

## Strategic GUL/GVUL Premium Election Form

Massachusetts Mutual Life Insurance Company and affiliates, Springfield, MA 01111-0001

www.massmutual.com

Sponsor Name		Affiliate Location (City, State)		
Insured's Name (Last, First, M)		Social Security Number		
Policy Number (If Available)				
	1 7			ed below. I understand that these premiums are flexible able Rider, the minimum initial premium to activate the
	No, I do not wish to pay additional premiums into my GUL/GVUL certificate.			
	Additional Premium Amount	Payment Frequency	Annual Premium Amount	Additional Premium Option
Billing ad	ldress (if different from owner add	lress)		
<i>If your pla</i> supplemen	Electronic Notifications: an allows and you choose to fund the nts, fund and separate accounts semi 1. Mail me paper versions of any s 2. E-mailing a notice identifying a	-annual & annual report such notices.	rts electronically? Please inc	licate by completing below:
	Your E-Mail Address:			
M: L( 12 P(	ent will be in effect until you revoke assachusetts Mutual Life Insurand CM Document Management Hub 195 State Street D BOX 2488 oringfield, Massachusetts 01101-24	ce Company	e your consent in writing, yo	ou must send a written revocation to:
Sales Illus	stration Certification/Acknowledgm	nent~for use with Basi	c Individual Illustrations	
	No illustration was used in the sale of this life insurance certificate. I understand that one will be provided no later than certificate delivery.			
	<ul> <li>□ The illustration used does not conform to the certificate as applied for. I understand that a sales illustration matching the certificate as issued will be provided no later than the delivery date.</li> <li>□ The illustration used does conform to the certificate as applied for.</li> </ul>			
(including lo additional 10		as income to the policyowner fore the policyowner attains	er to the extent of any gain in the po	aws. If a policy is a MEC, any distributions slicy. The policyowner would be subject to an l by a corporation or other entity. You may be able
Please ref	fer to the final illustration to deter	mine if the policy is a	Modified Endowment Cor	ntract.
Signature	es			
I understa	nd that signature of this form does n	ot bind me for insurance	ce coverage.	
⊠			_	
Applic	cant's Signature	Date		
፟>			_	
Produ	icer's Signature	Date		
Check	Enclosed (Please make checks paya	ble to MassMutual.)		FD -