

### 1 Policy Information

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

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

Owner(s) Name(s): \_\_\_\_\_

Owner's address: PO Box, Apt #, Street: \_\_\_\_\_

Check here if this is a new address City, State ZIP: \_\_\_\_\_

Owner's daytime phone number: \_\_\_\_\_

Owner's e-mail address: \_\_\_\_\_

I authorize MassMutual to send confirmation of the requested change to the e-mail address noted above where e-mail notification is available.

### 2 Information

This Standing Dividend Order authorizes and directs Massachusetts Mutual Life Insurance Company ("MassMutual") each year to apply dividends from the Listed Policies to the payment of the Order Policy as set forth herein. This Standing Dividend Order will be effective once received by MassMutual's Home Office and determined to be in good order. In order to effect the terms of this Standing Dividend Order, the undersigned authorizes MassMutual to make any applicable or necessary changes to the dividend option and premium mode of the Listed Policies and the Order Policy.

#### Important!

Electing a Standing Dividend Order to pay premiums does **not** mean that the policy is paid-up, **nor** does it imply that you will never need to pay future premiums. Premiums are payable for the entire premium payment period, and the number of future premiums covered through this Standing Dividend Order arrangement cannot be predicted.

There is no guarantee as to the ability of dividends, if any, from the Listed Policies to pay any premiums for the Order Policy. Future dividends are not guaranteed and may not be sufficient for directed use. If dividends from the Listed Policies are insufficient to pay premiums on the Order Policy, premiums will need to be paid out-of-pocket. Notification of this required cash payment will be sent to the premium payer of the Order Policy. If such cash payment is not made within the grace period, the Order Policy will lapse as specified in the terms of the contract.

The current dividend schedule is not an estimate or projection of future dividends. Future dividends will fluctuate upward or downward based on MassMutual financial results. A change in the dividend schedule can result in more or fewer out-of-pocket premium payments than under the current schedule.

Other withdrawals or policy loans taken from the policy will result in less value available to cover future premiums.

#### Special Product Considerations

If your policy has a SIPR or LISR rider, electing to use those dividends to pay premiums is likely to result in reduced coverage under your rider. Please ask your agent for an in force illustration to determine how this Standing Dividend Order election will affect your policy values and coverage.

If your contract is Enhanced Whole Life (EWL), any surrender of paid up additions will cancel the Supplemental Insurance Dividend (SID) option. The dividend option will be changed to paid-up additions. When the SID is cancelled, the death benefit coverage is reduced, but the premium remains the same. Once it is cancelled, SID cannot be restored or elected at a future date.

Order Policy Number(s) \_\_\_\_\_

Name(s) of Insured(s) \_\_\_\_\_

# Standing Dividend Order to Pay Policy Premiums

## 3 Payment Options and Source of Payment

Please choose one Payment Option and one Source of Payment. If none are chosen, the SDO arrangement will default to Option A, Election 1. If your policy has a LISR or SIPR rider, only Option A, Election 1, is available.

### Payment Options:

Option A Surrender enough Dividend Accumulations or Paid-up Additions to pay the annual premium on the Order Policy.

Option B Surrender enough Dividend Accumulations or Paid-up Additions to pay the annual premium and the annual loan interest on the Order Policy

Note: Under this Order, all available dividends of each policy are exhausted before drawing on dividends from the next policy. In each instance, Dividend Accumulations will be used before any Paid-up Additions.

If this Order authorizes the payment of both premiums and loan interest, the premiums will be paid first and then the loan interest. (This statement pertains only to Option B.)

**Warning: Use of dividends for the payment of interest may affect the number of years for which dividends are available to pay premiums.**

### Source of Payment

Election 1 Use dividends from the Order Policy only.

Election 2 Use dividends from the Order Policy first, then use dividends from the Listed Policy(ies), in ascending policy issue date order.

Election 3 Use dividends from the Listed Policy(ies) below (including the Order Policy, if it's listed) in ascending policy issue date order.

### Definitions:

- Order Policy – Policy being paid
- Listed Policy – Policy(ies) from which dividends are being withdrawn to pay the Order Policy.

### Listed Policies

List any policy from which dividend value is to be used for payment of the Order Policy. Include the Order Policy number only if its dividend values are to be used as a source of payment.

_____	_____	_____	_____
_____	_____	_____	_____

Order Policy Number(s) \_\_\_\_\_

Name(s) of Insured(s) \_\_\_\_\_

## Standing Dividend Order to Pay Policy Premiums

### 4 Authorization

- The withdrawal of any Listed Policy(ies) will not affect this Order with respect to any Listed Policy(ies) that remain subject to it.
- The Company that issued any Listed policy may delete it from this Order by written notice from the owner of such policy.
- Any Listed Policy(ies) may be withdrawn from this Order by written request of the policy owner.
- Use of any values from any Listed Policy will be suspended until appropriate signatures are obtained in the event of:
  - Assignment of the policy;
  - Death of the owner.

### Termination of the Standing Dividend Order

This order will terminate:

- Upon the Company's receipt of written notification from the owner of the Order Policy; or
- If the premium frequency of the Order Policy is changed to any frequency other than annual; or
- Upon receipt of a new Standing Dividend Order on the Order Policy in this agreement, or
- If the Order Policy has any of the following dividend options and the dividend exceeds the premium:
  - Reduce Premium,
  - Reduce Premium with Excess to Paid-up Additions,
  - Reduce Premium with Excess to Reduce Loan, or
  - Reduce Premium with Excess to Reduce Loan Interest

**Standing Dividend  
Order to Pay  
Policy Premiums**

Order Policy Number(s) \_\_\_\_\_

Name(s) of Insured(s) \_\_\_\_\_

**5 Signature Section** (Please refer to specific signature instructions and requirements in Section 6 of this form.)

By signing below, the owner(s) acknowledge(s) that they have received and read the Terms and Conditions on page 1 of this form.

**Individual, Joint or Multiple Owners Signature Section** (All owners must sign.)

Printed Name of Owner \_\_\_\_\_ Signature of Owner \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name of Additional Owner \_\_\_\_\_ Signature of Additional Owner \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name of Additional Owner \_\_\_\_\_ Signature of Additional Owner \_\_\_\_\_ Date Signed \_\_\_\_\_

Residency Address of Owner (Apt/House Number & Street Name, \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip) \_\_\_\_\_

**Corporate, Partnership or Trust Owned Signature Section**

Printed Name of Corporation, Partnership or Trust \_\_\_\_\_ Date of Trust \_\_\_\_\_

Printed Name of Corporate Officer/Trustee \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name of Corporate Office/Trustee \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ Date Signed \_\_\_\_\_

**Collateral Assignee Signature Section**

Printed Name of Collateral Assignee \_\_\_\_\_ Signature & Title \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name of Collateral Assignee \_\_\_\_\_ Signature & Title \_\_\_\_\_ Date Signed \_\_\_\_\_

## 6 Signature Instructions

The following descriptions explain the signature requirements for each type of ownership arrangement.

- Corporation, partnership, limited partnership** Include the full name of the corporation. Print or type the full name and corporate title of each officer who signs. If the officer is the insured or a family member, we require the signature of another officer who is not related or, if all officers are related, the signature of two officers. If the insured is the only officer, we require either a letter on company stationery to that effect or the insured's signature with the corporate seal affixed. **EXAMPLE** - John Doe, President/Partner/General Partner, ABC Corporation
- Trust \*\*** Those trustees required to sign under the trust agreement. Include the full name of the trust, the date of the trust agreement and the title(s) of the officer(s), if corporate trust, signing. **EXAMPLE** – Mary Smith as Trustee under the ABC Trust Agreement dated mm/dd/yyyy
- Custodian**
- In all states except South Carolina and Vermont, include the full name of the custodian "as custodian for (*insert name of minor*) under the (*name of state*)'s UTMA." **EXAMPLE** –Joan Doe as custodian for Alice Doe under the Massachusetts UTMA.
  - In South Carolina and Vermont, include the name of the custodian "as custodian for (*insert name of minor*) under the (*name of state*)'s UGMA." **EXAMPLE** –Joan Doe as custodian for Alice Doe under the Vermont UGMA.
- Executor\*\*** Include the full name of the appointed executor, administrator, or personal representative, as "executor, administrator, or personal representative (*list only one capacity*) for the estate of (*insert name of deceased*), deceased." If not previously submitted, a copy of the death certificate is required. **EXAMPLE** – Joan Doe, executor for the estate of Sam Doe, deceased.
- Legal Guardian /Conservator\*\*** Include the full name of the legal guardian/conservator, "as guardian/conservator of the estate of (*insert name of person affected*)."**EXAMPLE** – Joan Doe as Guardian/Conservator of the Estate of Sam Doe.
- Attorney-in-Fact\*\* (Power of Attorney)** Include the full name of the attorney-in-fact as "Attorney-in-Fact for (*insert name of person*)."**EXAMPLE** – Joan Doe, Attorney-in-Fact for Sam Doe.
- If the policy is assigned** The owner and assignee must sign. Include the full name of the assignee. If the assignee is a corporation, also include the title(s) of all officer(s) signing. NOTE: If the right being exercised is granted to the assignee, only the assignee's signature is required.

**\*\* Copies of the legal document that established authority must be submitted with this form unless already on file.**

## 7 Customer Service Information

Once you have reviewed and completed this form, please return page(s) 1, 2 and 4 for processing. To submit your request, please mail or fax this form to:



**MassMutual**  
Enterprise Document Management Hub  
1295 State Street  
Springfield MA 01111-0001



**Fax Number(s)**  
Attention Life Hub  
1-866-329-4527

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



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



**MassMutual Customer Service Center**  
1-800-272-2216  
Monday through Friday, 8 a.m. – 8 p.m.  
Eastern Time

Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.