





Policy number(s): \_\_\_\_\_

**E Withholding Election for Modified Endowment Contracts ::::::::::::::::::::::::::::::::::**

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 already included in your income subject to federal income tax. There will be no withholding on the return of your own after-tax 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 that payment cannot be changed. If you elect not to have withholding apply to your other payments, or if you do not have enough federal income tax withheld from these payments, you may be responsible for payment of estimated tax and/or be subject to estimated tax penalties.

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. 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-pdf/fw4r.pdf](http://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.

*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.*

**F 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 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.*

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): \_\_\_\_\_

▶ Signature of Joint Policy Owner or former spouse (If applicable): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
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): \_\_\_\_\_

▶ Signature of Additional Assignee (If applicable): \_\_\_\_\_  
Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Title (If applicable): \_\_\_\_\_  
Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_











**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	<p>[Full name of authorized officer], [title]  <i>Example: John Doe, AVP</i></p> <p>Acceptable titles may include: Chief Executive Officer, Director, President, Vice President</p> <p><i>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.</i></p>	<ul style="list-style-type: none"> <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 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>
<ul style="list-style-type: none"> <li>Partnership</li> <li>Limited Liability Partnership (LLP)</li> <li>Limited Partnership (LP)</li> </ul>	<p>[Full name of authorized officer], [title]  <i>Example: John Doe, Partner</i></p> <p>Acceptable titles may include: Partner, General Partner, Managing Partner</p> <p><i>General Partner is the only acceptable title for Limited Partnerships.</i></p> <p><i>Limited Partner is not an acceptable title for any type of partnership.</i></p>	<ul style="list-style-type: none"> <li>A completed copy of the Entity Certification (F7833) 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 partner who is not related. If all partners are related, 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>
<ul style="list-style-type: none"> <li>Limited Liability Company (LLC)</li> <li>Professional Limited Liability Company (PLLC)</li> <li>Public Limited Company (PLC)</li> </ul>	<p>[Full name of authorized officer], [title]  <i>Example: John Doe, Director</i></p> <p>Acceptable titles may include: Alternate Director, Director, Manager, Managing Director, Managing Principal, Principal, Managing Member, Member</p> <p><i>(Member is not recognized in Colorado.)</i></p>	<ul style="list-style-type: none"> <li>A completed copy of the Entity Certification (F7833) 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 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>

Owner Type	Signature format and examples	Additional Information
Trust	<p><b><u>Individual trustees</u></b>                      [Full name of Trustee], Trustee under [full name of trust agreement] dated [mm/dd/yyyy]  <i>Example: John Doe, Trustee under Doe Family Trust dated 01/01/2011</i></p> <p><b><u>Company trustees</u></b>                      [Authorized officer], [title] of [company name], Trustee under [full name of trust agreement] dated [mm/dd/yyyy]  <i>Example: John Doe, VP of XYZ Trust Company, Trustee under Doe Family Trust dated 01/01/2011</i></p>	<ul style="list-style-type: none"> <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	<p>[Full name of individual sole proprietor]  <i>Example: John Doe</i></p>	<ul style="list-style-type: none"> <li>• Neither a title nor business name is required.</li> </ul>
Qualified PLan	<p><b><u>Individual trustees</u></b>                      [Full name of Trustee], Trustee under [full name of Qualified Plan]  <i>Example: John Doe, Trustee under XYZ Company Retirement Plan</i></p> <p><b><u>Company trustees</u></b>                      [Authorized officer], [title] of [company name], Trustee under [full name of Qualified Plan]  <i>Example: John Doe, President of XYZ Company, Trustee under XYZ Company Retirement Plan</i></p>	<ul style="list-style-type: none"> <li>• All required Trustees must sign.</li> </ul>
Power of Attorney (POA) / Attorney-in-Fact (AIF)	<p>[Full name of POA or AIF], [POA/AIF] for [full name of individual for whom they are acting]  <i>Example: John Doe, AIF for Jane Doe</i></p>	<ul style="list-style-type: none"> <li>• A copy of the legal document that established authority must be submitted or on file.</li> </ul>
Estate/Executor	<p>[Full name of appointed Executor, Administrator or Personal Representative], [Executor / Administrator / Personal Representative] for the Estate of [full name of deceased], deceased  <i>Example: John Doe, Executor for the Estate of Jane Doe, deceased</i></p>	<ul style="list-style-type: none"> <li>• A copy of the death certificate and a copy of the currently certified court appointment of Executor/ Administrator must be submitted or on file.</li> </ul>
Legal Guardian/Conservator	<p>[Full name of the legal guardian or conservator], [Guardian/Conservator] for the Estate of [full name of individual for whom they are acting]  <i>Example: John Doe, Conservator for the Estate of Jane Doe</i></p>	<ul style="list-style-type: none"> <li>• A copy of the court appointment that established authority must be submitted or on file.</li> </ul>
Custodian under Uniform Transfers to Minors Act (UTMA) or Uniform Gifts to Minors Act (UGMA)	<p>[Full name of custodian], Custodian for [full name of minor] under the [state] [UTMA/UGMA]  <i>Example: John Doe, Custodian for Jane Doe under the Connecticut UTMA</i></p>	<ul style="list-style-type: none"> <li>• South Carolina and Vermont have UGMA instead of UTMA.</li> </ul>
Collaterally assigned policy	<p>[Authorized officer], [title] of [assignee name], Assignee  <i>Example: John Doe, Vice President of ABC Bank, Assignee</i></p>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>





State Withholding Requirements *continued* .....

**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 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 style="list-style-type: none"> <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 wages. In Nebraska, except for eligible rollover distributions, must be at least 5% of the taxable amount.
Maryland	<ul style="list-style-type: none"> <li>• Will be 7.75% of the taxable amount for eligible rollover distributions from qualified contracts                             <ul style="list-style-type: none"> <li>• Must be at least \$5 for all other payments</li> </ul> </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 if 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



