureds.
- If distribution amounts/percentages are designated, and a Beneficiary predeceases the Insured, 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.
- If dollar amounts are designated, and the proceeds at the death of the Insured are greater or less than the total amount designated, then the proceeds payable to each Beneficiary will be adjusted so that the relative ratio between and among the Beneficiaries remains the same.
- If a revocable trust is the Owner, and the trust is not in effect at the death of the Insured, and there is no living or existing Beneficiary, 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 a Trust under the Insured's Will is designated, then proceeds will be paid only if the Will is probated and if there is a trust in effect.
- If a corporation or a corporate entity is designated, such designation shall include the successors or assigns.

If "Issue per stirpes" is elected and a beneficiary dies before the Insured, 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.

If "Issue per stirpes" is not elected and a beneficiary dies before the Insured, any amount that would have been paid to that beneficiary, will be paid in equal shares to the surviving primary beneficiaries, if any.

Tax Disclosures. The current and the new Owners, if any, acknowledge and agree that:

- **(a) Neither the Company nor any of its agents, employees or representatives are authorized to give legal or tax advice,** and (b) the undersigned have not relied on any representations or advice from the Company, its agents, employees, or representatives with respect to this transfer.
- A transfer of the Policy's ownership may have federal or state income tax consequences. The current and new Owners have had the opportunity to seek advice from personal legal and tax advisors regarding this transfer.
- Under the "Transfer for Value" rule of the Internal Revenue Code Section 101(a)(2), life insurance death proceeds are taxable in the hands of a transferee who has received the life insurance Policy in exchange for any valuable consideration, monetary or otherwise. The "Transfer for Value" rule does not apply to (a) a transfer to the Insured(s), (b) a transfer to a corporation if the Insured(s) is an officer or shareholder of the corporation, (c) a transfer to a partner of the Insured(s) or a partnership in which the Insured(s) is a partner or (d) a transfer where the transferee determines basis (investment) in whole or in part with reference to the basis of the transferor (typically a gift). If the transfer does not qualify as one of the exceptions listed, any taxable death proceeds will be subject to tax reporting and withholding by the Company.

Policy number(s): _____

F Agreements & Signatures ::

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 does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

| |
|---|
| <p>Current Owner</p> <p>I, the undersigned, have read all statements and answers and agree that the information provided is true, complete, and correctly recorded to the best of my knowledge and belief. I hereby consent to the transfer of ownership and/or beneficiary arrangement as indicated on this form.</p> <p> Signature of Current Owner: _____ Printed name: _____ Date: _____ Title (If applicable): _____ <input type="checkbox"/> Sole Officer Printed name of Corporation/Partnership/Trust (If applicable): _____</p> <p> Signature of Current Additional Owner or former spouse (If applicable): _____ Printed name: _____ Date: _____ Title (If applicable): _____ Printed name of Corporation/Partnership/Trust (If applicable): _____</p> |
| <p>New Owner</p> <p>I, the undersigned, have read all statements and answers and agree that the information provided is true, complete, and correctly recorded to the best of my knowledge and belief. I hereby consent to the transfer of ownership and/or beneficiary arrangement as indicated on this form.</p> <p> Signature of New Owner: _____ Printed name: _____ Date: _____ Title (If applicable): _____ <input type="checkbox"/> Sole Officer Printed name of Corporation/Partnership/Trust (If applicable): _____</p> <p> Signature of New Additional Owner (If applicable): _____ Printed name: _____ Date: _____ Title (If applicable): _____ Printed name of Corporation/Partnership/Trust (If applicable): _____</p> |
| <p>Witness (A witness must sign for beneficiary changes when the Owner resides in Massachusetts; all signature dates <u>must</u> match)</p> <p>I, the undersigned, am a disinterested party (i.e. anyone other than the Owner, Insured or Beneficiary) age 18 or older and have witnessed the above signature(s).</p> <p> Signature of Witness: _____ Printed name: _____ Date: _____</p> |



Policy number(s): _____

G Submission Instructions ::

For more information or general questions, use the resources below. For additional information regarding the policy, visit www.massmutual.com. Once you have reviewed and completed the form, return pages 1-7 for processing. We will only accept responsibility for forms that are submitted as indicated below.

| Life | | |
|---|---|--|
| <p>Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time</p> | <p>Mail: MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001</p> | <p>Email: lifefax@massmutual.com</p> <p>Fax: Attention: Life Hub 1-866-329-4527 <i>Retain this original and the fax machine confirmation statement for your files.</i></p> |
| Disability Income | | |
| <p>Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time</p> | <p>Mail: MassMutual 1295 State Street, W066 Springfield, MA 01111-0001</p> | <p>Email: DIFAX@massmutual.com</p> |
| Executive Group Life (EGL) Worksite Insurance | | |
| <p>Phone: 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time</p> | <p>Mail: MassMutual PO Box 2488 Springfield, MA 01101-2488</p> | <p>Email: LCMclientservices@massmutual.com</p> <p>Fax: 1-860-562-6154 <i>Retain this original and the fax machine confirmation statement for your files.</i></p> |
| Institutional Insurance | | |
| <p>Phone: 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time</p> | <p>Mail: MassMutual PO Box 2488 Springfield, MA 01101-2488</p> | <p>Email: LCMclientservices@massmutual.com</p> <p>Fax: 1-860-562-6154 <i>Retain this original and the fax machine confirmation statement for your files.</i></p> |

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.