

Massachusetts Mutual Life Insurance Company

## Owner/Beneficiary Change Request

Use for Post Issue only (Complete A, F-H for all cases): Entity Owner (Also complete sections B & D) 1295 State Street, Springfield, MA 01111-0001 ☐ 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. 1. Policy number(s): 2. Insured's full legal name (First, MI, Last, Suffix): **Current Owner 3.** Full legal name (First, MI, Last, Suffix): Extension: **4.** Phone number: (\_ 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: ☐ Have confirmation sent by email 6. Is this Policy subject to a divorce decree?  $\square$  Yes  $\square$  No (Default) If Yes, former spouse must sign in section G. 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. 1. Type (Select one): ☐ **Trust** (Complete Certification of Trust, <u>F6734</u>; in New York, use <u>F6734NY</u>) Corporation (Complete Corporate Resolution Form, <u>FR2057</u>) Partnership, Limited Liability Company (LLC), or Limited Partnership (Complete Certificate Form, F7833) **Qualified Plan** → Provide Qualified Billing Number: (Complete Disclosure & Acknowledgment, <u>F3678</u>, and Group Billing/Discount Request, <u>F6748</u>; 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) 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): Contact name: Home Work Mobile **7.** Phone number: Have confirmation sent by email 8. Email address: 9. Type of citizenship (Select one): U.S. Entity Foreign Entity (Complete Form W-8)

olio	y number(s):					
C	New Individual Owner Information ::::::::::::::::::::::::::::::::::::					
"F	right of Survivorship" means if an Owner dies, the deceased Owner's portion will pass to the survivor(s) equally otherwise to the tate of whichever said Owners is the last to die. "Tenants-in-Common" means if an Owner dies, the deceased Owner's portion will ss to the estate of that deceased Owner. Note: If the Insured's name has changed, additional documentation is required.					
1.	Type (Select one):					
	Insured(s) (Complete questions 2-9 for one Insured; for two Insureds, also complete questions 10-17)					
	<ul> <li>One individual Owner during his/her lifetime and thereafter the Insured (Complete questions 2-9 for the individual Owner, then skip to section D)</li> <li>One individual Owner during his/her lifetime and thereafter the individual Owner's estate (Complete questions 2-9 for the individual Owner, then skip to section D)</li> <li>One individual Owner during his/her lifetime and thereafter a contingent Owner and thereafter the Insured (Complete questions 2-9 for the individual Owner, and questions 10-17 for the contingent Owner)</li> <li>Joint with Right of Survivorship → Is Insured an Owner? ☐ Yes ☐ No (Complete questions 2-9 for the first joint Owner, and questions 10-17 for the second joint Owner)</li> </ul>					
	Joint with <u>Tenants-in-Common</u> → Is Insured an Owner? ☐ Yes ☐ No (Complete questions 2-9 for the first joint Owner, and questions 10-17 for the second joint Owner)					
2.	Full legal name (First, MI, Last, Suffix):					
3.	Date of birth (mm/dd/yyyy):					
4. Taxpayer Identification Number (SSN/ITIN):						
5.	esidential address – do not use PO Box (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):					
7. 8.	Mailing address – only if different than question 5 (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):  Phone number: () Extension:					
(	Complete for a Contingent/Joint Individual Owner					
10. 11. 12.	Full legal name (First, MI, Last, Suffix):  Date of birth (mm/dd/yyyy):  Taxpayer Identification Number (SSN/ITIN):  Residential address – do not use PO Box (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):					
14.	Mailing address – only if different than question 13 (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):					
	Phone number: () Extension: Home					
17.	Relationship to Insured:					

Poli	cy nur	ımber(s):				
D	Add	ditional Owner Information :::::::				
		Transfer of Value Certification. The Current and New Owners certify that (Select one; if consideration left blank, assumed at \$0):				
	□т	The transfer is a gift or otherwise meets one of the excepti	ions to the "Transfer of Value" rule			
	□т	The transfer is <u>not</u> a gift and does <u>not</u> meet a "Transfer of Value" exception → Consideration: \$				
2.	<b>Premium Payor Information (Optional).</b> Complete questions 2a-2b below if the New Owner will <u>not</u> 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>b.</b> Ma	Mailing address (PO Box or Street, Apt. or Suite #, City & S	tate or Country, ZIP/Postal Code):			
To	namo		se with Qualified Plans or Disability Income policies (payments are not			
		to beneficiaries). For DI policies with a Recipient of Be as of children (Select, if applicable):	nefits, changing ownership does not change this designation.			
	Any	y lawful children of the Insured				
	Class (Select one):   Primary   Secondary   Tertiary					
	Issue per stirpes:   Yes No (Default)					
	Any children born of the marriage of and/or legally adopted by the Insured and (Name provided below)					
	Class (Select one):  Primary Secondary Tertiary					
	Issu	Issue per stirpes:   Yes No (Default)				
	Oth	her parent's full legal name:				
2.	Bene	eficiary arrangement (Complete the table below; issue p	er stirpes is available for Named Individuals only):			
		Class (Select one): Primary Secondary	Tertiary			
			☐ Trust under Insured's Will ☐ Estate of Insured ☐ Other Entity			
		Issue per stirpes: Yes No (Default)				
	_	Mailing address:				
		Preferred phone number: ()	Ext: Home Work Mobile Unknown			
		· · · · · · · · · · · · · · · · · · ·	TIN (SSN/ITIN/EIN): Unknown			
			Distribution (If not equal shares; \$ or %):			
	Class (Select one):  Primary  Secondary  Tertiary					
			☐ Trust under Insured's Will ☐ Estate of Insured ☐ Other Entity			
		Issue per stirpes: Yes No (Default)	,			
		Full legal name:				
	2	Mailing address:				
		Preferred phone number: ( )	Ext: Home Work Mobile Unknown			
		Date of birth (mm/dd/yyyy):	TIN (SSN/ITIN/EIN):			
		Relationship to Insured:	Distribution (If not equal shares; \$ or %):			

	Class (Select one): Primary Secondary Trust	☐ Tertiary ☐ Trust under Insured's Will ☐ Estate of Insured ☐ Other Entity
က	Issue per stirpes:  Yes  No (Default)	Trust under insured s will
		Ext: Home Work Mobile Unknowr
	Date of birth (mm/dd/yyyy):	
	, , , , , , , , , , , , , , , , , , , ,	
		Distribution (If not equal shares; \$ or %):
	Class (Select one): Primary Secondary	•
		☐ Trust under Insured's Will ☐ Estate of Insured ☐ Other Entity
	Issue per stirpes:  Yes  No (Default)	
4	Full legal name:	
	Mailing address:	
	Preferred phone number: ( )	Ext: Home Work Mobile Unknown
	Date of birth (mm/dd/yyyy):	TIN (SSN/ITIN/EIN):
	Date of birth (mm/dd/yyyy):  Relationship to Insured:	·
	, , , , , , , , , , , , , , , , , , , ,	Distribution (If not equal shares; \$ or %):
	Relationship to Insured:  Class (Select one): Primary Secondary	Distribution (If not equal shares; \$ or %):  Tertiary
	Relationship to Insured:  Class (Select one): Primary Secondary	Distribution (If not equal shares; \$ or %):  Tertiary
	Relationship to Insured:  Class (Select one):  Primary  Secondary  Type (Select one):  Named Individual  Trust Issue per stirpes:  Yes  No (Default)	Distribution (If not equal shares; \$ or %):  Tertiary
2	Relationship to Insured:  Class (Select one):  Primary  Secondary  Type (Select one):  Named Individual  Trust Issue per stirpes:  Yes  No (Default)  Full legal name:	Distribution (If not equal shares; \$ or %):  Tertiary  Trust under Insured's Will  Estate of Insured  Other Entity
2	Relationship to Insured:  Class (Select one):  Primary  Secondary  Type (Select one):  Named Individual  Trust Issue per stirpes:  Yes  No (Default)  Full legal name:  Mailing address:	Distribution (If not equal shares; \$ or %):  Tertiary  Trust under Insured's Will  Estate of Insured  Other Entity
c.	Relationship to Insured:  Class (Select one):  Primary  Secondary  Type (Select one):  Named Individual  Trust Issue per stirpes:  Yes  No (Default)  Full legal name:  Mailing address:  Preferred phone number: ( )	Distribution (If not equal shares; \$ or %):  Tertiary  Trust under Insured's Will  Estate of Insured  Other Entity  Home  Work  Mobile  Unknown
D.	Relationship to Insured:  Class (Select one):  Primary  Secondary  Type (Select one):  Named Individual  Trust Issue per stirpes:  Yes  No (Default)  Full legal name:  Mailing address:  Preferred phone number: ( )	Distribution (If not equal shares; \$ or %):  Tertiary  Trust under Insured's Will  Estate of Insured  Other Enti  Home  Work  Mobile  Unknow  TIN (SSN/ITIN/EIN):

Policy number(s):

### E Disclosures ::::::

**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 Other Entity is designated, such designation shall include the successors or assigns of the Other Entity.

"Lawful child(ren)", "issue" and "children" of a person mean only the lawful children born to or adopted by that person.

If "Issue per stirpes" <u>is</u> 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" <u>is not</u> 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.

#### **General Provisions:**

- The Company 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 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.

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.

**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.
- When the Owner of the Policy 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.

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 the Beneficiary.** Unless a new Beneficiary is designated in section E, the prior designation will remain in force. Disability Income and Business Overhead policies do not provide for payment to beneficiaries.

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 E.

Agreements & Signatures ::::::::::::::::::::::::::::::::::::	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
<b>payer Certification.</b> By my signature, I, the Owner, certify under penalties of payer Identification Number; (2) I am not subject to backup withholding; (3) I ar e entered on this form (if any) indicating that I am exempt from FATCA reporti	n a U.S. person (including U.S. resident alien); and (4) the FATO
e: While we are required by the IRS to include item 4 above, FATCA does not included the ability to enter an exemption code. If you have indicated that you captured on the Form W-8.	ou are not a U.S. person, any applicable FATCA information v
Internal Revenue Service does not require your consent to any provision id backup withholding.	on of this document other than the certifications required
Current Owner	
, the undersigned, have read all statements and answers and agree that the infine best of my knowledge and belief. I hereby consent to the transfer of owners	
Signature of Current Owner:	
Printed name:	<mark>Date:</mark>
Title (If applicable):	Sole Office
Printed name of Corporation/Partnership/Trust (If applicable):	
Signature of Current Additional Owner or former spouse (If applicable):	
Printed name:	Date:
Title <mark>(If applicable)</mark> :	
Printed name of Corporation/Partnership/Trust (If applicable):	
New Owner (Complete if changing ownership)	
the undersigned, have read all statements and answers and agree that the interest of my knowledge and belief.	nformation provided is true, complete and correctly recorded
Signature of New Owner;	
Printed name:	<mark>Date:</mark>
Title <mark> (<i>If applicable</i>)</mark> :	Sole Officer
Printed name of Corporation/Partnership/Trust ( <i>If applicable</i> ):	
Signature of New Additional Owner (If applicable):	
Printed name:	Date:
Title (If applicable):	
Printed name of Corporation/Partnership/Trust (If applicable):	
Nitness (Complete in Massachusetts at time of Owner signature(s) for Bener	iciary changes; signature dates <u>must</u> match)



Printed name:

Date:

Policy number(s):							
<b>H</b> Submission Instructions:	<ul> <li>e e e e e e e e e e e e e e e e e e e</li></ul>						
	ormation or general questions, use the resources below or for additional information regarding the Policy, visit <u>www.mass</u> . Once you have reviewed and completed the form, return pages 1-6 for processing. We will only accept responsibility for se submitted as indicated below.						
Life							
Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual Financial Group 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 Financial Group 1295 State Street, W066 Springfield, MA 01111-0001	Email: DIFAX@massmutual.com					
Worksite Insurance							
<b>Phone:</b> 1-800-548-0073	Mail: MassMutual Financial Group	Email: LCMclientservices@massmutual.com					

Fax:

1-860-562-6154

Retain this original and the fax machine confirmation statement for your files.

PO Box 2488

Springfield, MA 01101-2488

MassMutual Financial Group is a marketing name for Massachusetts Mutual Life Insurance Company (MassMutual) and its affiliated companies and sales representatives.

Monday through Friday, 8 a.m. – 5 p.m.

Eastern Time



# Signature Guidelines

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

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	[Full name of authorized officer], [title]  Example: John Doe, AVP  Acceptable titles may include: Chief Executive Officer, Director, President, Vice President  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.	<ul> <li>A completed MassMutual Corporate Resolution (FR2057) must be submitted or on file.</li> <li>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.</li> <li>If the Insured/Annuitant is the only officer, we require either a letter on company stationery to that</li> </ul>
	,	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><li>Partnership</li><li>Limited Liability Partnership (LLP)</li></ul>	[Full name of authorized officer], [title]  Example: John Doe, Partner	A completed copy of the Entity Certification (F7833) must be submitted or on file.  If the ff and the submitted or on the
Limited Partnership (LP)	Acceptable titles may include: Partner, General Partner, Managing Partner  General Partner is the only acceptable title for	<ul> <li>If the officer is the Insured/Annuitant or a family member, we require the signature of another part- ner who is not related. If all partners are related,</li> </ul>
	Limited Partnerships.  Limited Partner is not an acceptable title for any type of partnership.	<ul> <li>the signature of two partners is required.</li> <li>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.</li> </ul>
Limited Liability Company (LLC)	[Full name of authorized officer], [title]  Example: John Doe, Director	A completed copy of the Entity Certification (F7833) must be submitted or on file.
<ul> <li>Professional Limited Liability Company (PLLC)</li> <li>Public Limited Company (PLC)</li> </ul>	Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member	If the officer is the Insured/Annuitant or a family member, we require the signature of another offi- cer who is not related. If all officers are related, the signature of two officers is required.
	(Member is not recognized in Colorado.)	<ul> <li>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.</li> </ul>

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continued

Owner Type	Signature format and examples	Additional Information
Trust	Individual trustees [Full name of Trustee], Trustee under [full name of trust agreement] dated [mm/dd/yyyy]	<ul> <li>A completed Certification of Trust Agreemen (F6734) must be submitted or on file.</li> <li>All required Trustees must sign.</li> </ul>
	Example: John Doe, Trustee under Doe Family Trust dated 01/01/2011	
	Company trustees	
	[Authorized officer], [title] of [company name], Trustee under [full name of trust agreement] dated [mm/dd/yyyy]	
	Example: John Doe, VP of XYZ Trust Company, Trustee under Doe Family Trust dated 01/01/2011	
Sole Proprietorship	[Full name of individual sole proprietor]	Neither a title nor business name is required.
	Example: John Doe	
Qualified PLan	Individual trustees	All required Trustees must sign.
	[Full name of Trustee], Trustee under [full name of Qualified Plan]	
	Example: John Doe, Trustee under XYZ Company Retirement Plan	
	Company trustees	
	[Authorized officer], [title] of [company name], Trustee under [full name of Qualified Plan]	
	Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan	
Power of Attorney (POA) / Attorney-in-Fact (AIF)	[Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting]	A copy of the legal document that established au thority must be submitted or on file.
	Example: John Doe, AIF for Jane Doe	
Estate/Executor	[Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased	A copy of the death certificate and a copy of the currently certified court appointment of Executor Administrator must be submitted or on file.
	Example: John Doe, Executor for the Estate of Jane Doe, deceased	
Legal Guardian/Conservator	[Full name of the legal guardian or conservator], [Guardian/Conservator] for the Estate of [full name of individual for whom they are acting]	A copy of the court appointment that established authority must be submitted or on file.
	Example: John Doe, Conservator for the Estate of Jane Doe	
Custodian under Uniform Transfers to Minors Act (UTMA)	[Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA]	South Carolina and Vermont have UGMA instead of UTMA.
or Uniform Gifts to Minors Act (UGMA)	Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA	
Collaterally assigned policy	[Authorized officer], [title] of [assignee name], Assignee  Example: John Doe, Vice President of ABC Bank, Assignee	The owner and assignee must both sign. However if the right being exercised is granted to the assign ee, only the assignee's signature is required.