

Large Case Variable Life Plus® (SL6) Future Net Premium Allocation Change Form

Important information

- This form should be used to change your allocation of future net premiums among Separate Account Divisions and the Guaranteed Principal Account (GPA).
- The requested transaction will take effect as of the Valuation Date we receive this form in **good order** at our Administrative Office.
- Only one allocation change request is allowed for each Valuation Date.
- If the Future Net Premium Allocation request is for a subset of Insureds under the Contract, please attach a census with the Insureds and Policy Numbers listed.

Instructions to complete this Form

1. Print the Contract Number, Policy Number, the Insured's Name(s), the Owner's Name, the Owner's Taxpayer Identification Number, the Owner's Daytime Telephone Number and Email address in the spaces provided at the top of the form.
2. Enter the new premium allocation percentage in the space provided for the Divisions. Percentages must be in whole numbers and must equal 100%.
3. The Policy Owner must sign the form. If more than one Owner exists, then all Owners must sign the form. If the Owner is a Corporation, refer to the Corporate Signature Requirements below. If the Policy is assigned, the Assignee must sign the form.
4. Fax, email or mail page two of this form per the instructions listed below under "Customer Service."

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 indicating that the corporation has a sole officer, 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:

1-860-562-6154

Retain this original and the fax machine's confirmation statement for your files.



Email this form to:

lcmclientservices@massmutual.com



Mail this form to:

Massachusetts Mutual Life Insurance Company

LCM Document Management Hub

1295 State Street

PO BOX 2488

Springfield MA 01101-2488

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



Internet Service Connection

www.massmutual.com



MassMutual Customer Service Center

1-800-665-2654

Monday - Friday, 8:00 a.m. - 5:00 p.m. ET

We will only accept responsibility for forms that are faxed or mailed in accordance with the above instructions.

Section 1 – Policy Information

Contract Number _____

Policy Number _____ Owner Taxpayer Identification Number _____

Insured Name (Please Print) _____ Email Address (Policy Owner) optional _____

Owner Name (Please Print) _____ Daytime Telephone Number (Policy Owner) optional _____

Section 2 – Future Net Premium Allocation Change

Complete this section to change the allocation of your future premium payments. Changes made will not change your current allocation of policy value.

Allocations must be to available Separate Account Divisions and total 100% in whole percentages. **Your signature is required in Section 3 to effect this change.** Please refer to your Policy and Prospectus for additional information about the listed Separate Account Divisions, which are subject to availability, and the GPA, and for information regarding investment choice changes.

| | |
|-------------------------------------|-------------|
| MML Blend (BL) | % |
| MML Equity (EQ) | % |
| MML Equity Index (EQIN) | % |
| MML Managed Bond (BO) | % |
| MML Money Market (MM) | % |
| Oppenheimer Global Securities (GLB) | % |
| Oppenheimer High Income (HIG) | % |
| Oppenheimer MidCap (OMC) | % |
| Guaranteed Principal Account (GPA) | % |
| Total | 100% |

Section 3 – Authorized Signature

The undersigned hereby requests that Massachusetts Mutual Life Insurance Company process the above changes.

Name of Owner (Please print) _____

Owner Signature _____

Date _____

Name of Corporation, Partnership or Trust including Title of Owner (please print) _____

Signature of Assignee _____

Company Name & Title of Assignee (if corporate assignee) (please print) _____

Date _____