

Indicate usage below:

- At time of application, use this form to designate multiple Beneficiaries.**
- After issue, use this form to change the Beneficiary on existing MassMutual certificates.**

A Personal Information

1. Insured full legal name (First, MI, Last, Suffix): _____
2. Insured date of birth (mm/dd/yyyy): _____
3. Certificate Number (After issue): _____
4. Certificateowner full legal name (First, MI, Last, Suffix): _____
5. Certificateowner phone number: (_____) _____ - _____ Extension: _____ Home Work Mobile
6. Certificateowner email: _____
7. If beneficiary change requested is after issue, is Policy subject to a divorce decree? Yes No (Default)

If yes, former spouse must sign in Section D at second signature

Note: Only applicable in these states: AK, AZ, CA, CO, CT, DE, HI, ME, MA, MN, MT, NH, NY, OK, OR, RI, SD, TN & VT

B Beneficiary Information

Primary beneficiary must always be listed when completing this form.

| | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------|
| 1a. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| Full legal name: _____ | |
| Mailing address: _____ | |
| Phone number: (_____) _____ - _____ | Social Security Number/Tax ID: _____ |
| Date of birth/Trust (mm/dd/yyyy): _____ | Distribution (If not equal shares): %/\$ _____ |
| Relationship to Insured: _____ | |
| 1b. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| Full legal name: _____ | |
| Mailing address: _____ | |
| Phone number: (_____) _____ - _____ | Social Security Number/Tax ID: _____ |
| Date of birth/Trust (mm/dd/yyyy): _____ | Distribution (If not equal shares): %/\$ _____ |
| Relationship to Insured: _____ | |
| 1c. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| Full legal name: _____ | |
| Mailing address: _____ | |
| Phone number: (_____) _____ - _____ | Social Security Number/Tax ID: _____ |
| Date of birth/Trust (mm/dd/yyyy): _____ | Distribution (If not equal shares): %/\$ _____ |
| Relationship to Insured: _____ | |
| 1d. Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | |
| Full legal name: _____ | |
| Mailing address: _____ | |
| Phone number: (_____) _____ - _____ | Social Security Number/Tax ID: _____ |
| Date of birth/Trust (mm/dd/yyyy): _____ | Distribution (If not equal shares): %/\$ _____ |
| Relationship to Insured: _____ | |

To name additional beneficiaries, copy this page.

1e. Class (Select one): Primary Secondary

Full legal name: _____

Mailing address: _____

Phone number: (_____) _____ - _____ Social Security Number/Tax ID: _____

Date of birth/Trust (mm/dd/yyyy): _____ Distribution (If not equal shares): %/\$ _____

Relationship to Insured: _____

C Disclosures ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

Beneficiary. Unless otherwise requested, proceeds shall be paid equally and in one sum as follows:

- If there is no living or existing beneficiary, the proceeds will be paid to the Certificateowner or the Certificateowner's estate.
- If Distribution Amounts/Percentages are designated, and a beneficiary predeceases the Insured, no longer exists or is no longer entitled to payment, that amount/percentage will be distributed to the surviving beneficiaries in that class as per the ratio designated.
- If dollar amounts are designated, and the proceeds at the death of the Insured are greater or less than the total amount designated, then the proceeds payable to each beneficiary will be adjusted so that the relative ratio between and among the beneficiaries remains the same.
- If a Trust under the Insured's Will is designated, then proceeds will be paid only if the Will is probated and if there is a trust in effect.

- If a revocable trust is the Certificateowner, and the trust is not in effect at the death of the Insured, and there is no living or existing beneficiary, the proceeds shall be paid to the designated grantor(s) equally, otherwise to the estate of whichever said grantors is the last to die.

General Provisions:

- MassMutual is only responsible to perform according to the terms of the policy, and is not responsible for carrying out the terms of any trust or any trust agreement outside of this policy.
- If no custodian is designated, any money payable to a minor will be paid to the court appointed guardian of the estate of the minor. Only the legal guardian of the minor can exercise any rights given to a minor.

D Agreements & Signatures ::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::::

Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1 the number shown in section B or C 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 does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Current Owner

I, the undersigned, have read all statements and answers and agree that the information provided is true, complete, and correctly recorded to the best of my knowledge and belief. I hereby consent to the transfer of ownership and/or beneficiary arrangement as indicated on this form.

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

▶ Signature of Current Additional Owner or **former spouse** (If applicable): _____
 Printed name: _____ Date: _____
 Title (If applicable): _____
 Printed name of Corporation/Partnership/Trust (If applicable): _____

Witness (Complete in Massachusetts at time of Owner signature(s) for Beneficiary changes; signature dates must match)

I, the undersigned, am a disinterested party (i.e. anyone other than the Owner, Insured or Beneficiary and have witnessed the above signature(s)

▶ Signature of Witness: _____
 Printed name: _____ Date: _____

This completed form can be sent to one of the following:

| | |
|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| Email | massmutualservice@illumifin.com |
| Fax | (877)-888-2677 |
| Regular Mail | Massachusetts Mutual Life Insurance Company P.O. Box 19015 Greenville, SC 29602-9015 |
| Overnight Mail | Massachusetts Mutual Life Insurance Company Attn: CIS Imaging Dept - Mailroom 2000 Wade Hampton Blvd. Greenville, SC 29615 |