MassMutual

Cancellation of Payment Option

Use this form to cancel the Standing Dividend Order (SDO), Partial Standing Dividend Order (PSDO), Modified Payment Option (MPO), Standing Loan Order (SLO), Alternate Payment Option (APO) or the Partial Alternate Payment Option (PAPO).

A Policy Information

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

B Owner Information

1. Full legal name *(First, MI, Last, Suffix)*:: _____
2. Residential address – ***do not use PO Box*** *(Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):*

   _____

   _____

3. Mailing address – ***only if different than question 1*** *(PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):*

   _____

   _____

4. Phone number: _____ ☐ 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.

5. 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.

6. Is this Policy subject to a divorce obligation? ☐ Yes ☐ No *(Default)*

   If Yes, former spouse must sign in section C. *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.*

7. Is this Policy collaterally assigned? ☐ Yes ☐ No

   If Yes, complete assignee information below. If No, skip to section C – Agreements & Signatures.

   ☐ 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):* _____

Continue to next page...

Policy number(s): _____

C Agreements & Signatures

By signing below, the Owner authorizes MassMutual to cancel the payment option for the policy(ies) listed on this form.

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):* _____

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

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):* _____

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

**If the Sole Officer box is selected and the signer is the only officer, a signed letter on company stationery to that effect or the signer's signature with the corporate seal affixed is required.*

D Submission & Contact Information

For more information or general questions, use the resources below or visit www.massmutual.com. Once you have reviewed and completed this form, return both pages for processing.

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.*