

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 ::

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

B Owner Information: ::

- 1. Full legal name: _____
- 2. Taxpayer Identification Number (SSN/ITIN/EIN): _____
- 3. Phone number: _____ Extension: _____ Home Work Mobile
- 4. Email address: _____
- 5. Is this Policy subject to a divorce decree? Yes No (Default)

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? Yes No
- If Yes, complete questions 6a-6b. If No, skip to section C – Mailing Information.**
- a. Assignee full legal name: _____
- b. Additional Assignee full legal name (If applicable): _____

C Mailing Information ::

If these questions are left blank, the loan check will be mailed to the address of record via U.S. Postal Service First Class Mail. A separate form must be completed for address changes. Distributions may not be sent to an agent/broker address. For Trust-owned policies: Proceeds will only be payable to the Trust.

- 1. Payee (Select one): Owner (Default) Assignee
- 2. 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): FedEx UPS Priority
 - b. Account number: _____
 - c. Associated ZIP/Postal Code: _____

Policy number(s): _____

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):

- Cash → Amount (Select one): Maximum Other (Specify): \$ _____
- Apply proceeds to pay existing MassMutual policy (Complete questions 1a-1e below)
 - a. Policy number: _____
 - b. Loan amount (Select one): Maximum Other (Specify): \$ _____
 - 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	Dollar Amount	Investment Option
\$	Fidelity® VIP Contrafund® (FCON)	\$	MML Growth Allocation (MGRAF)
\$	Invesco Oppenheimer V.I. International Growth (IING)	\$	MML High Yield (MHY)
\$	Invesco V.I. Discovery Mid Cap Growth (IDMCG)	\$	MML Income & Growth (MIGR)
\$	Invesco V.I. Global (IGL)	\$	MML Inflation-Protected and Income (MIP)
\$	Invesco V.I. Global Strategic Income (IGSI)	\$	MML International Equity (MINEQ)
\$	Invesco V.I. Main Street (IMS)	\$	MML Large Cap Growth (MLCG)
\$	Macquarie VIP Asset Strategy ¹ (MASS)	\$	MML Managed Bond (MMB)
\$	MML Aggressive Allocation (MAAF)	\$	MML Managed Volatility (MMV)
\$	MML American Funds Core Allocation (MCA)	\$	MML Mid Cap Growth (MMCG)
\$	MML American Funds Growth (MGR)	\$	MML Mid Cap Value (MMCV)
\$	MML Balanced Allocation (MBAF)	\$	MML MML Moderate Allocation (MMAF)
\$	MML Blend (MBL)	\$	MML Short-Duration Bond (MSDB)
\$	MML Blue Chip Growth (MBCG)	\$	MML Small Cap Equity (MSCEQ)
\$	MML Conservative Allocation (MCAF)	\$	MML Small Cap Growth Equity (MSCGE)
\$	MML Dynamic Bond (MDBF)	\$	MML Small Company Value (MSCV)
\$	MML Equity (MEQ)	\$	MML Small/Mid Cap Value (MSMC)
\$	MML Equity Income (MEQI)	\$	MML Strategic Emerging Markets (MSEM)
\$	MML Focused Equity (MFEQ)	\$	MML Sustainable Equity (MSEQ)
\$	MML Foreign (MFOR)	\$	MML Total Return Bond (MTR)
\$	MML Fundamental Equity (MFE)	\$	MML U.S. Government Money Market (MMGM)
\$	MML Fundamental Value (MFV)		
\$	MML Global (MGL)	\$	Guaranteed Principal Account (GPA)
		\$	Total

¹ Formerly known as Delaware Ivy VIP Asset Strategy.

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. 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): _____



Policy number(s): _____

G Notary Stamp/Seal ::

Complete this section for the Owner and Joint Owner (if applicable) if the distribution is greater than \$100,000 and one of the following applies: (1) proceeds are sent to an address other than the address of record; or (2) proceeds are sent to an address that has been changed in the past 90 days. Notary services are offered at most banks and credit unions. Faxes will be accepted if a Notary signature is present.

On _____, _____
(mm/dd/yyyy) (full legal name of Owner(s))

personally appeared before me and is known to me and/or satisfactorily proved to me to be the person who signed this document of his/her own free will and accord.

Signature of Notary Public: _____

State/County where signed: _____

My commission expires (mm/dd/yyyy): _____

Affix Notary
Stamp/Seal

H Submission & Contact Information ::

For more information or general questions contact our Service Center at 1-800-548-0073. Representatives are available Monday through Friday, 8 a.m. - 5 p.m., Eastern Time. Once you have reviewed and completed this form, return pages 1-4 for processing. We will only accept responsibility for forms that are submitted as indicated below.

<p>Email: LCMClientServices@MassMutual.com</p>	<p>Fax: Attention: Client Services 1-413-226-4054 <i>Retain the original form and the fax machine confirmation statement for your files.</i></p>	<p>Mail: MassMutual Attention: LCM Hub 1295 State Street Springfield, MA 01111-0001</p>
---	---	--



I 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 59½, 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.

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"> A completed MassMutual Corporate Resolution (FR2057) must be submitted or on file. 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. 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 style="list-style-type: none"> Partnership Limited Liability Partnership (LLP) Limited Partnership (LP) 	<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"> A completed copy of the Entity Certification (F7833) must be submitted or on file. 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. 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.
<ul style="list-style-type: none"> Limited Liability Company (LLC) Professional Limited Liability Company (PLLC) Public Limited Company (PLC) 	<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"> A completed copy of the Entity Certification (F7833) must be submitted or on file. 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. 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.

Owner Type	Signature format and examples	Additional Information
Trust	<p>Individual trustees [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>Company trustees [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"> • A completed Certification of Trust Agreement (F6734) must be submitted or on file. • All required Trustees must sign.
Sole Proprietorship	<p>[Full name of individual sole proprietor] <i>Example: John Doe</i></p>	<ul style="list-style-type: none"> • Neither a title nor business name is required.
Qualified PLan	<p>Individual trustees [Full name of Trustee], Trustee under [full name of Qualified Plan] <i>Example: John Doe, Trustee under XYZ Company Retirement Plan</i></p> <p>Company trustees [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"> • All required Trustees must sign.
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"> • A copy of the legal document that established authority must be submitted or on file.
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"> • 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	<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"> • 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)	<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"> • South Carolina and Vermont have UGMA instead of UTMA.
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"> • 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.

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 Requirements ::

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 distributions, unless you request state income tax withholding.
Iowa	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.

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"> Will be 10.75% on full surrenders of a qualified contract Will be the amount requested for all other distributions 	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"> Will be 7.75% of the taxable amount for eligible rollover distributions from qualified contracts Must be at least \$5 for all other payments 	
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

Policy number(s): _____

D Agreements & Signatures ::

I authorize the bank named above to confirm (orally or in writing) that: (1) the bank account is in good standing and can accept deposits; and (2) the Owner named in section A above is an authorized account holder on the bank account.

This authorization will remain in effect during the processing of the transfer of funds identified on this form.

I authorize MassMutual to deposit funds payable from the requested transaction into the designated bank account through an ACH/EFT. I also authorize MassMutual to debit the designated bank account to recover any over-payments made to me.

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

▶ Signature of Joint Policy Owner (If applicable): _____
Printed name: _____ Date: _____
Title (If applicable): _____
Name of Corporation/Partnership or Trust (include date of trust) (If applicable): _____

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 the form, return both pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

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>
---	--	---

