

## Instructions to Complete this Form (IMPORTANT INFORMATION BELOW)

Portfolio Rebalancing is not available on the Variable Life Select, Variable Life Plus or Variable Life I products.

You MAY NOT elect the Portfolio Rebalancing option if Dollar Cost Averaging is in effect for your policy.

1. Please print the Policy Number (or Application number) and the Name of Insured(s) in the space provided at the top of form.
2. Please select the frequency, rebalancing start date, and rebalancing end date or the number of years at which time the rebalancing should end.
  - ◆ Generally, a request to cancel or change your election will be processed within five business days from the date this form is received in good order at our Administrative Office.
  - ◆ In order for Portfolio Rebalancing to occur, the account value in at least one of the selected divisions must vary from your chosen ratio by at least \$25.00.
3. Please print the new premium allocation percentages in the space provided.
  - ◆ The premium allocation percentages must be in whole numbers and the sum of the allocation percentages must equal 100%.
  - ◆ The Guaranteed Principal Account (GPA) is not a division of the Separate Account and is not eligible as a designated division in our Portfolio Rebalancing program.
  - ◆ If a Portfolio Rebalancing election is made while an earlier Portfolio Rebalancing election is currently in effect for the policy, the new election will supersede the current one as of the new effective date. Only one Portfolio Rebalancing election is allowed for a given Valuation Date.
4. 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, and the date of the trust agreement must be printed in the spaces provided. Please refer to the Corporate Signature Requirements below for details.
5. If the Policy is assigned, the Assignee must sign the form. The title of the Assignee must be included.
6. Please fax or mail page two of this form to the appropriate resource listed below.

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


**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.


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
### **Customer Service**


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

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

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

 Internet Service Connection  
[www.massmutual.com](http://www.massmutual.com)

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

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

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**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 an original.**

