

Use this form to request a change of name, address or mode of payment, or to add or revoke the Automatic Premium Loan (APL) provision or Automatic Application of Dividends provision.

**For additional information, contact your personal financial representative,** tax advisor or the MassMutual® Customer Care Center at 1-800-272-2216. Representatives are available Monday – Friday, 8 a.m. – 8 p.m., Eastern Time.

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



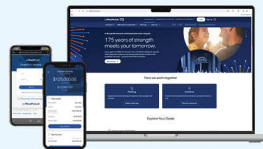
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Scan this QR code to use the MassMutual App



## A | Policy Information

1. Policy number(s): \_\_\_\_\_
2. Insured's full legal name (First, Middle, Last, Suffix): \_\_\_\_\_

## B | Policy Owner Information

1. Full legal name: \_\_\_\_\_
2. Taxpayer Identification Number (SSN or ITIN): \_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. Email address: \_\_\_\_\_

By providing your email address, you allow MassMutual to send emails regarding this request. These emails may be sent through an automated system.

5. Is this Policy collaterally assigned? ☐ Yes ☐ No **If yes, Assignee must sign in section G.**

## C | Name Change

Documentation of the name change must be submitted with this request. This form does not change the owner or beneficiary designation. If the name change is the result of a life event, this is a good time to review the beneficiary on the policy.

1. Change the name of the (Select one. If an individual occupies more than one role, the name will be updated in all roles):  
☐ Beneficiary ☐ Insured ☐ Owner ☐ Payee ☐ Payer
2. Current full legal name (First, MI, Last, Suffix): \_\_\_\_\_
3. New full legal name (First, MI, Last, Suffix): \_\_\_\_\_
4. Reason for change (Select one):  
☐ Court order (Attach court order)  
☐ Correction (Attach copy of government issued identification)  
☐ Marriage (Attach marriage certificate)  
☐ Divorce (Attach the first page of the divorce agreement, any pages pertaining to the Policy or life insurance, and the signature page with the signatures of all parties.)

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

## D | Address Change

1. Change the address of the (Select one. If an individual occupies more than one role, the address will be updated in all roles):

☐ Beneficiary ☐ Insured ☐ Owner ☐ Payee ☐ Payer

2. Residential address (No P.O. Box - Street, Apt. or Suite #, City, State/Country, ZIP/Postal Code):

\_\_\_\_\_

3. Is the mailing address the same as the residential address? ☐ Yes ☐ No

If no, provide the mailing address (P.O. Box or Street, Apt. or Suite #, City, State/Country, ZIP/Postal Code):

\_\_\_\_\_

## E | Premium Payment Frequency Change

1. Change premium payment frequency (Select one): ☐ Annual ☐ Semi-annual ☐ Quarterly (Not available for Disability Income products)

## F | Automatic Premium Loan (APL) or Automatic Application of Dividends

**Warning:** If your policy has been designated a Modified Endowment Contract (MEC), 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. Consult your tax advisor.

1. Automatic Premium Loan provision (APL): ☐ Add ☐ Revoke  
2. Automatic Application of Dividends provision: ☐ Add ☐ Revoke

## G | Agreements & Signatures

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

By my signature, I, the Owner, certify under penalties of perjury that:

- a. The number shown in Section B is my correct Taxpayer Identification Number: ..... ☐ True ☐ False  
b. I am NOT subject to backup withholding: ..... ☐ True ☐ False  
c. I am a U.S. person (including a U.S. resident alien): ..... ☐ True ☐ False  
d. The FATCA exemption code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct: ..... Not Applicable

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.

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

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.

► **Signature of Policy Owner:** \_\_\_\_\_

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

Title (If applicable): \_\_\_\_\_

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

Trust date (If applicable): \_\_\_\_\_

► **Signature of Joint Policy Owner or former spouse (If applicable):** \_\_\_\_\_

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

Title (If applicable): \_\_\_\_\_

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

Trust date (If applicable): \_\_\_\_\_



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

## G | Agreements & Signatures continued

### 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): \_\_\_\_\_

► **Signature of Additional Assignee** (If applicable): \_\_\_\_\_

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

Title (If applicable): \_\_\_\_\_

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

Trust date (If applicable): \_\_\_\_\_

## H | 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                                                                         | <a href="mailto:LifeFax@MassMutual.com">LifeFax@MassMutual.com</a><br>1-866-329-4527                     | MassMutual<br>1295 State Street<br>Springfield, MA 01111-0001 | 1-800-272-2216<br>Monday-Friday, 8 a.m. - 8 p.m.<br>Eastern Time |
| Disability Income                                                            | <a href="mailto:DIFax@MassMutual.com">DIFax@MassMutual.com</a><br>1-413-226-4024                         | MassMutual<br>1295 State Street<br>Springfield, MA 01111-0001 | 1-800-272-2216<br>Monday-Friday, 8 a.m. - 8 p.m.<br>Eastern Time |
| Strategic Group Universal Life<br>Strategic Group Variable<br>Universal Life | <a href="mailto:LCMclientservices@MassMutual.com">LCMclientservices@MassMutual.com</a><br>1-413-226-4054 | MassMutual<br>P.O. Box 2488<br>Springfield, MA 01101 -2488    | 1-800-548-0073<br>Monday-Friday, 8 a.m. - 5 p.m.<br>Eastern Time |

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

