

Strategic Group Variable Universal Life Insurance® 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).
- You may submit your Future Net Premium Allocation 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.
- Only one allocation change request is allowed for each Valuation Date.
- You may maintain Account Value in a maximum of eight (8) Separate Account Divisions and the GPA at any one time. If you want to allocate net premium to a ninth division, you must transfer 100% of the Account Value from one or more of the eight active Separate Account Divisions.

Instructions to complete this Form

1. Print the Policy Number, the Insured(s) Name(s), the Owner's Name, the Owner's Social Security 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 percentages 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,
please mail this form to:**

 MassMutual Financial Group
LCM Document Management Hub
PO BOX 2488
1295 State Street
Springfield, MA 01101-2488
Fax: (860) 562-6154
E-mail: LCMClientServices@massmutual.com

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

 Internet Service Connection
www.massmutual.com

 Customer Service:
Executive Group Life: 1-800-548-0073
Monday through Friday, 8 a.m. - 5 p.m. Eastern Time **Customer**

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

