

Use this form for all life insurance cash surrenders, excluding Qualified Plan and Keogh (H.R. 10) Plan owned policies. Do not complete this request to surrender the policy without understanding the implications. Once the surrender is processed, the policy and insurance coverage will be terminated. The policy cannot be reinstated once it has been surrendered, unless required by law. For additional information, contact your personal financial representative, tax advisor or the applicable MassMutual Customer Service Center as noted in section I.

A Policy Information

- 1. Policy number(s) (If group policy, indicate group number & name):
2. Insured(s) full legal name (First, MI, Last, Suffix):

B Owner Information

- 1. Full legal name:
2. Taxpayer Identification Number (SSN/ITIN/EIN):
3. Phone number: Extension: Home Work Mobile
4. Email address:
5. Is this Policy subject to a divorce decree? Yes No (Default) If Yes, former spouse must sign in section G.
6. Is this Policy collaterally assigned? Yes No

If Yes, complete assignee information below. If No, skip to section C - Mailing 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):

C Mailing Information

If these questions are left blank, the check will be mailed to the address of record via U.S. Postal Service First Class Mail. A separate form must be completed for address changes. Distributions may not be sent to an agent/broker address. For Trust-owned policies, proceeds will only be payable to the Trust.

- 1. Payee (Select one): Owner (Default) Assignee
2. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):
3. Delivery method (Select one):
U.S. Postal Service (Default - no charge; allow 10 business days for normal delivery)
UPS Priority (The carrier charges a fee and cannot ship to a PO Box. If information below is not completed, the check will be mailed through the regular U.S. Postal Service. If you would like to pay your overnight billing charges by credit card, contact the applicable MassMutual Service Center as noted in section I. Do not include credit card information on this form.)
a. UPS account number:
b. Associated ZIP/Postal Code:

D Policy Surrender Information

A request to surrender a policy must be made in accordance with the policy terms and provisions, and your policy must be paid current in order to surrender if your policy is not paid up or lapsed to extended term. If corporate-owned, the Corporate Resolution Form (FR2057) is required. For the Accelerated Death Benefit for Long Term Care Services Rider (LTCR)* or Qualified Long Term Care Insurance Rider (QLTCIR), surrender of the policy may result in loss of benefits for all future long term care services received. You should review the terms and conditions of your rider to understand the impact that a policy surrender will have on the availability of benefits for long term care services. *In the state of Florida, the rider is known as the Long Term Care Insurance Accelerated Death Benefit Rider.

1. Did the Agent/Broker recommend this surrender? Yes No

For Florida contracts only: If you do not answer question 1 above, we will treat it as if you answered Yes to the question. If your response is Yes and the proceeds from the surrender are not used to purchase another life policy or annuity contract, Florida requires that we provide you additional information in a letter regarding the policy/contract that you are surrendering. Once you receive this information, you may instruct us not to process your surrender request. If we do not hear from you, your surrender will be processed 5 business days after the date of our letter to you.

2. Pay the proceeds (*Select one*):

As a cash payment

To a new MassMutual policy (*For an internal 1035 exchange, indicate policy number*): _____

Toward an existing MassMutual policy:

Policy number: _____

Apply to premium: \$ _____

Apply to loan interest: \$ _____

Apply to loan principal: \$ _____

To a new replacing company (non-MassMutual) under an External 1035 exchange:

a. New non-MassMutual policy (*If group policy, indicate group number & name*): _____

b. Will there be carryover of an existing policy loan, if product allows? Yes No

If Yes, provide loan amount (including accrued interest) to be assumed under the new policy issued through the exchange.

Loan amount: \$ _____

c. Payee full legal name: _____

d. 1035 mailing address (*PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code*): _____

Complete question 3 for Single Premium Whole Life with QLTCIR. Otherwise, skip to section E – Withholding Election.

3. Select one: Partial return of rider premium Reduced paid-up LTC coverage

E Withholding Election

Not required for Section 1035 Exchanges to another MassMutual policy. Payments you receive from Massachusetts Mutual Life Insurance Company (“MassMutual”) are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is already included in your income subject to federal income tax. There will be no withholding on the return of your own after-tax contributions to the policy. If we do not know what portion of a distribution is taxable, we will withhold on the net amount after charges. Once a payment has been made, the withholding election applicable to that payment cannot be changed. If you elect not to have withholding apply to your other payments, or if you do not have enough federal income tax withheld from these payments, you may be responsible for payment of estimated tax and/or be subject to estimated tax penalties.

State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the laws of the state in which you live, state income tax withholding will also apply. For more information on the withholding requirements in your state, see State Income Tax Withholding Disclosure. You should consult with a professional tax advisor before you begin receiving payments or before changing your election.

Check the appropriate box below to make your withholding election for payments other than eligible rollover distributions. If no withholding election is affirmatively made, a 10% federal tax will be withheld.

Do not withhold Withhold 10% Withhold more than 10% (*Specify*): _____ %

Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.

F Disclosures ::

Important Information Regarding Surrenders. In consideration for payment of the surrender value, the undersigned releases all right, title and interest in the policy and agrees to hold the Company harmless from any and all claims, actions, causes of action, suits, and liabilities in connection with the policy. This includes any agreements, provisions, or riders relating to the policy. The undersigned represents that he or she has the authority to surrender the policy and, to the best of the knowledge of the undersigned, the policy has not been given to and is not in the possession of any other person. The undersigned is returning the policy or represents that the policy is not able to be located. This agreement shall be binding on the estate, successors, and assigns of the undersigned. Unless a later date is requested, the surrender will be effective on the date the surrender form is received at our Home Office in good order. For the purpose of this form "policy" also means "contract." Each of the undersigned certifies that he or she is of legal age and that the policy is not assigned, pledged, or subject to any bankruptcy proceeding, attachment, lien, or other claim. If this policy is assigned as collateral, the collateral assignee must also sign this form. The full surrender of your policy results in the distribution of all of your surrender value, including both guaranteed and non-guaranteed elements, and the termination of all rights and benefits, including all of the life insurance coverage previously provided under the terms of the policy.

Tax Warning. Upon surrender, you must include in gross income any gain that has accumulated in your policy. If your policy carries a loan, the amount you must include in gross income could be much higher than the net payment you actually receive. This Company must report the taxable income to the Internal Revenue Service (IRS). Once you surrender your policy, you cannot reduce the reportable income even if you return the unendorsed surrender check to us. Before surrendering your policy, you should consider requesting a calculation of the income that will be reported to the IRS.

If you would like to obtain this information prior to surrender, do **not** submit this surrender request until you have received written confirmation of the amount includable in your income. Once we receive a surrender request, we must process it under our standard procedures and your policy could be surrendered before you know the income amount. To obtain this information, contact the MassMutual Life Service Center at 1-800-272-2216. **Note:** The above provision may not apply if you are surrendering your policy in connection with a 1035 exchange and any existing loan is carried over in full to your new policy. **Warning:** If your policy has been designated a Modified Endowment Contract (MEC), and you are under the age of 59½, any taxable gain may be subject to a 10% tax penalty. This information is not written or intended as specific tax or legal advice and cannot be relied on for purposes of avoiding any federal tax penalties. You are encouraged to seek advice from a qualified tax or legal advisor.

Section 1035 Exchange. If this surrender is part of a Section 1035 exchange for a policy to be issued by another insurance company, this surrender form must be signed by an officer of the other insurer. If the person executing the surrender request is not an officer, we require evidence of authority to sign. We must also be provided with the policy owner's absolute assignment of this policy to the other insurer for purposes of the Section 1035 exchange. The Company has no liability or responsibility for the tax treatment of any surrender proceeds paid to another insurance company, whether as part of an exchange of contracts or for any other purpose. Not all exchanges qualify for tax-deferral under Section 1035 of the Internal Revenue Code. You should consult your own tax advisor. Unless a later date is requested, the surrender will be effective on the date the surrender form is received at our Home Office in good order. **Note:** If the policy has the LTCR or QLTCIR, you should review the terms of your rider to understand the impact that a policy surrender will have on the availability of benefits for long term care services.

I Submission Instructions ::

For more information or general questions, use the resources below or visit www.massmutual.com. Once you have reviewed and completed this form, return pages 1-4 for processing. We will only accept responsibility for forms that are returned to an address indicated below.

For Life policies		
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	Fax: Attention: Life Hub 1-866-329-4527 <i>Retain this original and the fax machine confirmation statement for your files.</i>
For Worksite Insurance – Retirement Services policies		
Phone: 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	Mail: MassMutual Attention: LCM Hub 1295 State Street PO Box 2488 Springfield, MA 01101-2488	Email: lcmclientservices@massmutual.com Fax: 1-860-562-6154 <i>Retain this original and the fax machine confirmation statement for your files.</i>

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]</p> <p><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]</p> <p><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]</p> <p><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><u>Individual trustees</u> [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><u>Company trustees</u> [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><u>Individual trustees</u> [Full name of Trustee], Trustee under [full name of Qualified Plan] <i>Example: John Doe, Trustee under XYZ Company Retirement Plan</i></p> <p><u>Company trustees</u> [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.

State income tax withholding requirements on taxable distributions vary by state. State income tax, if required by your state of residence, will be withheld by MassMutual as detailed below. If you have questions regarding the withholding rules that we will apply in your state, or if you want to make a state income tax withholding request, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am-8pm Eastern Time).

State Withholding Requirements :::

If you are a resident of...	State income tax will....
Alabama, Colorado, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York*, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia or Wisconsin	Not be withheld unless you request state income tax withholding.
Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming	Not be withheld.
Arizona, Illinois	Will be withheld from periodic payments (i.e. annuitized payments) only if you request state income tax withholding. State income tax will not be withheld from any other distribution.
Arkansas, California, Maine, North Carolina, or Oregon	Be withheld if federal income tax is withheld, unless you opt out of state income tax withholding. However, even if federal income tax is not withheld, you may request that state income tax be withheld. In Arkansas and North Carolina, you may not opt-out of eligible rollover distributions.
Connecticut	Be withheld, unless you claim exemption on form CT-W4P.
Delaware, Iowa, Kansas, Massachusetts, Nebraska, Oklahoma, or Vermont	Be withheld if federal income tax is withheld. However, even if federal income tax is not withheld, you may request that state income tax be withheld.
District of Columbia	Be withheld only on a full surrender of a qualified contract. State income taxes will not be withheld from any other distribution, unless you request state income tax withholding.
Georgia	Be withheld from periodic payments (i.e. annuitized payments), unless you opt-out of withholding. State income taxes will not be withheld from any other distributions, unless you request state income tax withholding.
Maryland	Be withheld from eligible rollover distributions, if federal income tax is withheld. You may request withholding on distributions from qualified contracts and non-qualified Annuities.
Michigan	Be withheld, unless you opt out of withholding by submitting form MI W-4P.
Virginia	Be withheld if federal income tax is withheld, unless your contract is an IRA or SEP-IRA. If your contract is held as an IRA or SEP-IRA, state income taxes will not be withheld unless you request state income tax withholding. State taxes will not be withheld on a lump sum distribution of a death benefit payable under an annuity contract, unless requested

*** Residents of New York may elect withholding on distributions from Annuities only.**

State Withholding Requirements *continued*

If Withholding Applies

State	For non-periodic (i.e non-annuitized) payments	For periodic (i.e. annuitized) payments
Alabama, Colorado, Hawaii, Idaho, Kentucky, Louisiana, Mississippi, North Dakota, Ohio, Pennsylvania, Rhode Island, Utah, West Virginia	Will be the amount requested	
Arizona	N/A	You may choose from the following rates: 0.8%, 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, and 5.1%. You may also request additional withholding.
Arkansas	Must be at least 3% of the taxable amount Will be 5% on eligible rollover distributions	Will be calculated as if the payment were wages Will be 5% on eligible rollover distributions
California	Must be at least 10% of the federal withholding amount	
Connecticut	Must be at least 6.99% of the taxable amount, unless you claim exemption	Will be calculated as if the payment were wages, unless you claim exemption
Delaware, Iowa	Must be at least 5% of the taxable amount	
District of Columbia	<ul style="list-style-type: none"> Will be 8.95% on full surrenders of a qualified contract Will be the amount requested for all other distributions 	Will be the amount requested
Georgia	Must be at least as much as would be withheld if the payment were wages	Will be calculated as if the payment were wages
Illinois	N/A	Will be the amount requested
Indiana, Missouri, Montana, New Jersey, New Mexico	Must be at least \$10	
Kansas, Maine, Nebraska, Oklahoma	Must be at least 5% of the taxable amount	Will be calculated as if the payment were wages. In Nebraska, except for eligible rollover distributions, must be at least 5% of the taxable amount.
Maryland	<ul style="list-style-type: none"> Will be 7.75% of the taxable amount for eligible rollover distributions from qualified contracts. <ul style="list-style-type: none"> Must be at least \$5 for all other payments. 	
Massachusetts	Must be at least 5.1% of the taxable amount	
Michigan	Must be at least 4.25% of the taxable amount	
Minnesota, South Carolina	Will be calculated as if the payment were wages	
New York, Wisconsin	Must be at least \$5	
North Carolina, Virginia	Must be at least 4% of the taxable amount	Will be calculated as of the payment were wages
Oregon	Must be at least 8% of the taxable amount	Will be calculated as if the payment were wages
Utah	Will be the amount requested	Will be calculated as if the payment were wages
Vermont	Must be at least 24% of the federal withholding amount	Will be calculated as if the payment were wages