



Massachusetts Mutual Life Insurance Company
1295 State Street, Springfield, MA 01111-0001

Owner/Beneficiary Change Request

Use for Post Issue only (*Complete A, F-H for all cases*):

- Entity Owner (*Also complete sections B & D*)
- Individual Owner (*Also complete sections C & D*)
- Beneficiary (*Also complete section E*)

Use this form to change the Owner and/or Beneficiary 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 E – New Beneficiary Information is not updated, the existing Beneficiary information will remain. See section F – Disclosures for exceptions. Any existing automatic programs on the Policy will remain unchanged unless otherwise requested.

A Policy Information ::

- Policy number(s): _____
- Insured's full legal name (*First, MI, Last, Suffix*): _____

Current Owner

- Full legal name (*First, MI, Last, Suffix*): _____
- Phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile
 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.
- Email address: _____ Have confirmation sent by email
- Is this Policy subject to a divorce decree? Yes No (*Default*) **If Yes, former spouse must sign in section G.**

B New Entity Owner Information ::

Complete this section for the New Entity Owner, then skip to section D. 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.

- Type (*Select one*):
 - Trust (*Complete Certification of Trust, [F6734](#); in New York, use [F6734NY](#)*)
 - Corporation (*Complete Corporate Resolution Form, [FR2057](#)*)
 - Partnership, Limited Liability Company (LLC), or Limited Partnership (*Complete Certificate Form, [F7833](#)*)
 - Qualified Plan → Provide Qualified Billing Number: _____
(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 (*Complete Corporate Resolution Form, [FR2057](#)*)
- Full legal name of Entity/Trust/Qualified Plan: _____
- Taxpayer Identification Number (SSN/ITIN/EIN): _____
- Legal address – **do not use PO Box** (*Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code*):

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

- Contact name: _____
- Phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile
- Email address: _____ Have confirmation sent by email
- Type of citizenship (*Select one*): U.S. Entity Foreign Entity (**Complete Form [W-8](#)**)

Policy number(s): _____

E New Beneficiary Information *continued*

3	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary Type (Select one): <input type="checkbox"/> Named Individual <input type="checkbox"/> Trust <input type="checkbox"/> Trust under Insured's Will <input type="checkbox"/> Estate of Insured <input type="checkbox"/> Other Entity Issue per stirpes: <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) Full legal name: _____ Mailing address: _____ Preferred phone number: (_____) _____ - _____ Ext: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Unknown Date of birth (mm/dd/yyyy): _____ TIN (SSN/ITIN/EIN): _____ <input type="checkbox"/> Unknown Relationship to Insured: _____ Distribution (If not equal shares; \$ or %): _____
4	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary Type (Select one): <input type="checkbox"/> Named Individual <input type="checkbox"/> Trust <input type="checkbox"/> Trust under Insured's Will <input type="checkbox"/> Estate of Insured <input type="checkbox"/> Other Entity Issue per stirpes: <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) Full legal name: _____ Mailing address: _____ Preferred phone number: (_____) _____ - _____ Ext: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Unknown Date of birth (mm/dd/yyyy): _____ TIN (SSN/ITIN/EIN): _____ <input type="checkbox"/> Unknown Relationship to Insured: _____ Distribution (If not equal shares; \$ or %): _____
5	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary Type (Select one): <input type="checkbox"/> Named Individual <input type="checkbox"/> Trust <input type="checkbox"/> Trust under Insured's Will <input type="checkbox"/> Estate of Insured <input type="checkbox"/> Other Entity Issue per stirpes: <input type="checkbox"/> Yes <input type="checkbox"/> No (Default) Full legal name: _____ Mailing address: _____ Preferred phone number: (_____) _____ - _____ Ext: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Unknown Date of birth (mm/dd/yyyy): _____ TIN (SSN/ITIN/EIN): _____ <input type="checkbox"/> Unknown Relationship to Insured: _____ Distribution (If not equal shares; \$ or %): _____

3. 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 3d, the person designated in question 3a will be Custodian for the child(ren) named in this section. These custodial arrangements may only be used in states where permitted by applicable law. This is not applicable to the Issue per stirpes, if selected.

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

b. Date of birth (mm/dd/yyyy): _____

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

d. Custodial state: _____

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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.