

Use this form to withdraw/apply dividends. **IMPORTANT: If the Life Insurance Supplement Rider (LISR) or Supplemental Insurance Purchase Rider (SIPR) is currently attached to your policy, a dividend withdrawal processed for any purpose other than to pay the annual premium may result in a reduction or cancellation of the rider. For additional information, contact your personal financial representative, tax advisor or the MassMutual Service Center as noted in section G – Submission & Contact Information.**

**A Policy Information** ::

- 1. Policy number(s): \_\_\_\_\_
- 2. Insured 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  Cell  
 **Receive a text message regarding the status of this request.** By checking this box, you agree to receive text messages regarding this request to your mobile phone. These messages may be sent through an automated system. Standard message and data rates may apply to any SMS or MMS you send or receive as part of this program. You may reply to a text with STOP to cancel notifications at any time.
- 4. Email address: \_\_\_\_\_  
 **Receive an email regarding the status of this request.** By checking this box, you agree to receive emails regarding this request to your email address. These emails may be sent through an automated system.
- 5. Is this Policy subject to a divorce obligation?  Yes  No (Default)

**If Yes, former spouse must sign in section E.** 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 collaterally assigned?  Yes  No  
**If Yes, complete assignee information below. If No, skip to section C – Withdraw/Apply Dividends.**
  - Individual(s) → Print individual's full legal name (First, MI, Last, Suffix): \_\_\_\_\_
  - Corporate Entity → Print Entity name: \_\_\_\_\_
  - Trust → Print full name & date of Trust (mm/dd/yyyy): \_\_\_\_\_

**C Withdraw/Apply Dividends** ::

**If corporate-owned, the Corporate Resolution form (FR2057) is required. For Supplemental Insurance Dividend option policies, I am aware that if dividends are withdrawn or applied, the death benefit may decrease but the premium will remain the same. If any portion of the payment is taxable, an IRS Form 1099 (if required) will be issued to the owner of this policy. If a rider\* that provides benefits for qualified long term care services is attached to the policy, a withdrawal of paid-up additions may impact the value of the benefits available under the rider(s).**

**\*These riders include the Accelerated Death Benefit for Long Term Care Services Rider (known as the Long Term Care Insurance Accelerated Death Benefit Rider in Florida), the Accelerated Death Benefit for Qualified Long Term Care Insurance Rider, the Extended LTC Benefits Rider, or the Qualified Long Term Care Insurance Rider.**

Continue to next page...

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

**C** Withdraw/Apply Dividends *continued* .....

1. Withdraw/surrender dividends from (Select all that apply):

Option	Amount
Dividend/Paid-up Additions	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Accumulated Dividends	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
ALIR Purchase Payments	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
ALIR Dividends	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Additional Benefit Riders (ABR) <input type="checkbox"/> I acknowledge that as a result of this transaction I will no longer be able to make ABR premium payments.	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Annuity Paid-up Additions	<input type="checkbox"/> Maximum <input type="checkbox"/> Other (Specify): \$ _____
Flexible Term Rider	<input type="checkbox"/> Maximum (A partial surrender is not allowed)

2. Pay/apply dividends to (Select all that apply):

Option	Amount	Policy Number
<input type="checkbox"/> Pay to Cash (Also complete questions 3-5)	\$	Not applicable
<input type="checkbox"/> Apply to Premium	\$	
<input type="checkbox"/> Apply to Loan Principal	\$	
<input type="checkbox"/> Apply to Loan Interest	\$	
<input type="checkbox"/> Payoff Loan*	Not applicable	
<input type="checkbox"/> Apply Automatic Premium Loan (APL) to any balance due for Premium and/or Loan Interest**		

\*The loan payoff amount will be determined as of the date this form is received in good order at the Home Office.

\*\*For Modified Endowment Contract (MEC) policies, any automatic premium loan will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59½, any taxable premium loan may be subject to a 10% tax penalty.

**Delivery Information** (Required for cash withdrawals)

If these questions are left blank, the 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.

3. Payee (Select one):  Owner (Default)  Assignee

4. 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 5-6 below)

5. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

\_\_\_\_\_

6. 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 G. Do not include credit card information on this form.)

a. Account type (Select one):  FedEx  UPS Priority      c. Associated ZIP/Postal Code: \_\_\_\_\_

b. Account number: \_\_\_\_\_

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

**D** Withholding Election (Not for eligible rollover distributions subject to 20% withholding) ::::::::::::::::::::

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.*

**E** Agreements & Signatures ::::::::::::::::::::

**We will only accept electronic signatures generated using a MassMutual-approved electronic signature process. Electronic signatures generated from personal accounts, software or applications will not be accepted.**

By signing below, the Owner acknowledges that they have read this form and understand the implications of their request. 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. If there is not sufficient space for all required signatures, make a copy of this Agreements & Signatures section. Submit the additional page(s) of signatures with the completed form.

For (1) Enhanced Whole Life (EWL) contracts with the Supplemental Insurance Dividend (SID) option; (2) contracts with the Term Dividend provision; or (3) contracts with a Term Dividend option, read the following statement and check the box preceding it. A request to withdraw dividends from these dividend options will not be processed unless the box below is checked:

I am aware that in withdrawing dividends from the Supplemental Insurance Dividend (SID) option, Term Dividend provision or Term Dividend option, the death benefit may decrease, but the premium will remain the same.

**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.**

Owner (Required in all cases) \_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Title (If applicable): \_\_\_\_\_  Sole Officer\*

Printed name of Corporation/Partnership/Trust (If applicable): \_\_\_\_\_







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 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