## **.∴** MassMutual

### Application for Policy Loan

For use with Strategic Group Variable Universal Life Insurance®

Use this Application to request a policy loan on a life insurance policy. Be sure to read the Loan Disclosure on page 5 and retain it for your records. Do not complete this form without understanding the implications. For additional information, contact your personal financial representative, tax advisor or the Service Center as noted in section H – Submission & Contact Information.

A Policy Information					
	Policy number(s):  Insured's full legal name (First, MI, Last, Suffix):				
	Owner Information::::::::::::::::::::::::::::::::::::				
	Full legal name:				
Taxpayer Identification Number (SSN/ITIN/EIN):					
	Phone number: Extension: Home				
	Email address:				
	Is this Policy subject to a divorce decree?				
	If Yes, former spouse must sign in section F. Note: If the MassMutual Policy is subject to a divorce obligation (for example, a court order or a divorce agreement), this form must also be signed by the former spouse. In the event that the former spouse is not willing to sign this form, MassMutual requires the following from the divorce settlement agreement: the first page, any pages pertaining to the MassMutual Policy or life insurance, and the signature page with the signatures of all parties.				
6.	Is this Policy assigned?				
	If Yes, complete questions 6a-6b. If No, skip to section C – Mailing Information.				
	a. Assignee full legal name:				
	<b>b.</b> Additional Assignee full legal name ( <i>If applicable</i> ):				
lf se	Mailing Information ::::::::::::::::::::::::::::::::::::				
_	Payee (Select one): Owner (Default) Assignee				
	How would you like to receive your payment? (Select one):				
	☐ Direct Deposit via ACH/EFT (Complete the One-Time ACH/EFT for Disbursements Form, FR2130, and skip to section D)				
	Mail (Complete questions 3-4 below)				
3.	Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):				
4.	Delivery method (Select one):				
	☐ U.S. Postal Service (Default – no charge; allow 10 business days for normal delivery)				
	FedEx/UPS Priority (The carrier charges a fee and cannot ship to a PO Box. If information below is not completed, the check will be mailed through the regular U.S. Postal Service. If you would like to pay your overnight billing charges by credit card, contact the applicable MassMutual Service Center as noted in section I. Do not include credit card information on this form.)				
	a. Account type (Select one):				
	b. Account number: c. Associated ZIP/Postal Code:				

D Loan Information ::::::::::::::::::::::::::::::::::::
For loans over \$100,000, a Notary stamp/seal may be required. Refer to section G – Notary Stamp/Seal for additional information. If the amount specified is more than the amount available, the loan will be processed for the maximum amount available. If loan interest is not paid when due, it will be added to the principal balance and will bear interest at the rate payable on the loan. If corporate-owned, the Corporate Resolution Form (FR2057) is required.
1. Loan type (Select all that apply):
$\square$ Cash $\rightarrow$ Amount (Select one): $\square$ Maximum $\square$ Other (Specify): \$
Apply proceeds to pay existing MassMutual policy (Complete questions 1a-1e below)
a. Policy number:
<b>b.</b> Loan amount (Select one):
c. Apply to premium: \$
d. Apply to loan interest: \$
e. Apply to loan principal: \$
Apply proceeds to pay a new MassMutual policy for internal 1035 Exchange - Indicate policy number:

2. If a specified loan amount is being requested, state the dollar amount next to the corresponding investment division from which you would like the loan amount withdrawn. If a maximum loan amount is being requested, the amount of the loan will be deducted proportionately from the available divisions, including the non-loaned account value in the Guaranteed Principal Amount (GPA).

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

<sup>&</sup>lt;sup>1</sup> 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.

<sup>&</sup>lt;sup>2</sup> Formerly known as American Century VP Disciplined Core Value Fund.

<sup>&</sup>lt;sup>3</sup> Formerly known as American Century VP Value Fund.

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

Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.  **Bapayer Certification.** By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct [axpayer 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 han the certifications required to avoid backup withholding.  By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a policy loan. Each of the undersigned certifies that they are 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.   Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	Policy number(s):					
Payments you receive from Massachusetts Mutual Life Insurance Company ("MassMutual") are subject to federal income tax withholding apply. Withholding will provide the portion of your distribution that is already included in your income subject of dederal income tax. There will be no withholding on the return of your own after-lax contributions to the Policy, if we do not know what portion of a distribution is taxable, we will withhold on the net amount after charges. Once a payment has been made, the withholding election applicable to a large payment cannot be changed. If you elect not to have withholding apply to your other payments, or you do not have made as withholding apply to your other payments, or you do not have made as withholding withholding the payments, or you do not have always the state income tax withholding requirements and the way of the state in which you live, state income tax withholding requirements and the way of the state in which you should consult with a professional tax advisor before you begin receiving payments or before changing your election.  **MassMutual will apply default withholding of 10%, unless (a) your 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/publics.pdffw4r.gdl. If the IRS-form W-4R is received after adistributement is processed, MassMutual and the processed will be applicated to the processed will be applicated by the processed will be	E Withholding Election for Modified Endowment Conti	racts::::::::::::::::::::::::::::::::::::				
which you live, state income iax withholding will also apply. For more information on the withholding requirements in your state, see State Income Tax Withholding Disclosure. You should consult with a professional tax advisor before you begin receiving payments or before changing your election.  **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.pdffwdr.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. In do not want to have federal income tax withheld from your distribution for payments other than eligible rollover distributions. In do not want to have federal income tax withheld from your distribution for payments other than eligible rollover distributions. In do not want to have federal income tax withheld from your distribution for payments other than eligible rollover distributions. In distribution for payments of the rate of 10%. If you are a nonresident allen, we require a Form W-8BENE (Intities) to determine the correct withholding.  **Earparements** Signatures**  **Earparements** Signature	Payments you receive from Massachusetts Mutual Life Insurance Company ("MassMu you elect not to have withholding apply. Withholding will apply only to the portion of your to federal income tax. There will be no withholding on the return of your own after-tax or a distribution is taxable, we will withhold on the net amount after charges. Once a payment payment cannot be changed. If you elect not to have withholding apply to your oth	utual") are subject to federal income tax withholding unless r distribution that is already included in your income subject ontributions to the Policy. If we do not know what portion of nent has been made, the withholding election applicable to ner payments, or if you do not have enough federal income				
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 withhold from your distribution for payments other than eligible rollover distributions.  I do not want to have federal income tax withheld from my disbursement.  Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.  ■ Agreements & Signatures:  □ Taxpayer Certification. By my signature I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct faxpayer 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 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 published FATCA information with be captured on the Form W-8. The Internal Revenue Service (IRS) does not require your consent to any provision of this document other han the certifications required to avoid backup withholding.  Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corpor	State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the laws of the state which you live, state income tax withholding will also apply. For more information on the withholding requirements in your state, see State Income					
□ I do not want to have federal income tax withheld from my disbursement.  Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.  E Agreements & Signatures:  Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct raxpayer 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 tode entered on this form (if any) indicating that I am exemptify 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 applicable to enter the person because the person (alice) in the Policy is not require your consent to any provisions of this document other han the certifications required to avoid backup withholding.  By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a solicity loan. Each of the undersigned certifies that they are 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.  Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust	Form W-4R accompanies this request. You can obtain this form here: www.irs.gov/p	pub/irs-pdf/fw4r.pdf. If the IRS Form W-4R is received after				
Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.  **Bapayer Certification.** By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct [axpayer 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 han the certifications required to avoid backup withholding.  By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a policy loan. Each of the undersigned certifies that they are 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.   Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	Check the box below if you do not want any federal income tax withheld from your distrib	oution for payments other than eligible rollover distributions.				
Taxpayer Certification. By my signatures.  Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct faxpayer 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 appured 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.  By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a solicy loan. Each of the undersigned certifies that they are 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.  Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	I do not want to have federal income tax withheld from my disbursement.					
Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct faxpayer 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. Vote: 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 applured 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.  By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a colicy loan. Each of the undersigned certifies that they are 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.  By Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):						
Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct faxpayer 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. Vote: 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 applured 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.  By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a colicy loan. Each of the undersigned certifies that they are 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.  By Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	F Agreements & Signatures : : : : : : : : : : : : : : : : : : :					
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.  By signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a solicy loan. Each of the undersigned certifies that they are 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.  Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Signature of Assignee:  Printed name of Corporation/Partnership/Trust (If applicable):  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	<b>Taxpayer Certification.</b> By my signature, I, the Owner, certify under penalties of per Taxpayer Identification Number; (2) I am not subject to backup withholding; (3) I am a U.	jury that: (1) the number shown in section B is my correct S. person (including U.S. resident alien); and (4) the FATCA				
Sy signing below, the Owner acknowledges that they have read the Loan Disclosure section on page 6 and understands the implications of a solicy loan. Each of the undersigned certifies that they are 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.  Signature of Owner:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Assignee (Required when the policy is assigned)  Signature of Assignee:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	not included the ability to enter an exemption code. If you have indicated that you are neceptured on the Form W-8. The Internal Revenue Service (IRS) does not require you	ot a U.S. person, any applicable FATCA information will be				
Printed name:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Signature of Joint Policy Owner or former spouse (If applicable):  Printed name:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Assignee (Required when the policy is assigned)  Signature of Assignee:  Printed name:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	By signing below, the Owner acknowledges that they have read the Loan Disclosure policy loan. Each of the undersigned certifies that they are of legal age, and that the Pol	licy is not pledged or subject to any bankruptcy proceeding,				
Printed name:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Signature of Joint Policy Owner or former spouse (If applicable):  Printed name:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Assignee (Required when the policy is assigned)  Signature of Assignee:  Printed name:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	Signature of Owner:					
Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable): Signature of Joint Policy Owner or former spouse (If applicable): Printed name: Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable):  Assignee (Required when the policy is assigned)  Signature of Assignee: Printed name: Date: Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable):		Date:				
Printed name of Corporation/Partnership/Trust (If applicable):  Signature of Joint Policy Owner or former spouse (If applicable):  Printed name:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):  Assignee (Required when the policy is assigned)  Signature of Assignee:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):						
Printed name:	Printed name of Corporation/Partnership/Trust (If applicable):					
Printed name:	Signature of Joint Policy Owner or former spouse (If applicable):					
Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable):  Assignee (Required when the policy is assigned)  Signature of Assignee: Printed name: Date: Title (If applicable): Printed name of Corporation/Partnership/Trust (If applicable):						
Printed name of Corporation/Partnership/Trust (If applicable):  Assignee (Required when the policy is assigned)  Signature of Assignee:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):						
Signature of Assignee:  Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):						
Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	Assignee (Required when the policy is assigned)					
Printed name:  Date:  Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):	Signature of Assignee:					
Title (If applicable):  Printed name of Corporation/Partnership/Trust (If applicable):						
Printed name of Corporation/Partnership/Trust (If applicable):						
Cignature of Additional Assigned (If applicable):						
Signature of Additional Assignee (If applicable):  Printed name:  Date:						
Title (If applicable):						
Printed name of Corporation/Partnership/Trust ( <i>If applicable</i> ):						



Policy number(s):		
	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •
Complete this section for the Owner and Josephies: (1) proceeds are sent to an addre	oint Owner (if applicable) if the distribution is greate ss other than the address of record; or (2) procee es are offered at most banks and credit unions. Fax	er than \$100,000 and one of the following ds are sent to an address that has been
On , , ,	(full legal name of Owne	er(s))
( ),,,,	to me and/or satisfactorily proved to me to be the person	( 1)
Signature of Notary Public:		
State/County where signed:	Affix Notary Stamp/Seal	
My commission expires (mm/dd/yyyy):		
For more information or general questions	ormation	esentatives are available Monday through
Email:	Fax:	Mail:
LCMClientServices@MassMutual.com	Attention: Client Services 1-413-226-4054	MassMutual Attention: LCM Hub
	Retain the original form and the fax machine confirmation statement for your files.	1295 State Street Springfield, MA 01111-0001

Policy number(s):

#### ■ Loan Disclosure::::::

#### Read and retain this page for your records.

This disclosure provides you with general information that may be relevant to your decision on whether to take a loan against your policy. The terms and conditions of your specific policy control when you can take a loan, how much the loan can be, and what effects such a loan may have on your policy's benefit, values, and premiums. Additionally, policy loan provisions will vary depending upon the type of policy you have and the state law governing the issuance of your policy. The Policy Loan Date (the date from which interest begins accruing) is the date that this request is received in good order at MassMutual's administrative office.

Before requesting a loan, we strongly recommend that you:

- Review the loan provisions of your policy. If loan interest is not paid when due, it will be added to the principal balance and will bear interest at the rate payable on the loan.
- Read the discussion of policy loans in the prospectus if the policy is a Variable Life policy.
- Seek the advice of your tax advisor and personal financial representative.
- Obtain a personalized illustration that will demonstrate the impact of a loan on your policy values and benefits.

We strongly recommend that you monitor the status of your policy and review your policy values, benefits and risks with your financial representative at least annually and take the appropriate action necessary to prevent or minimize any possible adverse consequences discussed below. The release of policy values may affect guaranteed and non-guaranteed elements, the face amount, or the surrender value of your policy.

**General consequences.** A policy loan affects important policy features, benefits, and values as a loan will reduce the death benefit and surrender value by the amount of the loan and any accrued but unpaid interest. Note: If your policy is a variable life policy, the portion of the account value equal to the loan is transferred to the loan section of the Guaranteed Principal Account.

Once we have processed the loan request and deducted the proportionate amounts from the investment divisions and/or the guaranteed principal account, we consider the loan effective and outstanding. If after we process the loan request you decide not to cash the check, you may submit a written request to our Administrative Office to repay the loan amount. The loan repayment will be effective on the valuation date the written request is received in good order at our Administrative

Office. Loan interest begins to accrue as soon as the loan is effective. Therefore, loan interest will accrue even if the loan check is not cashed.

Potential adverse tax consequences. You may incur a significant income tax liability if your policy terminates before the death of the Insured. Specifically, you will have to include in your taxable income the excess, if any, of the outstanding loan amount (including loan interest due) and any cash distributed over your cost basis in the policy. Cost basis is equal to the sum of the premiums and other considerations paid for the policy less any prior withdrawals that were not subject to income taxation. If your policy carries an outstanding loan, the amount to be included in your taxable income may exceed any cash distribution you receive upon the termination of the policy. You may need to make substantial premium payments or loan repayments to keep your policy in force and to avoid this potential and significant income tax liability. Warning! If your policy has been designated a Modified Endowment Contract (MEC), any loan you take will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 591/2, any taxable gain will incur a 10% penalty in addition to the income tax. If loan interest is not paid when due, it will be added to the principal balance and will be subject to income tax under the same rules.

Possible Policy termination. Factors that may contribute to the termination of any life insurance policy prior to the death of the insured(s) include but are not limited to the following: (1) the amount of the outstanding policy debt (e.g., if the policy debt is at or near the maximum loan value or debt limit); (2) failure to pay policy premiums and loan interest; and (3) an increase in the policy loan rate if the adjustable policy loan rate is in effect.

Additional factors may contribute to termination of your policy if your policy is a universal or variable universal life policy, such as: (1) investment results, as applicable, that adversely affect your policy's account value; (2) an increase in monthly policy charge rates due to the increasing attained age of the insured; or (3) a high or increased amount of insurance risk which may depend on the Death Benefit Option you have selected and changes in your account value.

For example, your policy will terminate whenever the total policy debt (which includes accrued unpaid interest) equals or exceeds a limit specified in your policy. If this limit is reached, we will send you a notice specifying the amount needed to bring the policy debt back within the limit. If you fail to make the payment in a timely manner, the policy will terminate without value. If the policy is a variable life policy, the debt limit may also be exceeded if the policy value falls below the debt limit due to adverse investment performance of the division of the Separate Account in which the account value is allocated.

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

# ... MassMutual

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	A completed MassMutual Corporate Resolution (FR2057) must be submitted or on file.
	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.	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.
		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><li>Partnership</li><li>Limited Liability Partner-</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.
ship (LLP) Limited Partnership (LP)	Acceptable titles may include: Partner, General Partner, Managing Partner	If the officer is the Insured/Annuitant or a family member, we require the signature of another part-
	General Partner is the only acceptable title for Limited Partnerships.	ner who is not related. If all partners are related, the signature of two partners is required.
	Limited Partner is not an acceptable title for any type of partnership.	<ul> <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>

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.

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]  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	<ul> <li>A completed Certification of Trust Agreement (F6734) must be submitted or on file.</li> <li>All required Trustees must sign.</li> </ul>
Sole Proprietorship	[Full name of individual sole proprietor]  Example: John Doe	Neither a title nor business name is required.
Qualified PLan	Individual trustees [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,	All required Trustees must sign.
Power of Attorney (POA) / Attorney-in-Fact (AIF)	Trustee under XYZ Company Retirement Plan  [Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting]  Example: John Doe, AIF for Jane Doe	A copy of the legal document that established authority must be submitted or on file.
Estate/Executor	[Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased Example: John Doe, Executor for the Estate of Jane Doe, 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.
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]  Example: John Doe, Conservator for the Estate of Jane Doe	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)	[Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA]  Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA	South Carolina and Vermont have UGMA instead of 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 assignee, only the assignee's signature is required.

## ... MassMutual

### State Income Tax Withholding Disclosure

State income tax withholding requirements on taxable distributions vary by state. State income tax, if required by your state of residence, will be withheld by MassMutual as detailed below. If you have questions regarding the withholding rules that we will apply in your state, or if you want to make a state income tax withholding request, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am-8pm Eastern Time).

State Withholding Poquiron	nante · · · · · · · · · · · · · · · · · · ·	
State Withholding Nequiren	101119	• • • • • • • • • • • • • • • • • • • •

If you are a resident of	State income tax will
Alabama, Colorado, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia or Wisconsin	Not be withheld unless you request state income tax withholding. In New York, you may only request withholding from annuities.
Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming	Not be withheld.
Arizona or Illinois	Be withheld from periodic payments (i.e. annuitized payments) only if you request state income tax withholding. State income tax will not be withheld from any other distribution.
Arkansas, California, Maine, North Carolina, Oklahoma or Oregon	Be withheld if federal income tax is withheld, unless you opt out of state income tax withholding. However, even if federal income tax is not withheld, you may request that state income tax be withheld. In Arkansas and North Carolina, you may not opt-out of eligible rollover distributions. In Maine you may not opt-out of non-periodic payments.
Connecticut, Michigan, Minnesota	Be withheld, unless you provide the appropriate state-specific withholding form.
Delaware, Kansas, Massachusetts, Nebraska or Vermont	Be withheld if federal income tax is withheld. However, even if federal income tax is not withheld, you may request that state income tax be withheld.
District of Columbia	Be withheld only on a full surrender of a qualified contract. State income taxes will not be withheld from any other distribution, unless you request state income tax withholding.
Georgia	Be withheld from periodic payments (i.e. annuitized payments), unless you opt- out of withholding. State income taxes will not be withheld from any other distribu- tions, unless you request state income tax withholding.
lowa	Be withheld if federal income tax is withheld, unless you opt-out of state income tax withholding. However, distributions from IRAs and annuities are exempt from withholding if the payee is 55 or older.
Maryland	Be withheld from eligible rollover distributions, if federal income tax is withheld. You may request withholding on distributions from qualified contracts and non-qualified Annuities.
Virginia	Be withheld if federal income tax is withheld, unless your contract is an IRA or SEP-IRA. If your contract is held as an IRA or SEP-IRA, state income taxes will not be withheld unless you request state income tax withholding. State taxes will not be withheld on a lump sum distribution of a death benefit payable under an annuity contract, unless requested.

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

#### If withholding applies

State For non-periodic (i.e. non-annuitized) payments For periodic (i.e. annuitized) payments

Alabama, Colorado, Hawaii, Idaho, Kentucky, Louisiana, Mississippi, North Dakota, Ohio, Pennsylvania, Rhode Island, Utah or West Virginia	Will be the amount requested	
Arizona	N/A	You may choose from the following rates: 0.8%, 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, and 5.1%. You may also request additional withholding.
Arkansas	Must be at least 3% of the taxable amount Will be 5% on eligible rollover distributions	Will be calculated as if the payment were wages Will be 5% on eligible rollover distributions
California	Must be at least 10% of the	e federal withholding amount
Connecticut	Must be at least 6.99% of the taxable amount, unless you claim exemption (may not claim exemption from lump sum distribution)	Will be calculated as if the payment were wages, unless you claim exemption
Delaware	Must be at least 5%	of the taxable amount
District of Columbia	<ul> <li>Will be 10.75% on full surrenders of a qualified contract</li> <li>Will be the amount requested for all other distributions</li> </ul> Will be the amount requested	
Georgia	Must be at least as much as would be withheld if the payment were wages	Will be calculated as if the payment were wages
Illinois	N/A	Will be the amount requested
Indiana, Missouri, Montana, New Jersey or New Mexico	Must be at least \$10	
Kansas, Maine, Nebraska or Oklahoma	Must be at least 5% of the taxable amount  Will be calculated as if the payment were wage In Nebraska, except for eligible rollover distributions, must be at least 5% of the taxable amount	
Maryland	<ul> <li>Will be 7.75% of the taxable amount for eligible rollover distributions from qualified contracts</li> <li>Must be at least \$5 for all other payments</li> </ul>	
Michigan	Must be at least 4.25% of the taxable amount	
Minnesota	Will be 6.25% of the taxable amount or the percentage requested	
Massachusetts or South Carolina	Will be calculated as if the payment were wages	
New York or Wisconsin	Must be at least \$5	
North Carolina or Virginia	Must be at least 4% of the taxable amount  Will be calculated as of the payment were wages	
Oregon	Must be between 8% and 10 % of the taxable amount  Will be calculated as if the payment were wages	
Utah	Will be the amount requested Will be calculated as if the payment were wages	
Vermont	Must be at least 30% of the federal withholding amount  Will be calculated as if the payment were wages	

## ... MassMutual

#### One-time ACH/EFT for Disbursements

For use with life policies only

Use this form to authorize MassMutual to deposit funds payable from a policy disbursement into a designated bank account through Automated Clearing House (ACH)/Electronic Funds Transfer (EFT).

The corresponding transaction form is required in addition to this form	n.
A Policy Information ::::::::::::::::::::::::::::::::::::	
1. Policy number(s):	
2. Insured's full legal name (First, MI, Last, Suffix):	
3. Owner's full legal name (If different than Insured):	
B Transaction Information::::::::::::::::::::::::::::::::::::	
letter of instruction from the bank <u>must be submitted</u> with this protect our customers' assets, MassMutual may independently an ACH/EFT. If we are unable to independently validate the bar mail a check via U.S. Postal Service First Class Mail to the Ow	IT bank account. A voided check or signed specification (spec) sheet/ s form. Deposit slips and starter checks will <u>not</u> be accepted. To help y validate bank and customer account information before processing nk and customer account information to support the ACH/EFT, we will there at the address of record. Refer to the Disclosures in section C for
<ol> <li>further information. ACH/EFT deposits will not be made into th</li> <li>Type of transaction (Select one):</li></ol>	Loan Surrender Universal Life/Variable Life partial withdrawal
2. Transfer amount (Select one):	ecify): \$
3. Bank account type (Select one):	
☐ Checking (Submit a voided check or submit a signed spec s.	heet/letter of instruction from the financial institution)
☐ Savings (Submit a signed specification (spec) sheet/letter of ir	nstruction from the financial institution)
4. Full legal name on bank account:	
5. Name of bank/financial institution:	
6. Bank routing/ABA transit number (9 digits):	
7. Bank account number:	
is a Trust, Estate or Corporation/Partnership, deposits cannot be Owner is an individual, deposits cannot be made into bank acco ABC Trust is the policy Owner and John Doe is the trustee, a depo	Owner's name matches the name on the bank account. If the policy Owner made into the personal account of a trustee, executor or officer. If the policy bunts owned by a Trust, Estate or Corporation/Partnership. For example, it osit can only be made into a bank account that has the name ABC Trust, and hn Doe is the policy Owner, a deposit cannot be made into a bank account de into the bank account of an Assignee.
C Disclosures ::::::::::::::::::::::::::::::::::::	
<ul> <li>MassMutual shall incur no liability as a result of a deposit being dishonored by your bank.</li> </ul>	<ul> <li>MassMutual does not accept requests to deposit funds to For Further Credit (FFC) accounts, foreign bank accounts or brokerage accounts.</li> </ul>
If MassMutual cannot make a deposit into the designated bank	If MassMutual is not able to validate the bank and customer account

Massachusetts Mutual Life Insurance Company (MassMutual) and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

First Class Mail.

credit unions.

account via ACH/EFT for any reason, we reserve the right to mail a

check to the Owner at the address of record via U.S. Postal Service

ACH/EFT is only available for U.S.-based banks or participating

information, there may be a delay processing your request.

It may take up to 2-3 business days from the date the disbursement

Some banks may charge a fee to process the ACH/EFT.

is processed for your bank to reflect the deposit.

• • • • • • • • • • • • • • • • • • • •		
D Agreements & Signature	s:::::::::::::::::::::::::::::::::::::	
authorize the bank named above to confirm		unt is in good standing and can accept deposits; and (2)
Γhis authorization will remain in effect durin	g the processing of the transfer of funds iden	tified on this form.
	yable from the requested transaction into the	e designated bank account through an ACH/EFT. I also nts made to me.
Signature of Owner/Officer/Trustee:		
Printed name:		Date:
Title (If applicable):		
Printed name of Corporation/Partner	ship/Trust (If applicable):	
Signature of Joint Policy Owner (If ap	plicable):	
Printed name:	·	Date:
Title (If applicable):		
Name of Corporation/Partnership or	Trust (include date of trust) (If applicable):	
For more information or general questi	ons, use the resources below or visit <u>w</u>	ww.MassMutual.com. Once you have reviewed and bility for forms that are submitted as indicated below.
Phone:	Mail:	Email:
1-800-272-2216 Monday through Friday 8 a m = 8 p m	MassMutual Attention: Life Hub	lifefax@MassMutual.com
	Attention: Life Hub	
1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Attention: Life Hub 1295 State Street	Fax:
Monday through Friday, 8 a.m. – 8 p.m.		