



Administrative Office
P.O. Box 19015
Greenville, SC 29602-9015

Life Insurance Service Request Form

Phone: 1-844-975-7522
Fax: 1-877-888-2677
Email: MassMutualService@illumifin.com
Online: www.MassMutual.com/retirement/worksite-benefits

A Personal Information ::

1. Certificate number(s): _____
2. Insured full legal name (*First, MI, Last, Suffix*): _____
3. Certificateowner full legal name (*First, MI, Last, Suffix*): _____
4. Certificateowner Phone Number: () Extension: _____ Home Cell Work
5. CertificateOwner Last 4 of Taxpayer Identification Number: _____
6. Certificateowner E-mail Address: _____
7. Is this certificate assigned? Yes No
8. Assignee full legal name (*First, MI, Last, Suffix*): _____
9. Additional Assignee full legal name (*First, MI, Last, Suffix*): _____
10. Is this Certificate subject to a divorce decree? Yes No (Default) If Yes, former spouse must sign in section D
Only applicable in the following States: AK, AZ, CA, CO, CT, DE, HI, ME, MA, MN, MT, NH, NY, OK, OR, RI, SD, TN, VT)

B Change Request ::

By signing below, the Certificate Owner requests and directs MassMutual to make the following changes or take the action requested below. **(Check the section you want changed and complete the required information.)**

- Section 1. Request to Add/Remove Automatic Premium Loan Feature**
- To: Add Automatic Premium Loan Remove Automatic Premium Loan
-
- Section 2. Change Dividend Option**
- To: Cash Premium (**not available with PAC/Payroll Deduction**)
 Accumulations Paid-Up Additions
-
- Section 3. Cash Loan Request**
- Maximum Available Specific Amount (Up to Maximum Available) \$ _____

In consideration of the advance by MassMutual of this requested loan, all rights, title, and interest in this Certificate are assigned to MassMutual as sole security for the repayment of the loan with interest, subject to the loan provisions of the Certificate, which are incorporated by reference into this Form.

Section 4. Cancel / Surrender of Certificate

By signing below, the Certificate Owner requests to surrender the Certificate(s) identified in Part A and agrees to surrender all claims under the Certificate(s). The Certificate Owner also requests payment of the Cash Surrender Value as indicated below and agrees that Certificate Debt, if any, will be deducted from the Cash Surrender Value.

Section 5. Withholding Notice

There may be federal and state tax consequences with surrendering your Certificate(s). Mass Mutual cannot provide tax advice to you. Please consult your tax advisors to understand potential implications of surrendering your Certificate(s) or if you have other questions regarding your tax obligations. **Unless you elect otherwise below**, we will process your distribution request with the withholding of Federal Income Tax at the rate of 20% from the taxable portion of the distribution and applicable state taxes, if any. There will be no withholding on the portion of distribution, which represents the return of your own premium contributions. If you elect not to have withholding apply to your distribution, you may be responsible for payment of estimated tax to the Internal Revenue Service (IRS). There may be penalties under the estimated tax rules if your estimated tax payments are not sufficient.

I elect to have **no** income tax withheld from any distribution made from my Certificate.

Section 6. Special Instructions

C Delivery Information ::

Your distribution checks will be mailed through the U.S. Postal Service (USPS) First Class Mail; allow 10 business days for delivery.
If you would prefer a check to be mailed to you through UPS, complete information below. Additional fees may apply and by electing this option you agree to pay such fees. NOTE: UPS does not ship to a PO Box.

- 1. UPS Priority account name (First, MI, Last, Suffix): _____
- 2. UPS account number: _____ 3. Associated ZIP/Postal Code: _____

D Agreements & Signatures ::

I certify that my responses below are true:
(1) I am a US person (including US resident alien) ___ Yes ___ No
(2) I am not subject to backup tax withholding ___ Yes ___ No
(3) I am exempt from Foreign Account Tax Compliance Act (FATCA) reporting ___ Yes ___ No

Additionally, I understand and agree that:
(1) In consideration of and exchange for the value, if any, payable under its terms upon surrender, the above-numbered Certificate(s) is hereby surrendered for cancellation. Any value payable upon surrender of the Certificate, as described in Section 4, is accepted in full settlement and complete satisfaction of any rights, claims and demands under that Certificate(s).
(2) No proceedings in insolvency or bankruptcy have been instituted or are pending against the undersigned.
(3) The number shown in Section A is my correct Taxpayer Identification Number.
(4) All undersigned are of legal age.
(5) No other person, except the undersigned, has any interest in the Certificate(s).

If the Certificate is assigned, the Assignee must also sign this form..

I, the undersigned, agree the information provided on this form is true, complete and correctly recorded to the best of my knowledge and belief.

▶ Signature of Certificateowner: _____ Date: _____
Title (Required when applicable): _____
Printed name of Corporation/Partnership/Trust (If applicable): _____
Certificateowner's Mailing Address: _____

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

▶ Signature of Assignee (if Required): _____

If the amount specified is more than the amount available, the loan will be processed for the maximum amount available.
Important: Do Not Use Correction Fluid On This Form. If You Have Made An Error, Mark Through It And Initial Your Change.

E Notary ::

A Notary Public stamp is required for the Certificateowner if distribution is \$50,000 or more and one of the following applies: (1) checks are made payable to someone other than the Certificateowner (non-qualified plans only); (2) proceeds are sent to an address other than the address of record; or (3) proceeds are sent to an address that has been changed in the past 30 days. A Notary Public stamp can be obtained from most banks or credit unions. Faxes will be accepted if a Notary signature is present

Acknowledged before me this _____ day of _____, 20____, by _____.

Such person is known to me or has produced _____ as identification.

Notary Signature: _____

Notary Printed Name: _____

Notary Public Commission No. _____

Seal

Serial Number, if any: _____