

Important information

- This form should be used to transfer Account Value between Separate Account Divisions and the Guaranteed Principal Account (GPA).
- You may submit your Fund Transfer request online by visiting the online Customer Service Center at www.massmutual.com.
- The requested transaction will take effect as of the Valuation Date we receive this form in **good order** at our Administrative Office.
- Transfers must be indicated in Dollar Amounts or Whole Percentages, but not both.
- You may maintain Account Value in a maximum of twenty-one (21) Separate Account Divisions and the GPA at any one time. If you want to transfer Account Value to a twenty-second division, you must transfer 100% of the Account Value from one or more of the twenty-one active Separate Account Divisions.
- Transfers from the GPA are limited to one per policy year and must occur within the 31-day period following your policy anniversary date. The transfer may not exceed 25% of the GPA Non-Loaned Value; however if in each of the previous three policy years 25% of the GPA value has been transferred and there have been no premium payments or transfers to the GPA (except as the result of a loan), 100% of the GPA Value of this policy may be transferred to the Separate Account.
- There is no limit on the number of transfers a Policy Owner may make; however, MassMutual reserves the right to charge a fee not to exceed \$10.00 per transfer if there are more than six transfers in a policy year.
- All transfer requests are subject to the limitations on frequent transfers and excessive trading imposed by us and by the funds underlying the Separate Account Divisions. Refer to your Policy and Prospectus for further details.
- If the Fund Transfer 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 amount being deducted in the "Transfer **FROM** Dollar (\$) or Percent (%)" field then enter the division name(s) or fund abbreviation(s). Each division should only be listed once. Use either whole percentages or dollars.
3. Enter the amount being transferred in the "Transfer **TO** Dollar (\$) or Percent (%)" field then enter the division name(s) or fund abbreviation(s). Each division should only be listed once. Use either whole percentages or dollars.
 - ◆ The total of the "Transfer To" column must equal either 100% if percentages were used or the total dollars from the "Transfer From" column.
4. 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.
5. 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:

lcmlclientservices@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 _____ Email Address (Policy Owner) optional _____
 Owner Name (Please Print) _____ Daytime Telephone Number (Policy Owner) optional _____

Section 2 – Fund Transfer Request

Complete this section to transfer Account Value between Separate Account Divisions. Completing this section will not change the allocation of future payments made to your Policy.

Transfers must be indicated in dollar amounts or whole percentages, but not both.* Each division name or fund abbreviation should only be listed once in the “Transfer From” and/or “Transfer To” column. When using percentages, the total of the “Transfer To” column must equal 100% in whole percentages. When using dollars, the total of the “Transfer To” column must equal the total amount in the “Transfer From” column. You may maintain Account Value in a maximum of twenty-one (21) Separate Account Divisions and the GPA at any one time. If you want to transfer Account Value to a twenty-second division, you must transfer 100% of the Account Value from one or more of the twenty-one active Separate Account Divisions. **Your signature is required in Section 3 to effect this transfer.** Refer to your Policy and Prospectus for additional information about the listed Separate Account Divisions, which are subject to availability, the GPA, and for information regarding fund transfers.

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| American Century [®] VP Income & Growth (ACIG) | MFS [®] Research Series (MFR) | Oppenheimer High Income (HIG) |
| American Century [®] VP International (ACIN) | MML Blend (BL) | Oppenheimer International Growth (OIG) |
| American Century [®] VP Value (ACV) | MML Emerging Growth (EG) | Oppenheimer Main Street [®] (OPMS) |
| Fidelity [®] VIP Contrafund [®] Portfolio (FVIP) | MML Equity (EQ) | Oppenheimer Main Street Small Cap [®] (OSCG) |
| Fidelity [®] VIP Growth (FGRO) | MML Equity Index (EQIN) | Oppenheimer MidCap (OMC) |
| Goldman Sachs VIT Capital Growth (GSCG) | MML Growth Equity (GE) | Oppenheimer Money (OMM) |
| Goldman Sachs VIT Growth and Income (GSGI) | MML Large Cap Value (LCV) | Oppenheimer Strategic Bond (SBD) |
| Goldman Sachs VIT Strategic International Equity ² (GSIE) | MML Managed Bond (BO) | Panorama [®] Growth Portfolio (PGR) |
| Goldman Sachs VIT Mid Cap Value (GSMC) | MML NASDAQ-100 ^{®3} (NASQ) | Panorama [®] Total Return Portfolio (PTR) |
| Goldman Sachs VIT Structured U.S. Equity (GSSE) | MML Small Cap Equity (SC) | T. Rowe Price Limited-Term Bond (TRLB) |
| Janus Aspen Balanced (JAB) | MML Small Cap Growth Equity (SCVE) | T. Rowe Price Mid-Cap Growth ¹ (TRMC) |
| Janus Aspen Forty (JACA) | Oppenheimer Balanced (OPBL) | T. Rowe Price New America Growth (TRNA) |
| Janus Aspen Worldwide Growth (JAWG) | Oppenheimer Capital Appreciation (OCA) | Guaranteed Principal Account (GPA) |
| MFS [®] Emerging Growth Series (MFEG) | Oppenheimer Core Bond (OBD) | |
| MFS [®] New Discovery Series (MFND) | Oppenheimer Global Securities (GLB) | |

¹ The T. Rowe Price Mid-Cap Growth Portfolio is unavailable for policies issued on May 1, 2004, or later.

² Prior to April 30, 2007, known as Goldman Sachs VIT International Equity Fund.

³ Prior to November 30, 2007, known as MML OTC 100 division.

*Choose mode of transfer to be used throughout: Dollars** or Whole-Number Percentages (please check one)
 ** For Dollar Transfers: If the value on the transfer valuation date is less than the requested dollar amount, the transaction will be processed for the lesser amount.

Transfer FROM Dollar (\$) or Percent (%)	Transfer TO Dollar (\$) or Percent (%)
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ or _____ % FROM _____ Division	TO \$ _____ or _____ % _____ Division
\$ _____ Total	Total: \$ _____ or 100 %

Check here if submitting additional transfers and attach an additional form.

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 _____