



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**

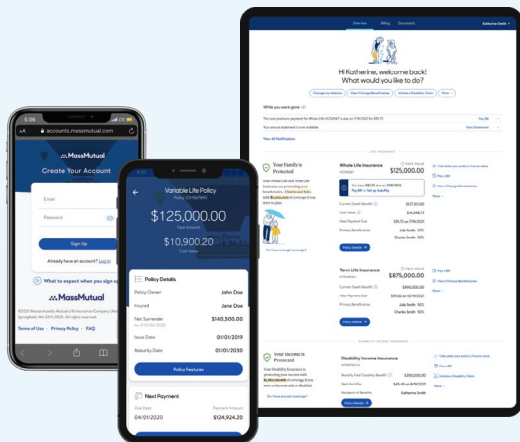

**Easily change
beneficiaries**


**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.

Use this form to change the name and/or address and change the mode of premium payment. For additional information, contact your personal financial representative or the applicable MassMutual Service Center as noted in section E – Submission & Contact Information.

A Policy Information

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

B Owner Information

- 1. Full legal name:

If the Owner's name and/or address has changed, complete section C – Change Request Information below.

- 2. Taxpayer Identification Number (SSN/ITIN/EIN):

- 3. Phone number: Home Work Cell

Receive a text message regarding the status of this request. By checking this box, you agree to receive text messages regarding this request to your mobile phone.

- 4. Email address:

Receive an email regarding the status of this request. By checking this box, you agree to receive emails regarding this request to your email address.

- 5. Is this Policy collaterally assigned? Yes No

If Yes, complete assignee information below. If No, skip to section C – Change Request 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 Change Request Information

For a name change, complete questions 1-4. For an address change, complete questions 5-8. For a change of premium billing frequency, complete question 9.

Change of Name

Documentation of the name change must be submitted with this request. This form does not change the owner or beneficiary designation. If the name change is a life event, your beneficiary may need to be changed.

- 1. Role (Select one): Beneficiary Insured Owner Payee Payer

- 2. Current full legal name (First, MI, Last, Suffix):

- 3. New full legal name (First, MI, Last, Suffix):

- 4. Reason (Select one):

Court order (Attach court order)

Correction (Attach copy of government-issued identification)

Marriage (Attach marriage certificate)

Divorce (Attach divorce decree)

Other (Specify):

Policy number(s): _____

C Change Request Information *continued*

Change of Address

5. Full legal name (First, MI, Last, Suffix): _____

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

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

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

Change Premium Payment Frequency

9. Change premium payment mode to (Select one):
 Annual Semi-annual Quarterly (Not available for Disability Income products)

Add or Revoke Automatic Premium Loan (APL) or Automatic Application of Dividends

10. Automatic Premium Loan provision (APL): Add Revoke

11. Automatic Application of Dividends provision: Add Revoke

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.

Signature of Owner: _____
Printed name: _____ Date: _____
Title (If applicable): _____ Sole Officer*
Printed name of Corporation/Partnership/Trust (If applicable): _____

Signature of Joint Policy Owner (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.

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. Once you have reviewed and completed this form, return all pages for processing.

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

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.