

Use for Post Issue only with all products excluding
Annuity, Disability Income & Direct to Consumer (DTC)

Use this form to transfer ownership of an existing MassMutual policy to an individual. As a result of an ownership change, the new Owner may have the right to update the beneficiary. If the Beneficiary sections F and/or G are not completed, the existing beneficiary will remain. See section H – Disclosures for additional information to help complete this form.

Be sure to submit all pages of this form to ensure accurate processing.

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 current Owner (you) and Insured are current and accurate. Submit a Change Request (F6070) to update name(s)/ address(es) on your policy.
- For **estate owned** policies, ensure MassMutual has current estate documentation prior to completing an ownership change.
- For **entity owned** policies, ensure MassMutual has a current Corporate Resolution (FR2057).
- For **trust owned** policies, ensure MassMutual has a current Certification of Trust Agreement (F6734 or F6734NY).
- For policies owned by a **partnership, limited partnership (LP) or limited liability company (LLC)**, ensure MassMutual has a current Certificate of Partnership, Limited Partnership (LP), Limited Liability Company (LLC), Etc. (F7833).
- **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.
- The ownership change will be effective on the latest signature date on this form; however, the change is subject to any payment we make or other action we take prior to receiving this form in good order at MassMutual's Administrative Office.

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 | Current 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 I. 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 I**

Policy number(s): _____

C | New Policy Owner Information

1. Type of ownership arrangement (Select one):

- ☐ Insured(s). For survivorship policies, both Insureds are assumed to be Joint Owners with Right of Survivorship¹. **(Complete questions 2-9 for the 1st Insured. Complete questions 10-18 for the 2nd Insured.)**
- ☐ One individual Owner during their lifetime and thereafter the Insured. **(Complete questions 2-9 for the Owner. Complete questions 10-18 for the Insured.)**
- ☐ One individual Owner during their lifetime, thereafter a contingent individual Owner and thereafter the Insured **(Complete questions 2-9 for the Owner. Complete questions 10-18 for the Additional/Contingent Individual Owner.)**
- ☐ One individual Owner during their lifetime and thereafter the individual Owner's estate **(Complete questions 2-9, then skip to section D.)**
- ☐ Joint with Right of Survivorship¹ **(Complete questions 2-9 for the Owner. Complete questions 10-18 for the Additional/Contingent Individual Owner.)**
- ☐ Joint with Tenants-in-Common **(Complete questions 2-9 for the Owner. Complete questions 10-18 for the Additional/Contingent Individual Owner.)**
- Tenants-in-Common means if an Owner dies, the deceased Owner's portion will pass to the estate of that deceased Owner.

¹Right of Survivorship means if an Owner dies, the deceased Owner's portion will pass to the survivor(s) equally, otherwise to the estate of the last Owner to die.

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

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

4. Taxpayer Identification Number (SSN or ITIN): _____

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

6. 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): _____

7. Email address: _____

8. Primary phone number: _____

9. Relationship to Insured: _____

Additional/Contingent Individual Owner

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

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

12. Taxpayer Identification Number (SSN or ITIN): _____

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

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

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

16. Email address: _____

17. Primary phone number: _____

18. Relationship to Insured: _____

D | Transfer for Value

1. **Transfer for Value Certification.** Used to determine whether the death benefit may be taxable. The Current and New Owners certify that (Select one; if the consideration is left blank, it is assumed to be \$0)

- ☐ The transfer is a gift or otherwise meets one of the exceptions to the "Transfer for Value" rule
- ☐ The transfer is not a gift and does not meet a "Transfer for Value" exception → Consideration: \$ _____

Policy number(s): _____

E | Premium & Billing Information (Completed by New Owner)

The Premium Payor is the recipient of billing notices.

- If payments are currently made via AutoPay (EFT) established by the current Owner, AutoPay will be discontinued as a result of the owner change. The policy will default to direct billing with the new Owner as the Premium Payor.
- If payments are currently being made via Pre-Authorized Check (PAC) Premium Payment Service, premiums will continue to be drafted until a new billing arrangement is established.

1. Will the new Owner become the new Premium Payor? ☐ Yes **(Skip to question 3)** ☐ No **(If No, complete questions 2 & 3)**

2. New Premium Payor Information:

a. Full legal name: _____

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

3. Select desired billing type (For more information about premium payment options, refer to Premium Payment Information in section H - Disclosures. If no election is made, the policy will remain on the current billing type and frequency, except in the case of AutoPay.):

☐ Direct Bill → Select bill frequency: ☐ Annual ☐ Semi-annual ☐ Quarterly

☐ New Pre-Authorized Check (PAC) Premium Payment Service (Complete F6445)

☐ AutoPay (EFT) (You must set up AutoPay by logging in to your account on MassMutual.com. Until AutoPay is set up, premium notices will be mailed to the Premium Payor noted above.)

☐ Add to existing Group number: _____

☐ New Group (Contact your MassMutual financial professional for help completing the Group Set Up form (F6748))

F | Individual Beneficiary Information (Completed by New Owner)

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 G - 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: _____

Policy number(s): _____

F | Individual Beneficiary Information continued

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: _____
	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: _____

Policy number(s): _____

G | Entity Beneficiary Information

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. 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. Beneficiary arrangement (Complete one row per entity beneficiary. If percentages are designated, the total under each class must equal 100%.)

a	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 ☐ ITIN/SSN
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: _____	
b	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 ☐ ITIN/SSN
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: _____	

H | Disclosures

Rights of the Owner on Transfer of Ownership. Every right, privilege, option and benefit granted by the policy(ies) or allowed by the Company and the right to change the succession of ownership of the policy(ies) are transferred to the new Owner by this amendment. Any encumbrance or demand (*i.e., assignments, loans, Modified Endowment Contract status*) also succeed to the new Owner by this amendment.

Impact on Policy if an Accelerated Death Benefit for Long Term Care Services Rider (LTCR on whole life policies; LTCRIL on universal life policies) is attached to the Policy.

- There can be only one Owner of the policy; and
- For whole life policies only, if the Owner is changed to someone other than the Insured or the Insured's spouse the benefits under the rider may be taxable, and the Owner If Other Than Insured Disclosure (FR2054) must be completed.

Annuity Purchase Agreement Rider / Health and Wellness Rider. If attached to the policy, these riders will be cancelled as the result of any ownership change.

Enhanced Surrender Value Rider (ESVR). If the policy has ESVR, a change of ownership to an individual will terminate the rider unless the ownership is changed to:

- a grantor trust established by the Owner;
- a successor Owner as a result of a merger or acquisition transaction; or
- a non-qualified business trust created by the Owner for the benefit of its employees

For Qualified Plan to Insured transfers. If personal beneficiaries were named previously, then they will remain the beneficiaries as of the date of this amendment. If the trustee(s) of the Qualified Plan were named previously, then the Estate of the Insured will be the beneficiary as of the date of this amendment, unless otherwise designated in sections F or G.

Impact on the Beneficiary. Unless a new beneficiary is designated in sections F or G, the prior designation will remain in force.

Premium Payment Information. The new Owner has the right to elect the premium payment plan for the policy.

- Direct Billing. Direct Billing is defined as a single bill generated for a single policy. The Owner elects the payment/bill frequency.
- Pre-Authorized Check (PAC) Premium Payment Service. PAC is an (EFT) Electronic Funds Transfer arrangement that drafts from either a checking or savings account to pay the policy premium.
- Group Bill. Group Bill is a billing arrangement that allows multiple policies to be billed on one statement, regardless of the due date or ownership of the policy. Group Billing may also be referred to as Invoice, Franchise, List Bill, and APM Billing.

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 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 policy 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.

The current and the new Owners, if any, acknowledge and agree that:

- (a) Neither the Company nor any of its agents, employees or representatives are authorized to give legal or tax advice, and (b) the undersigned have not relied on any representations or advice from the Company, its agents, employees, or representatives with respect to this transfer.
- A transfer of the policy's ownership may have federal or state income tax consequences. The current and new Owners have had the opportunity to seek advice from personal legal and tax advisors regarding this transfer.
- Under the "Transfer for Value" rule of the Internal Revenue Code Section 101(a)(2), life insurance death proceeds are taxable in the hands of a transferee who has received the life insurance policy in exchange for any valuable consideration, monetary or otherwise. The "Transfer for Value" rule does not apply to (a) a transfer to the Insured(s), (b) a transfer to a corporation if the Insured(s) is an officer or shareholder of the corporation, (c) a transfer to a partner of the Insured(s) or a partnership in which the Insured(s) is a partner or (d) a transfer where the transferee determines basis (investment) in whole or in part with reference to the basis of the transferor (typically a gift). If the transfer does not qualify as one of the exceptions listed, any taxable death proceeds will be subject to tax reporting and withholding by the Company.

Policy number(s): _____

I | Agreements & Signatures

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

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.

- ▶ Signature of CURRENT Owner _____
Printed name: _____ Date: _____
Title (If applicable): _____
Printed name of Corporation/Partnership/Trust* (If applicable): _____
Trust Date (If applicable): _____
- ▶ Signature of CURRENT 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): _____
- ▶ Signature of Additional Assignee (If applicable): _____
Printed name: _____ Date: _____
Title (If applicable): _____
Printed name of Corporation/Partnership/Trust* (If applicable): _____
Trust Date (If applicable): _____



I | **Agreements & Signatures** (continued) _____

NEW Owner

This certification must be completed by the new Owner who will be the primary Owner for tax reporting and withholding purposes.

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

- a. The number shown in Section C 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 the Company is required by the IRS to include this certification, FATCA does not apply to a U.S. account owned by a U.S. person, so the Company has not included the ability to enter an exemption code. If the Insured/Owner has indicated that they 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.

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 NEW Owner _____
Printed name: _____ Date: _____

► Signature of NEW Joint Owner (If applicable): _____
Printed name: _____ Date: _____

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: _____

J | **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	LCMclientservices@MassMutual.com	MassMutual LCM Hub	1-800-548-0073
Strategic Group Variable Universal Life	1-413-226-4054	P.O. Box 2488 Springfield, MA 01101-2488	Monday-Friday, 8 a.m. - 5 p.m. Eastern Time

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