

Instructions for form: (Important information below).

1. Print the Policy Number and the Name of Insured in the space provided at the top of the form.
2. Print the total amount of withdrawal in the space provided.
 - ◆ The minimum amount of a withdrawal is \$100.00, including the withdrawal fee of \$25.00.
 - ◆ For each withdrawal, a fee of \$25.00 is deducted from the amount withdrawn. The total amount withdrawn from your account value will be the amount you requested. The withdrawal fee will be deducted from the requested amount.

Example: You request a \$1,000.00 withdrawal. We deduct \$1,000.00 from the account value. The amount you receive will be \$975 which equals the amount withdrawn minus the withdrawal fee.
3. If you do not wish to reduce the Selected Face Amount of your policy, then check the box provided on page one. **Evidence of insurability may be required.**
4. If you choose to withdraw an amount from the Guaranteed Principal Account (GPA), it may not exceed the non-loaned account value in the investment option.
5. Print the amount that will be withdrawn from each division of the Separate Account.
 - ◆ If a percent is given instead of a dollar amount in the withdrawal section, the request is not in good order. However, by submitting such a request, you authorize us to calculate the corresponding dollar amount as of the close of the last valuation date. After this is completed, we will consider the request to be in good order and price it as of the valuation date the form became in good order. If the dollar amount results in exceeding the maximum withdrawal amount permitted under the Policy, the amount of the withdrawal will be reduced to an amount equal to or less than that permitted.
 - ◆ If you request a maximum partial withdrawal, the amount of the withdrawal will be deducted proportionately from the available divisions, including the non-loaned account value in the guaranteed principal account.
6. The Owner of the Policy must sign the form. If more than one Owner exists, then all Owners must sign the form.
 - ◆ If the Owner of the policy is a Corporation, Partnership or Trust, then the title of the Owner(s) must be included and the Name of the Corporation, Partnership or Trust must be printed in the space provided. Refer to the Corporate Signature Requirements below for details.
7. If the policy is assigned, the Assignee must sign the form. The company title of the Assignee must be included.
8. Fax or mail this form to the appropriate resource listed below.
9. We will pay any withdrawal amounts within 7 calendar days of the withdrawal effective date unless we are required to suspend or postpone withdrawal payments. Refer to your prospectus for further details.

If you elect to take any portion of the withdrawal out of the Guaranteed Principal Account, the policy's Guaranteed Death Benefit measure will also be reduced and, consequently, negatively impact the GDB safety test. If the withdrawal results in a reduction to the GDB measure, your policy may not meet the GDB safety test on the next monthly charge date.

This request will become effective as of the Valuation Date on which this form is received, or first becomes, in good order at our Administrative Office.

Corporate Signature Requirements – For Policies owned by or assigned to a Corporation

If the Owner or Assignee is a Corporation, Partnership or Trust, then the title of the Owner(s) or Assignee must be included and the Name of the Corporation, Partnership or Trust must be printed in the space provided.

Sole Corporate Officer: If the insured or family member is the sole officer, his/her signature is acceptable if accompanied by a notarized statement to that effect, or if the corporate seal is affixed.

Two Corporate Officers: We require the signature of two different corporate officers. Their corporate titles must be included. One signature will be accepted only if the officer is not the insured or a family member of the insured.

Customer Service

To submit your request, use one of the following...



FAX this form to:
1-866-FAX-4LCS (1-866-329-4527)
Retain this original and the fax machine's confirmation statement for your files.



Mail this form to:
Massachusetts Mutual Life Insurance Company
Life Customer Service Center Hub
PO Box 1865
Springfield, MA 01102-1865

For additional information regarding your policy, use any of the following resources...



Internet Service Connection
www.massmutual.com



MassMutual Customer Service Center
1-800-272-2216
Monday through Friday, 8am-8pm Eastern Time

We will only accept responsibility for forms that are faxed or mailed to the number or address indicated. A copy of this document transmitted by facsimile shall have the same effect as the original.

