

## Service Request

Not for use with Qualified Plan or Keogh (H.R. 10) Plan owned policies

Insured(s): \_\_\_\_\_

Policy Number(s): \_\_\_\_\_

### **I. Withdraw or Apply Dividends** *(Also complete the Withholding Election section, if applicable)*

Withdraw dividends from:

	ALIR Purchase Payments		Paid-up Additions		Dividend Accumulations
	ALIR Dividends		Annuity Paid-up Additions		
Amount:	Maximum available		Specified amount: \$	_____	
Payable to:	Owner	Insured	Assignee	Other:	_____
	Payee Address: _____				
	_____				
	_____				

Or apply:	\$ _____	To Premium	On Policy	_____
	\$ _____	To Loan Principal	On Policy	_____
	\$ _____	To Loan Interest	On Policy	_____

**WARNING:** If this policy has the Supplemental Insurance Dividend option, I am aware that if dividends are withdrawn or applied, the death benefit may decrease but the premium will remain the same.

If any portion of the payment is taxable, an IRS form 1099 (if required) will be issued to the owner of this policy regardless of whether surrender/withdrawal proceeds are payable to a third party. Any additional tax reporting required to be made to a third party is the responsibility of the owner.

### **II. Election or Cancellation of the Automatic Premium Loan (APL) Provision**

Elect the Automatic Premium Loan (APL) provision. (To be operative even where premiums are allowed on a monthly basis).

Cancel the Automatic Premium Loan (APL) provision.

**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 59 ½, any taxable premium loan may be subject to a 10% tax penalty. Please consult your tax advisor.

### **III. Election of Reduced Paid-up or Extended Term Insurance**

If the premium due (enter date) \_\_\_\_\_ is not paid, the policy shall, in accordance with its term and provisions, become (choose only one):

- Extended Term Insurance\*                      Reduced Paid-up Insurance  
Reduced Paid-up Insurance with loan outstanding

**To have the change effective as of the date entered above, this form, properly completed and signed, must be received at our Home Office no later than 62 days following the date entered above.**

\_\_\_\_\_ Initial here if you want to use dividend accumulations to increase the paid-up value and the policy number is below 3,500,000. If the policy number is 3,500,000 or above, dividend accumulations will automatically be included in the value.

Any provision of the policy that provides for automatic payment of premiums will not take effect for the premium due on the date shown above.

The Company is authorized to change the dividend option to comply with the terms specified.

\*Extended Term Insurance is not available for policies issued in a classified premium group.

### **IV. Withholding Election**

The distributions you receive from this policy are subject to Federal Income Tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is includable in your income subject to Federal Income Tax. There will be no withholding on the return of your own after-tax contributions to the policy.

If you elect no withholding or if you do not have enough withheld, you may be responsible for payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

If no election is made, any applicable taxes will be withheld. If taxes are withheld, receipt of your payment may be delayed by the calculations required.

Note: If you elect Federal Income Tax withholding, you will also elect State Income Tax withholding if applicable under relevant state law.

I have read the notice regarding Federal Income Tax withholding and:

I do not want Federal Income tax withheld from my payment.  
You may only elect out of withholding if you have provided us with your Taxpayer Identification Number (TIN).

I want Federal Income Tax withheld from my payment.

Owner's Date of Birth: \_\_\_\_\_

**MEC WARNING:** If your policy has been designated a Modified Endowment Contract (MEC), and you are under age 59 ½, any taxable gain may be subject to a 10% tax penalty. Please consult your tax advisor.



## **Signature Guarantee**

A Medallion Signature Guarantee (Medallion imprint or stamp) is required for disbursements greater than \$25,000.00 if checks are to be made payable to someone other than the owner, if proceeds are sent to an address other than the address of record, or if proceeds are sent to an address that has been changed within the last 30 days.

A Signature Guarantee can be obtained from a commercial bank, savings bank, credit union, or broker/dealer that participates in one of the Medallion Signature Guarantee programs. Signature Guarantees must be originals.

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Signature Guarantee (if applicable)

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Date

## **Signature Requirements**

### **If the Owner is a:**

#### *Corporation*

Include the full name of the corporation and print the full name and title of each officer who signs (e.g. President, Vice President, Secretary, or Treasurer).

*One Corporate Officer:* Accepted only if the officer is not the insured or a family member.

*Two Corporate Officers:* If the first officer is the insured or a family member, the second officer may be related to the insured.

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

#### *Trust*

Each trustee listed under the trust agreement must sign. Include the full name of the trust, the date of the trust agreement, and the title(s) (if a corporate trust) of each officer who signs.

### **If the policy is assigned:**

Include the full name of the assignee and the title (if a corporate assignee) of each officer who signs. If the right being exercised is granted to the assignee, only the assignee's signature is required.

## **VI. Instructions**

Call 1-800-272-2216 if you need assistance completing this form. Return the completed form to MassMutual Financial Group, Life Customer Service Hub, 1295 State Street, Springfield MA 01111-0001.