

Important Information

- This form should be used to request a Withdrawal from your Policy's Account Value.
- The minimum amount of a withdrawal is \$500.00 (before deducting the withdrawal fee). For each withdrawal, the fee will be either 2% of the amount withdrawn or \$25.00, whichever is less.
- The requested transaction will take effect as of the Valuation Date we receive this form in **good order** at our Administrative Office.
- Indicate from which Separate Account Division(s) and/or the Guaranteed Principal Account (GPA) the withdrawal will be made. In absence of such instructions, the withdrawal will be made in proportion from the Account Value of the Separate Account Divisions and the GPA. However, the withdrawal amount may not exceed the non-loaned Account Value, less any policy debt, less an amount equal to one plus the number of monthly calculation dates remaining in your modal term multiplied by the most recent monthly deduction.
- The Selected Face Amount may be reduced automatically by the amount of any withdrawal.
- If the requested withdrawal amount results in exceeding the maximum withdrawal amount permitted under the Policy, the amount of the withdrawal will be reduced to an amount equal to the maximum withdrawal amount permitted.
- If the Withdrawal request is for a subset of Insureds under the Contract, attach a census with the Insureds, Policy Numbers and specified amounts listed.

Instructions to complete this Form

1. Print the Policy Number, the Insured's Name, the Owner's Name, the Owner's Social Security Number, the Owner's Daytime Telephone Number and E-mail address in the spaces provided at the top of the form.
2. Print the total amount of the requested withdrawal in the space provided or check the box for the maximum withdrawal amount permitted.
3. Election must be in dollar amounts.
4. The Policy Owner must sign the form. If more than one Owner exists, then all Owners must sign the form. If the Owner is a Corporation, refer to the Signature Requirements below. If the Policy is assigned, the Assignee must sign the form.
5. Fax, e-mail or mail this form per the instructions listed below under "Customer Service."

Corporate Signature Requirements – For Policies owned by or assigned to a Corporation

If the Owner or Assignee is a Corporation, Partnership or Trust, then the title of the Owner(s) or Assignee must be included and the Name of the Corporation, Partnership or Trust must be printed in the space provided.

Two Corporate Officers: We require the signature of two different corporate officers. Their corporate titles must be included. One signature will be accepted only if the officer is not the insured or a family member of the insured.

Customer Service

To submit your request, use one of the following:



FAX this form to:

1-413-226-4054

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

E-mail this form to:

Lcmclientservices@MassMutual.com



Mail this form to:

Massachusetts Mutual Life Insurance Company

LCM Document Hub

1295 State Street

PO Box 2488

Springfield MA 01101-2488

For additional information regarding your policy, please use any of the following resources:



Internet Service Connection

www.MassMutual.com



MassMutual Customer Service Center

1-800-548-0073

Monday through Friday, 8:00 a.m. – 5:00 p.m. E.T.

We will only accept responsibility for forms that are faxed, e-mailed or mailed in accordance with the above instructions.

Section 1 – Policy Information (Please print clearly)

Policy Number _____ Insured Name _____

Owner Name _____

Owner Social Security Number _____

Owner Phone Number _____ Owner email _____

Section 2 – Withdrawal**Please check one:** Total amount of withdrawal requested: \$ _____ (Complete Section 3) or Maximum allowable withdrawal amount.

This section must be completed if the proceeds are to be mailed to an address other than the address of record. Please refer to the Notary Public Stamp section on page 3 of this form for additional signature requirements. **Proceeds will only be payable to the trust itself on a trust-owned policy.**

_____ Mailing Address _____ City _____ State _____ Zip _____

Please Note: If any portion of the payment is taxable, an IRS Form 1099 (if required) will be issued to the owner of this policy. Any additional tax reporting required to be made to a third party is the responsibility of the owner.

Section 3 – Investment Options for Withdrawal - Account value in the amounts and from the Divisions identified below will serve as the source of the requested withdrawal.

Fidelity® VIP Contrafund® (FCON)	\$	MML Aggressive Allocation (MAAF)	\$
Invesco V.I. Capital Appreciation (ICA)	\$	MML Balanced Allocation (MBAF)	\$
Invesco V.I. Core Plus Bond (ICPBD)	\$	MML Blue Chip Growth (MBCG)	\$
Invesco V.I. Discover Mid Cap Growth (IDMCG)	\$	MML Conservative Allocation (MCAF)	\$
Invesco V.I. Equity & Income (IEI) ¹	\$	MML Equity (MEQ)	\$
Invesco V.I. Global (IGL)	\$	MML Equity Index (MEI)	\$
Invesco V.I. Global Strategic Income (IGSI)	\$	MML Growth Allocation (MGRAF)	\$
Invesco Oppenheimer V.I. International Growth (IING)	\$	MML Managed Bond (MBO)	\$
Invesco V.I. Main Street® (IMS)	\$	MML Moderate Allocation (MMAF)	\$
Invesco V.I. Main Street Small Cap® (IMSSC)	\$	MML Small Cap Equity (MSCEQ)	\$
Invesco V.I. U.S. Government Money Portfolio (IGMP)	\$	MML Strategic Emerging Markets (MSEM)	\$
LVIP American Century Disciplined Core Value (LACDC) ²	\$	T. Rowe Price Mid-Cap Growth (TRMC) ⁴	\$
LVIP American Century Value (LACV) ³	\$	T. Rowe Price All-Cap Opportunities (TRACO)	\$
MFS® Growth (MFG)	\$	Guaranteed Principal Account (GPA)	\$
MFS® New Discovery (MFND)	\$		
MFS® Research (MFR)	\$	Total	\$

¹ Effective after the close of the New York Stock Exchange on April 26, 2024, the Invesco V.I. Conservative Balanced Fund merged into the Invesco V.I. Equity and Income Fund.

² Formerly known as American Century VP Disciplined Core Value Fund.

³ Formerly known as American Century VP Value Fund.

⁴ The T. Rowe Price Mid-Cap Growth Division is not available as an investment choice for policies issued on May 1, 2004 or later.

Policy Number(s): _____ Name(s) of Insured(s): _____

Section 4 – Withholding Election – Required Notice

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 includable in your income subject to Federal Income Tax. There will be no withholding on the return of your own after-tax contributions to your Policy. If you elect no withholding or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties if your withholding and estimated tax payments are not sufficient. If taxes are withheld, receipt of your payment may be delayed by the calculations required. *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.*

MassMutual will apply default withholding of 10%, unless (a) you check the box below to opt-out of withholding; or (b) a completed IRS form W-4R accompanies this request. You can obtain this form here: www.irs.gov/pub/irs-pdf/fw4r.pdf. If the IRS form W-4R is received after a disbursement is processed, MassMutual cannot change the withholding on that disbursement.

Check the box below if you do not want any Federal income tax withheld from your distribution for payments other than eligible rollover distributions.

I do not want to have Federal income tax withheld from my disbursement.

MEC Warning: If your policy has been designated a Modified Endowment Contract (MEC), and you are under age 59^{1/2}, any taxable gain may be subject to a 10% tax penalty. Please contact your advisor.

Section 5 – Signature Requirements – Please refer to specific instructions and requirements on page 1

By signing below, the owner(s) acknowledge(s) that they have received and read the disclosures set forth in this form and the withdrawal provisions in the policy. **If the policy is assigned**, the assignee must sign this form. Each of these parties certifies that he or she is of legal age and that the policy is not assigned, pledged or subject to a bankruptcy proceeding, attachment, lien or other claim, except as follows:

Owner Tax ID (REQUIRED) Please enter your tax identification number (SSN or EIN as applicable)

□ □ □ □ □ □ □ □ □ □

Is the owner an individual? Yes No If yes, what is the owner’s date of birth? ____/____/____

Taxpayer Identification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown above is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; and (3) I am a US person (including US resident alien). Strike out any of these statements if incorrect. 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.

Individual or Joint Owners Signature Section (All owners must sign.)

_____ Printed Name of Owner	_____ Signature of Owner	_____ Date Signed
_____ Printed Name of Joint Owner	_____ Signature of Joint Owner	_____ Date Signed
_____ Owner Address of Record - Apt/House Number & Street Name	_____ City	_____ State
		_____ Zip

Corporate, Partnership or Trust Owned Signature Section

_____ Printed Name of Corporation, Partnership or Trust		_____ Date of Trust
_____ Signature of Corporate Officer, Partner or Trustee	_____ Title	_____ Date Signed
_____ Signature of Corporate Officer, Partner or Trustee	_____ Title	_____ Date Signed
_____ Signature of Corporate Officer, Partner or Trustee	_____ Title	_____ Date Signed
_____ Owner Address of Record (Apt/House Number & Street Name	_____ City	_____ State
		_____ Zip

Assignee Signature Section

_____ Printed Name of Assignee	_____ Signature & Title	_____ Date Signed
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Section 6 – Notary Public Stamp (If Applicable)

A Notary Public stamp is required for disbursements greater than \$50,000.00, if proceeds are sent to an address other than the address of record, or if proceeds are sent to an address that has been changed within the last 30 days. A Notary Public stamp can be obtained from most banks or credit unions. Subscribed and sworn to before me this _____ day of _____.

Signature of Notary Public (Official Stamp/seal required) My commission expires _____