

Important information

- This form should be used to transfer Account Value between Separate Account Divisions and the Guaranteed Principal Account (GPA).
- The requested transaction will take effect as of the Valuation Date we receive this form in **good order** at our Administrative Office.
- Transfers must be indicated in Dollar Amounts or Whole Percentages, but not both.
- Transfers from the GPA are limited to one per policy year and may not exceed the lesser of 25% of the non-loaned GPA Value at the time of the transfer; however, if in each of the previous three policy years 25% of the GPA Value has been transferred and there have been no premium payments or transfers to the GPA (except as the result of a loan), 100% of the GPA Value may be transferred to the Separate Account.
- All transfer requests are subject to the limitations on frequent transfers and excessive trading imposed by us and by the funds underlying the Separate Account Divisions. We reserve the right to restrict or reject any transfers. Refer to your Policy and Prospectus for further details. MassMutual reserves the right to charge a fee not to exceed \$10.00 per transfer if there are more than six transfers in a policy year.
- If the Fund Transfer request is for a subset of Insureds under the Contract, please attach a census with the Insureds and Policy Numbers listed.

Instructions to complete this Form

1. Print the Contract Number, Policy Number, the Insured's Name(s), the Owner's Name, the Owner's Taxpayer Identification Number, the Owner's Daytime Telephone Number and Email address in the spaces provided at the top of the form.
2. Enter the amount being deducted in the "Transfer **FROM** Dollar (\$) or Percent (%)" field then enter the division name(s) or fund abbreviation(s). Each division should only be listed once. Use either whole percentages or dollars.
3. Enter the amount being transferred in the "Transfer **TO** Dollar (\$) or Percent (%)" field then enter the division name(s) or fund abbreviation(s). Each division should only be listed once. Use either whole percentages or dollars.
 - ◆ The total of the "Transfer To" column must equal either 100% if percentages were used or the total dollars from the "Transfer From" column.
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 Corporate Signature Requirements below. If the Policy is assigned, the Assignee must sign the form.
5. Fax, email or mail page two of 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.

Sole Corporate Officer: If the insured or family member is the sole officer, his/her signature is acceptable if accompanied by a notarized statement indicating that the corporation has a sole officer, or if the corporate seal is affixed.

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.

Submission and Contact Information

Phone: 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time	Mail: MassMutual Attention: BOLI/COLI Hub 1295 State Street PO Box 2488 Springfield, MA 01101-2488	Email: BoliColiService@MassMutual.com Fax: 1-413-226-4054 Retain this original and the fax machine confirmation statement for your files.
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We will only accept responsibility for forms that are faxed, email or mailed in accordance with the above instructions.

Section 1 – Policy Information *(Please print clearly)*

Contract Number _____ Policy Number _____
 Insured Name _____
 Owner Name _____
 Owner Taxpayer Identification Number _____
 Owner email address *optional* _____
 Owner daytime phone number *optional* _____

Section 2 – Fund Transfer Request

Complete this section to transfer Account Value between Separate Account Divisions. Completing this section will not change the allocation of future payments made to your Policy.

Transfers must be indicated in dollar amounts or whole percentages, but not both.* Each division name or fund abbreviation should only be listed once in the “Transfer From” and/or “Transfer To” column. When using percentages, the total of the “Transfer To” column must equal 100% in whole percentages. When using dollars, the total of the “Transfer To” column must equal the total amount in the “Transfer From” column. **Your signature is required in Section 3 to effect this transfer.** Refer to your Policy and Prospectus for additional information about the listed Separate Account Divisions, which are subject to availability, and the GPA, and for information regarding fund transfers.

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| MML Blend (BL) | Invesco V.I. Discovery Mid Cap Growth ¹ (IDMCG) |
| MML Equity (EQ) | Invesco V.I. Global ² (IGLB) |
| MML Equity Index (EQIN) | Invesco V.I. Global Strategic Income ³ (IGSI) |
| MML Managed Bond (BO) | Guaranteed Principal Account (GPA) |
| MML U.S. Government Money Market (USMM) | |

¹ Formerly known as Invesco Oppenheimer V.I. Discovery Mid Cap Growth Fund.

² Formerly known as Invesco Oppenheimer V.I. Global Fund.

³ Formerly known as Invesco Oppenheimer V.I. Global Strategic Income Fund.

*Choose mode of transfer to be used throughout: Dollars** or Whole-Number Percentages (please check one)

**For Dollar Transfers: If the value on the transfer valuation date is less than the requested dollar amount, the transaction will be processed for the lesser amount.

Transfer FROM Dollar (\$) or Percent (%)				Transfer TO Dollar (\$) or Percent (%)			
\$ _____	or	% FROM	Division _____	TO \$ _____	or	% _____	Division _____
\$ _____	or	% FROM	Division _____	TO \$ _____	or	% _____	Division _____
\$ _____	or	% FROM	Division _____	TO \$ _____	or	% _____	Division _____
\$ _____	or	% FROM	Division _____	TO \$ _____	or	% _____	Division _____
\$ Total				Total: \$ _____ or 100 %			

Section 3 – Authorized Signature

The undersigned hereby requests that Massachusetts Mutual Life Insurance Company process the above changes.

_____ Name of Owner <i>(Please print)</i>	_____ Owner Signature	_____ Date
_____ Name of Corporation, Partnership or Trust including Title of Owner <i>(please print)</i>		
_____ Company Name & Title of Assignee <i>(if corporate assignee) (please print)</i>		
_____ Signature of Assignee	_____ Date	