

Use for Life Post Issue only ; not for use with Annuities, Qualified Plans or Disability Income

Use this form to change the beneficiary on an existing MassMutual policy. See section E – Disclosures for additional information to help complete this form. Any existing automatic programs on the policy will remain unchanged unless otherwise requested. To name additional beneficiaries, copy pages three or four as applicable. Be sure to submit all pages of this form to ensure accurate processing.

This form cannot be used to name a funeral home as beneficiary. Contact Customer Service for your product for assistance naming a funeral home as beneficiary.

It only takes a few minutes to create your secure MassMutual online account, and the benefits can last a lifetime.

Ready to register and get started online?

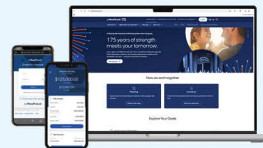


Make payments, manage preferences,
and complete transactions
all from your online account.

Go to
MassMutual.com/online-account



Scan this QR code to use
the MassMutual App



Before You Begin

- Ensure the name and address for the Owner (you) and Insured are accurate. Submit a Change Request (F6070) to update names(s)/address(es) on your policy.
- **Massachusetts residents:** a witness signature is required for all beneficiary changes. Please ensure someone other than the Owner or beneficiary is available to sign with you.

A | Policy Information

1. Policy number(s): _____
2. Insured's full legal name (First, Middle, Last, Suffix): _____
3. Additional Insured's full legal name (If applicable): _____

B | Policy Owner Information

1. Full legal name: _____
2. Phone number: _____
3. Email address: _____
4. Is this policy subject to a divorce obligation? ☐ Yes ☐ No (Default)

If Yes, former spouse must sign in section F. Note: If 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 policy or life insurance, and the signature page with the signatures of all parties. If the submitted divorce obligation requires a specific beneficiary designation, MassMutual is required to comply with the agreement and not this submitted form, regardless of signatures.

5. Is this policy collaterally assigned? ☐ Yes ☐ No **If Yes, Assignee must sign in section F.**

Policy number(s): _____

C | Individual Beneficiary Information

Complete this section to name one or more individual beneficiaries. If both individual and entity beneficiaries are being named on this form, enter the entity information in section D - Entity Beneficiary Information.

1. Is any beneficiary being designated on this form considered a minor by the state in which they reside? ☐ Yes ☐ No (Default)

If No, skip to question 2. If Yes, complete questions 1a - 1g.

Uniform Transfers/Gifts to Minors Act (UTMA/UGMA) refer to a state's law that governs the transfer of title to life insurance proceeds to a Custodian to manage for a minor until the minor reaches an age permitted by law. Under the UTMA/UGMA of the state designated in question 1g, the person designated in question 1a will be Custodian for the child(ren) named in this section. These custodial arrangements may only be used in U.S. states where permitted by applicable law. This custodial arrangement does not apply to any amounts payable to a beneficiary's descendants if per stirpes is selected.

- a. Custodian's full legal name (First, Middle, Last, Suffix): _____
- b. Custodian's date of birth (mm/dd/yyyy): _____
- c. Custodian's Taxpayer Identification Number (SSN or ITIN): _____
- d. Custodian's mailing address (P.O. Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

- e. Custodian's email address: _____
- f. Custodian's primary phone number: _____
- g. Minor's resident state: _____

2. Beneficiary arrangement (Complete one row per individual beneficiary. If the distribution is blank, the death benefit will be divided equally between all beneficiaries within that class. If percentages are designated, the total under each class must equal 100%.)

Class (Select one): ☐ Primary ☐ Secondary ☐ Tertiary

Distribution (Select one): ☐ Equal shares (Default) ☐ Specific percentage (Specify): _____ %

Issue per stirpes? ☐ Yes ☐ No (Default)

Full legal name (First, Middle, Last, Suffix): _____

Date of birth (mm/dd/yyyy): _____

a Taxpayer Identification Number (SSN or ITIN): _____

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

Email address: _____

Phone number: _____

Relationship to Insured: _____

Policy number(s): _____

C | Individual Beneficiary Information continued

Class (Select one): ☐ Primary ☐ Secondary ☐ Tertiary

Distribution (Select one): ☐ Equal shares (Default) ☐ Specific percentage (Specify): _____ %

Issue per stirpes? ☐ Yes ☐ No (Default)

Full legal name (First, Middle, Last, Suffix): _____

Date of birth (mm/dd/yyyy): _____

b Taxpayer Identification Number (SSN or ITIN): _____

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

Email address: _____

Phone number: _____

Relationship to Insured: _____

Class (Select one): ☐ Primary ☐ Secondary ☐ Tertiary

Distribution (Select one): ☐ Equal shares (Default) ☐ Specific percentage (Specify): _____ %

Issue per stirpes? ☐ Yes ☐ No (Default)

Full legal name (First, Middle, Last, Suffix): _____

Date of birth (mm/dd/yyyy): _____

c Taxpayer Identification Number (SSN or ITIN): _____

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

Email address: _____

Phone number: _____

Relationship to Insured: _____

Class (Select one): ☐ Primary ☐ Secondary ☐ Tertiary

Distribution (Select one): ☐ Equal shares (Default) ☐ Specific percentage (Specify): _____ %

Issue per stirpes? ☐ Yes ☐ No (Default)

Full legal name (First, Middle, Last, Suffix): _____

Date of birth (mm/dd/yyyy): _____

d Taxpayer Identification Number (SSN or ITIN): _____

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

Email address: _____

Phone number: _____

Relationship to Insured: _____

Policy number(s): _____

D | Entity Beneficiary Information

Complete the table below to name an entity as beneficiary. If both individual and entity beneficiaries are being named on this form, enter the individual information in the previous section. If the distribution is blank, the death benefit will be divided equally between all beneficiaries within that class. Note: If either the Estate of the Insured or a corporation is being named as the sole primary beneficiary, the Owner cannot name a secondary beneficiary.

1	Class (Select one): ☐ Primary ☐ Secondary ☐ Tertiary Distribution (Select one): ☐ Equal shares (Default) ☐ Specific percentage (Specify): _____ % Type (Select one): ☐ Irrevocable Trust ☐ Revocable Trust ☐ Trust under Insured's Will (Skip to next beneficiary) ☐ Estate of Insured (Skip to next beneficiary) ☐ Corporation ☐ Partnership/LLC ☐ Other (Specify): _____ Full legal name: _____ Trust Date (Complete if Irrevocable Trust or Revocable Trust selected above; mm/dd/yyyy): _____ Taxpayer Identification Number: _____ ☐ EIN ☐ SSN or ITIN Mailing address (P.O. Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____ Contact name (First, Middle, Last, Suffix): _____ Email address: _____ Phone number: _____
2	Class (Select one): ☐ Primary ☐ Secondary ☐ Tertiary Distribution (Select one): ☐ Equal shares (Default) ☐ Specific percentage (Specify): _____ % Type (Select one): ☐ Irrevocable Trust ☐ Revocable Trust ☐ Trust under Insured's Will (Skip to next beneficiary) ☐ Estate of Insured (Skip to next beneficiary) ☐ Corporation ☐ Partnership/LLC ☐ Other (Specify): _____ Full legal name: _____ Trust Date (Complete if Irrevocable Trust or Revocable Trust selected above; mm/dd/yyyy): _____ Taxpayer Identification Number: _____ ☐ EIN ☐ SSN or ITIN Mailing address (P.O. Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____ Contact name (First, Middle, Last, Suffix): _____ Email address: _____ Phone number: _____

Policy number(s): _____

E | Disclosures

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 Owner or the Owner's estate.
- If there is no living or existing beneficiary, and the Owner is an entity, the proceeds will be paid to the entity.
- For survivorship policies, if both Insureds are Owners and there is no living or existing beneficiary, the proceeds will be paid to the estate of the last Insured to die.
- If distribution percentages are designated, and a beneficiary predeceases the Insured, no longer exists or is no longer entitled to payment, that percentage will be distributed to the surviving beneficiaries in that class as per the ratio designated.
- If a revocable trust is the Owner, 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.

- 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 corporation or a corporate entity is designated, such designation shall include the successors or assigns.

If a minor is named as a beneficiary and 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.

If "Issue per stirpes" is elected and a beneficiary dies before the Insured, any amount that would have been paid to that beneficiary, will be paid in one sum and in equal shares to the surviving children of that beneficiary, if any, before any other contingent beneficiary.

If "Issue per stirpes" is not elected and a beneficiary dies before the Insured, any amount that would have been paid to that beneficiary, will be paid in equal shares to the surviving primary beneficiaries, if any.

Tax Disclosures. When the Owner of the contract is not the Insured and the Owner is not the beneficiary, there may be unintended income and gift tax consequences. The Owner should seek advice from personal legal or tax advisors.

F | Agreements & Signatures

Only eSignatures generated through approved MassMutual processes will be accepted. Personal eSignature accounts may not be used.

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.

- Signature of Owner _____
Printed name: _____ Date: _____
Title (If applicable): _____
Printed name of Corporation/Partnership/Trust (If applicable): _____
Trust Date (If applicable): _____
- Signature of Joint Owner or former spouse (If applicable): _____
Printed name: _____ Date: _____
Title (If applicable): _____
Printed name of Corporation/Partnership/Trust (If applicable): _____
Trust Date (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): _____
Trust Date (If applicable): _____

Witness (A witness must sign for beneficiary changes when the Owner resides in Massachusetts. All signature dates must match.)

I, the undersigned, am a disinterested party (i.e., anyone other than the Owner or beneficiary) age 18 or older and have witnessed the above signature(s).

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



Policy number(s): _____

G | Submission & Contact Information

For more information or general questions, use the resources below. Once you have reviewed and completed this form, return all pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

Product	Email / Fax*	Mailing address	Phone
Life	LifeFax@MassMutual.com 1-866-329-4527	MassMutual Life Hub 1295 State Street Springfield, MA 01111-0001	1-800-272-2216 Monday-Friday, 8 a.m. - 8 p.m. Eastern Time
Strategic Group Universal Life Strategic Group Variable Universal Life	LCMclientservices@MassMutual.com 1-413-226-4054	MassMutual LCM Hub P.O. Box 2488 Springfield, MA 01101-2488	1-800-548-0073 Monday-Friday, 8 a.m. - 5 p.m. Eastern Time
BOLI/COLI/PPVUL	BOLICOLIservice@MassMutual.com	MassMutual BOLI/COLI Hub P.O. Box 2488 Springfield, MA 01101-2488	1-800-665-2654 Monday-Friday, 8 a.m. - 5 p.m. Eastern Time

* Retain the original form and the fax machine confirmation statement for your files.