

Use this form to authorize the Massachusetts Mutual Life Insurance Company referred to herein as the "Company" to establish a Modified Payment Option (MPO) for Connecticut Mutual Life (CML) Issued policies, excluding Connecticut Mutual Survivorship Whole Life (CMSWL) and Connecticut Mutual 2000 (CM2000) products.

A Modified Payment Option Terms & Conditions:

Electing a Modified Payment Option (MPO) does not mean that your policy is a paid-up policy nor does it imply that you will never need to pay future premiums. The number of future premiums covered under this arrangement cannot be predicted. Future dividends are not guaranteed. The current dividend schedule is not an estimate or projection of future dividends. In fact, we would expect dividends to fluctuate upward or downward based on future financial results of the Company. A change in the dividend schedule, which can occur in any year, can result in more or fewer out-of-pocket premium payments than would result under the current dividend schedule. In addition, any other withdrawals or policy loans taken from the policy will result in less value available to cover future premiums.

MPO Types:

- **Standard (STD).** This option calls for all premiums to be paid from policy dividends. A cash payment will be required only if dividends are NOT sufficient to pay a premium. Refer to **Payments** below for more information.
- **Target Amount – Level.** This option calls for a level cash payment to be made toward the premium each year. For policies paid on other than an annual basis, the level cash payment will be billed or drafted and is payable in portions equal to the policy premium mode. If any planned cash payment is not made, we will attempt to pay the premium as specified in **Payments** below.
- **Target Amount – Vary.** This plan calls for a cash payment or draft to be made toward the premium. All specifications are the same as the "Level" except that the cash payment amount will change periodically (e.g., could vary from zero to the full premium amount). A schedule of such payments must be attached.

Payments. The amount due for each premium will be paid by the planned cash payment that was billed or drafted, if applicable, and an automatic withdrawal of accumulated dividends, paid-up additions, the surrender of death benefits from the Additional Benefits Rider (if no longer premium paying), and/or automatic policy loan unless such

amounts are paid in cash prior to the end of each policy grace period. This withdrawal may reduce the death benefit under the policy.

Insufficient Values. If a cash payment is not made, and/or policy values described in **Payments** above are not sufficient to cover the amount due, notification of a required cash payment will be sent. If such cash payment is not made within the grace period, the policy will lapse. If on CS/MPO, the policy will be removed from CS/MPO and will be placed on regular Check Service. A Checkbook Reminder will be sent and the total monthly premium due will be drafted.

Start Date MPO may begin on any policy anniversary date or semi-annual increment of the policy anniversary date. CS/MPO may begin on any month equal to or greater than the paid-to-date. A mode change made prior to the MPO start date could change the MPO start date. Changes to the MPO start date must be requested in writing and signed by the owner(s).

Dividends. The only options allowed are Accumulations, Paid-up Additions, and One-Year Term with Additions. Any option changes requested will become effective on the next policy anniversary date. There is no guarantee that dividends will be sufficient to cover all future premiums. Changes to the dividend option must be requested in writing and signed by the owner(s).

Premium Mode. The premium mode must be annual (A), semi-annual (SA), Quarterly(Q), or monthly Check Service (CS). A mode change prior to the MPO start date could change the MPO start date. Group Billed policies *cannot* elect MPO.

Non-Forfeiture Option. The automatic premium loan and automatic premium dividend options must be in effect.

Termination. This authorization may be terminated by the owner(s) or Company upon appropriate written notice.

Ownership. A single form can be used to establish MPO for more than one policy. All policies listed must have the same owner(s). For each policy that is assigned, the assignee's signature is required.

B Submission & Contact Information

For more information or general questions, use the resources below. Once you have reviewed and completed this MPO Authorization, return pages 1 – 2. We will only accept responsibility for forms that are mailed or faxed to the address or number 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	Fax: Attention: Life Hub 1-866-329-4527 <i>Retain this original and the fax machine confirmation statement for your files.</i>
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C Authorization ::

Complete the table below. For additional information see section A – Modified Payment Option Terms & Conditions

Policy Number	Insured's Name	Change Dividend Option			Start Date of MPO (MMYY)	Premium Mode (A/SA/Q/CS)	Check Service Number	MPO Type		
		Accumulations	Paid-up Additions	Cancel One-Year Term				Annual Target Amount		
								STD	Level	Vary
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D Agreements & Signatures ::

I, the undersigned, have read and understand this agreement authorizing and directing the Company to establish the policies listed here on the MPO Authorization. The Company is also authorized to change the non-forfeiture option for each policy to comply with the MPO terms and to change policy dividend options and premium modes as specified.

▶ Signature of Owner: _____
 Printed name: _____ Date: _____
 Title (If applicable): _____ Sole Officer
 Printed Name of Corporation/Partnership/Trust (If applicable): _____
 Owner email: _____
 I authorize the Company to send confirmation of the requested change to the email address noted above where email notification is available.

▶ Signature of Additional Owner (If applicable): _____
 Printed name: _____ Date: _____
 Title (If applicable): _____
 Printed Name of Corporation/Partnership/Trust (If applicable): _____

▶ Signature of Assignee (If applicable): _____
 Printed name: _____ Date: _____
 Title (If applicable): _____ Sole Officer
 Printed Name of Corporation/Partnership/Trust (If applicable): _____

