MassMutual

Service Request to Withdraw/Apply Dividends

Not for use with Qualified Plan or Keogh (H.R. 10) Plan owned policies

Use this form to withdraw/apply dividends. For additional information, contact your personal financial representative, tax advisor or the MassMutual Service Center as noted in section G – Submission & Contact Information.

A Policy Information

1. Policy number(s): _____
2. Insured full legal name *(First, MI, Last, Suffix):* _____

B Owner Information

1. Full legal name: _____
2. Taxpayer Identification Number *(SSN/ITIN/EIN):* _____
3. Phone number: _____ Extension: _____ ☐ Home ☐ Work ☐ Cell

   ☐ **Receive a text message regarding the status of this request.** By checking this box, you agree to receive text messages regarding this request to your mobile phone. These messages may be sent through an automated system. Standard message and data rates may apply to any SMS or MMS you send or receive as part of this program. You may reply to a text with STOP to cancel notifications at any time.
4. Email address: _____

   ☐ **Receive an email regarding the status of this request.** By checking this box, you agree to receive emails regarding this request to your email address. These emails may be sent through an automated system.
5. Is this Policy subject to a divorce obligation? ☐ Yes ☐ No *(Default)*

   If Yes, former spouse must sign in section E. *Note: If the MassMutual Policy is subject to a divorce obligation (for example, a court order or a divorce agreement), this form must also be signed by the former spouse. In the event that the former spouse is not willing to sign this form, MassMutual requires the following from the divorce settlement agreement: the first page, any pages pertaining to the MassMutual Policy or life insurance, and the signature page with the signatures of all parties.*
6. Is this Policy collaterally assigned? ☐ Yes ☐ No

   If Yes, complete assignee information below. If No, skip to section C – Withdraw/Apply Dividends.

   ☐ Individual(s) → Print individual's full legal name *(First, MI, Last, Suffix):* _____

   ☐ Corporate Entity → Print Entity name: _____

   ☐ Trust → Print full name & date of Trust *(mm/dd/yyyy):* _____

C Withdraw/Apply Dividends

<u>If corporate-owned</u>, the Corporate Resolution form (FR2057) is required. <u>For Supplemental Insurance Dividend option policies</u>, I am aware that if dividends are withdrawn or applied, the death benefit may decrease but the premium will remain the same. If any portion of the payment is taxable, an IRS Form 1099 (if required) will be issued to the owner of this policy. <u>If a rider* that provides benefits for qualified long term care services</u> is attached to the policy, a withdrawal of paid-up additions may impact the value of the benefits available under the rider(s).

****These riders include the Accelerated Death Benefit for Long Term Care Services Rider (known as the Long Term Care Insurance Accelerated Death Benefit Rider in Florida), the Accelerated Death Benefit for Qualified Long Term Care Insurance Rider, the Extended LTC Benefits Rider, or the Qualified Long Term Care Insurance Rider.***

Continue to next page...

Policy number(s): _____

C Withdraw/Apply Dividends *continued*

1. **Withdraw/surrender dividends from** *(Select all that apply):*

Option	Amount
Dividend/Paid-up Additions	☐ Maximum ☐ Other *(Specify)*: $ _____
Accumulated Dividends	☐ Maximum ☐ Other *(Specify)*: $ _____
ALIR Purchase Payments	☐ Maximum ☐ Other *(Specify)*: $ _____
ALIR Dividends	☐ Maximum ☐ Other *(Specify)*: $ _____
Additional Benefit Riders (ABR) ☐ I acknowledge that as a result of this transaction I will no longer be able to make ABR premium payments.	☐ Maximum ☐ Other *(Specify)*: $ _____
Annuity Paid-up Additions	☐ Maximum ☐ Other *(Specify)*: $ _____
Flexible Term Rider	☐ Maximum *(A partial surrender is not allowed)*

2. **Pay/apply dividends to** *(Select all that apply):*

Option	Amount	Policy Number
☐ Pay to Cash ***(Also complete questions 3-5)***	$	*Not applicable*
☐ Apply to Premium	$	
☐ Apply to Loan Principal	$	
☐ Apply to Loan Interest	$	
☐ Payoff Loan*	*Not applicable*	
☐ Apply Automatic Premium Loan (APL) to any balance due for Premium and/or Loan Interest**		

**The loan payoff amount will be determined as of the date this form is received in good order at the Home Office.*

***For Modified Endowment Contract (MEC) policies, any automatic premium loan will be taxable as ordinary income to the extent of the gain in the policy. If you are under age 59½, any taxable premium loan may be subject to a 10% tax penalty.*

Mailing Information *(Required for cash withdrawals)*

If these questions are left blank, the check will be mailed to the address of record via U.S. Postal Service First Class Mail. A separate form must be completed for address changes. Distributions may not be sent to an agent/broker address. For Trust-owned policies: Proceeds will only be payable to the Trust.

3. Payee *(Select one)*: ☐ Owner *(Default)* ☐ Assignee

4. Mailing address *(PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code)*:

_____

_____

5. Delivery method *(Select one)*:

☐ U.S. Postal Service *(Default – no charge; allow 10 business days for normal delivery)*

☐ FedEx/UPS Priority *(The carrier charges a fee and cannot ship to a PO Box. If information below is not completed, the check will be mailed through the regular U.S. Postal Service. If you would like to pay your overnight billing charges by credit card, contact the applicable MassMutual Service Center as noted in section G. Do not include credit card information on this form.)*

a. Account type *(Select one)*: ☐ FedEx ☐ UPS Priority

b. Account number: _____

c. Associated ZIP/Postal Code: _____

Policy number(s): _____

D Withholding Election

Payments you receive from Massachusetts Mutual Life Insurance Company ("MassMutual") are subject to federal income tax withholding unless you elect not to have withholding apply. Withholding will apply only to the portion of your distribution that is already included in your income subject to federal income tax. There will be no withholding on the return of your own after-tax contributions to the policy. If we do not know what portion of a distribution is taxable, we will withhold on the net amount after charges. Once a payment has been made, the withholding election applicable to that payment cannot be changed. If you elect not to have withholding apply to your other payments, or if you do not have enough federal income tax withheld from these payments, you may be responsible for payment of estimated tax and/or be subject to estimated tax penalties.

State income tax withholding may also apply. State income tax withholding requirements vary by state. If required under the laws of the state in which you live, state income tax withholding will also apply. For more information on the withholding requirements in your state, see State Income Tax Withholding Disclosure. You should consult with a professional tax advisor before you begin receiving payments or before changing your election.

Check the appropriate box below to make your withholding election for payments other than eligible rollover distributions. If no withholding election is affirmatively made, a 10% federal tax will be withheld.

☐ Do not withhold ☐ Withhold 10%

Note: If you are a U.S. citizen residing in a foreign country, federal tax withholding is mandatory at the rate of 10%. If you are a nonresident alien, we require a Form W-8BEN (Individuals) or Form W-8BENE (Entities) to determine the correct withholding.

E Agreements & Signatures

By signing below, the Owner acknowledges that s/he has read this form and understands the implications of their request. Each of the undersigned certifies that s/he is of legal age, and that the Policy is not pledged or subject to any bankruptcy proceeding, attachment, lien or other claim. If the Policy is assigned, the Assignee must sign this form.

For (1) Enhanced Whole Life (EWL) contracts with the Supplemental Insurance Dividend (SID) option; (2) contracts with the Term Dividend provision; or (3) contracts with a Term Dividend option, read the following statement and check the box preceding it. A request to withdraw dividends from these dividend options will not be processed unless the box below is checked:

☐ I am aware that in withdrawing dividends from the Supplemental Insurance Dividend (SID) option, Term Dividend provision or Term Dividend option, the death benefit may decrease, but the premium will remain the same.

Taxpayer Certification. By my signature, I, the Owner, certify under penalties of perjury that: (1) the number shown in section B is my correct Taxpayer Identification Number; (2) I am not subject to backup withholding; (3) I am a U.S. person (including U.S. resident alien); and (4) the FATCA code entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. *Strike out any of these statements if incorrect.*

Note: While we are required by the IRS to include item 4 above, FATCA does not apply to a U.S. account owned by a U.S. person, so we have not included the ability to enter an exemption code. If you have indicated that you are not a U.S. person, any applicable FATCA information will be captured on the Form W-8.

The Internal Revenue Service (IRS) does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Owner *(Required in all cases)*

Signature of Owner: _____

Printed name: _____ Date: _____

Title *(If applicable)*: _____ ☐ Sole Officer

Printed name of Corporation/Partnership/Trust *(If applicable)*: _____

Signature of Joint Policy Owner or former spouse *(If applicable)*: _____

Printed name: _____ Date: _____

Title *(If applicable)*: _____ ☐ Sole Officer

Printed name of Corporation/Partnership/Trust *(If applicable)*: _____

Policy number(s): _____

E Agreements & Signatures *continued*

Assignee *(Required when the policy is assigned)*

Signature of Assignee: _____

Printed name: _____ Date: _____

Title *(If applicable)*: _____ ☐ Sole Officer

Printed name of Corporation/Partnership/Trust *(If applicable)*: _____

Signature of Additional Assignee *(If applicable)*: _____

Printed name: _____ Date: _____

Title *(If applicable)*: _____ ☐ Sole Officer

Printed name of Corporation/Partnership/Trust *(If applicable)*: _____

F Notary Stamp/Seal

Complete this section for the Owner and Joint Owner (if applicable) if the distribution is greater than $100,000 and one of the following applies: (1) proceeds are sent to an address other than the address of record; or (2) proceeds are sent to an address that has been changed in the past 90 days. Notary services are offered at most banks and credit unions. Faxes will be accepted if a Notary signature is present.

On _____ (mm/dd/yyyy), _____ (full legal name of Owner(s))

personally appeared before me and is known to me and/or satisfactorily proved to me to be the person who signed this document of his/her own free will and accord.

Signature of Notary Public: _____

State/County where signed: _____

My commission expires *(mm/dd/yyyy)*: _____

Affix Notary Stamp/Seal

G Submission & Contact Information

For more information or general questions, use the resources below or for additional information regarding your policy, visit www.massmutual.com. Once you have reviewed and completed this form, return all pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

Phone:	**Mail:**	**Email:**
1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	lifefax@massmutual.com **Fax:** Attention: Life Hub 1-866-329-4527 *Retain this original and the fax machine confirmation statement for your files.*

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.

MassMutual

State Income Tax Withholding Disclosure

State income tax withholding requirements on taxable distributions vary by state. State income tax, if required by your state of residence, will be withheld by MassMutual as detailed below. If you have questions regarding the withholding rules that we will apply in your state, or if you want to make a state income tax withholding request, contact the MassMutual Service Center at 1-800-272-2216 (Monday through Friday, 8am-8pm Eastern Time).

State Withholding Requirements

If you are a resident of...	State income tax will....
Alabama, Colorado, Hawaii, Idaho, Indiana, Kentucky, Louisiana, Minnesota, Mississippi, Missouri, Montana, New Jersey, New Mexico, New York*, North Dakota, Ohio, Pennsylvania, Rhode Island, South Carolina, Utah, West Virginia or Wisconsin	Not be withheld unless you request state income tax withholding.
Alaska, Florida, Nevada, New Hampshire, South Dakota, Tennessee, Texas, Washington or Wyoming	Not be withheld.
Arizona or Illinois	Be withheld from periodic payments (i.e. annuitized payments) only if you request state income tax withholding. State income tax will not be withheld from any other distribution.
Arkansas, California, Iowa, Maine, North Carolina, Oklahoma or Oregon	Be withheld if federal income tax is withheld, unless you opt out of state income tax withholding. However, even if federal income tax is not withheld, you may request that state income tax be withheld. In Arkansas and North Carolina, you may not opt-out of eligible rollover distributions. In Maine you may not opt-out of non-periodic payments.
Connecticut	Be withheld, unless you claim exemption on form CT-W4P.
Delaware, Kansas, Massachusetts, Nebraska or Vermont	Be withheld if federal income tax is withheld. However, even if federal income tax is not withheld, you may request that state income tax be withheld.
District of Columbia	Be withheld only on a full surrender of a qualified contract. State income taxes will not be withheld from any other distribution, unless you request state income tax withholding.
Georgia	Be withheld from periodic payments (i.e. annuitized payments), unless you opt-out of withholding. State income taxes will not be withheld from any other distributions, unless you request state income tax withholding.
Maryland	Be withheld from eligible rollover distributions, if federal income tax is withheld. You may request withholding on distributions from qualified contracts and non-qualified Annuities.
Michigan	Be withheld, unless you opt out of withholding by submitting form MI W-4P.
Virginia	Be withheld if federal income tax is withheld, unless your contract is an IRA or SEP-IRA. If your contract is held as an IRA or SEP-IRA, state income taxes will not be withheld unless you request state income tax withholding. State taxes will not be withheld on a lump sum distribution of a death benefit payable under an annuity contract, unless requested.

**** Residents of New York may elect withholding on distributions from Annuities only.***

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.

State Withholding Requirements *continued*

State	If Withholding Applies For non-periodic (i.e non-annuitized) payments	For periodic (i.e. annuitized) payments
Alabama, Colorado, Hawaii, Idaho, Kentucky, Louisiana, Mississippi, North Dakota, Ohio, Pennsylvania, Rhode Island, Utah or West Virginia	Will be the amount requested	
Arizona	N/A	You may choose from the following rates: 0.8%, 1.3%, 1.8%, 2.7%, 3.6%, 4.2%, and 5.1%. You may also request additional withholding.
Arkansas	Must be at least 3% of the taxable amount Will be 5% on eligible rollover distributions	Will be calculated as if the payment were wages Will be 5% on eligible rollover distributions
California	Must be at least 10% of the federal withholding amount	
Connecticut	Must be at least 6.99% of the taxable amount, unless you claim exemption (may not claim exemption from lump sum distribution)	Will be calculated as if the payment were wages, unless you claim exemption
Delaware, Iowa or Massachusetts	Must be at least 5% of the taxable amount	
District of Columbia	• Will be 8.95% on full surrenders of a qualified contract • Will be the amount requested for all other distributions	Will be the amount requested
Georgia	Must be at least as much as would be withheld if the payment were wages	Will be calculated as if the payment were wages
Illinois	N/A	Will be the amount requested
Indiana, Missouri, Montana, New Jersey or New Mexico	Must be at least $10	
Kansas, Maine, Nebraska or Oklahoma	Must be at least 5% of the taxable amount	Will be calculated as if the payment were wages. In Nebraska, except for eligible rollover distributions, must be at least 5% of the taxable amount.
Maryland	• Will be 7.75% of the taxable amount for eligible rollover distributions from qualified contracts. • Must be at least $5 for all other payments.	
Michigan	Must be at least 4.25% of the taxable amount	
Minnesota or South Carolina	Will be calculated as if the payment were wages	
New York or Wisconsin	Must be at least $5	
North Carolina or Virginia	Must be at least 4% of the taxable amount	Will be calculated as of the payment were wages
Oregon	Must be at least 8% of the taxable amount	Will be calculated as if the payment were wages
Utah	Will be the amount requested	Will be calculated as if the payment were wages
Vermont	Must be at least 30% of the federal withholding amount	Will be calculated as if the payment were wages

MassMutual

One-time ACH/EFT for Disbursements

For use with life policies only

Use this form to authorize MassMutual to deposit funds payable from a policy disbursement of $500 or more into a designated bank account through Automated Clearing House (ACH)/Electronic Funds Transfer (EFT).

The corresponding transaction form is required in addition to this form.

A Policy Information

1. Policy number(s): _____
2. Insured's full legal name *(First, MI, Last, Suffix):* _____
3. Owner's full legal name *(If different than Insured):* _____

B Transaction Information

Complete this section to receive an ACH/EFT deposit into your bank account. A voided check or signed specification (spec) sheet/letter of instruction from the bank must be submitted with this form. Deposit slips and starter checks will not be accepted. To help protect our customers' assets, MassMutual may independently validate bank and customer account information before processing an ACH/EFT. If we are unable to independently validate the bank and customer account information to support the ACH/EFT, we will mail a check via U.S. Postal Service First Class Mail to the Owner at the address of record. Refer to the Disclosures in section C for further information.

1. Type of transaction *(Select one):* ☐ Dividend withdrawal ☐ Loan ☐ Surrender ☐ Universal Life/Variable Life partial withdrawal
2. Transfer amount *(Select one):* ☐ Maximum ☐ Other *(Specify):* $ _____
3. Bank account type *(Select one):*
   - ☐ Checking *(Submit a voided check or submit a signed spec sheet/letter of instruction from the financial institution)*
   - ☐ Savings *(Submit a signed specification (spec) sheet/letter of instruction from the financial institution)*
4. Full legal name on bank account: _____
5. Name of bank/financial institution: _____
6. Bank routing/ABA transit number *(9 digits):* ☐☐☐☐☐☐☐☐☐
7. Bank account number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

The ACH/EFT will only be accepted and processed if the policy Owner's name matches the name on the bank account. If the policy Owner is a Trust, Estate or Corporation/Partnership, deposits cannot be made into the personal account of a trustee, executor or officer. If the policy Owner is an individual, deposits cannot be made into bank accounts owned by a Trust, Estate or Corporation/Partnership. For example, if ABC Trust is the policy Owner and John Doe is the trustee, a deposit can only be made into a bank account that has the name ABC Trust, and not a bank account that has the name John Doe. Similarly, if John Doe is the policy Owner, a deposit cannot be made into a bank account that has the name ABC Trust.

C Disclosures

- MassMutual shall incur no liability as a result of a deposit being dishonored by your bank.
- If MassMutual cannot make a deposit into the designated bank account via ACH/EFT for any reason, we reserve the right to mail a check to the Owner at the address of record via U.S. Postal Service First Class Mail.
- ACH/EFT is only available for U.S.-based banks or participating credit unions.
- MassMutual does not accept requests to deposit funds to For Further Credit (FFC) accounts, foreign bank accounts or brokerage accounts.
- If MassMutual is not able to validate the bank and customer account information, there may be a delay processing your request.
- Some banks may charge a fee to process the ACH/EFT.
- It may take up to 2-3 business days from the date the disbursement is processed for your bank to reflect the deposit.

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Policy number(s): _____

D Agreements & Signatures

I authorize the bank named above to confirm (orally or in writing) that: (1) the bank account is in good standing and can accept deposits; and (2) the Owner named in section A above is an authorized account holder on the bank account.

This authorization will remain in effect during the processing of the transfer of funds identified on this form.

I authorize MassMutual to deposit funds payable from the requested transaction into the designated bank account through an ACH/EFT. I also authorize MassMutual to debit the designated bank account to recover any over-payments made to me.

Signature of Owner/Officer/Trustee: _____

Printed name: _____ Date: _____

Title *(If applicable):* _____ ☐ Sole Officer

Printed name of Corporation/Partnership/Trust *(If applicable):* _____

Signature of Joint Policy Owner *(If applicable):* _____

Printed name: _____ Date: _____

Title *(If applicable):* _____

Name of Corporation/Partnership or Trust (include date of trust) *(If applicable):* _____

E Submission & Contact Information

For more information or general questions, use the resources below or visit www.MassMutual.com. Once you have reviewed and completed the form, return both pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	**Mail:** MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001	**Email:** *lifefax@MassMutual.com* **Fax:** Attention: Life Hub 1-866-329-4527 *Retain this original and the fax machine confirmation statement for your files.*