

## 1 Policy Information

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

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 Important Information *(Read the following important information)*

1. This form authorizes MassMutual to surrender the cash value of paid up additional insurance on this policy to pay the increase in the initial base policy premiums beginning in the 6<sup>th</sup> year of a Modified Whole Life Policy. The Partial Standing Dividend Order only covers the *difference* between the initial base policy premium and the ultimate base policy premium and will not be applied to the entire base premium.
2. Future dividends are not guaranteed. The current dividend schedule is not an estimate or projection of future dividends. A change in the dividend schedule can affect the amount of dividends available.
3. Any other partial surrenders or policy loans taken from the policy may result in less dividend additions available.
4. Electing the Partial Standing Dividend Order does not guarantee that you will never need to pay the difference in premiums out of pocket.
5. In the event that dividend additions are not sufficient to cover the difference in premiums, notification will be sent to the premium payor via the premium notice stating that the total premium must be paid in full.

## 3 Partial Standing Dividend Order and Rider Premiums

The Partial Standing Dividend Order will cover the increase in base policy premium only and will not cover the premium for any riders attached to the policy, such as:

- Waiver of premium
- Life Insurance Supplemental Rider (LISR)
- Renewable Term Rider (RTR), which has premiums that increase yearly

If you elect the Partial Standing Dividend Order and have LISR, some of the dividends on this policy will be used to pay the increase in your base policy premium and your LISR premium. As a result, it will take longer to fully fund your LISR and you will likely need to increase your LISR premium to reach crossover.

## 4 Terminating the Partial Standing Dividend Order

This Partial Standing Dividend Order will terminate:

- Upon the Company's receipt of written notification from the owner of the policy
- If the dividend option is changed to an option other than Paid-Up Additions

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

# Partial Standing Dividend Order

## 5 Authorization

By signing this agreement, I accept the terms of the Partial Standing Dividend Order and I authorize and direct MassMutual to surrender dividend additions to pay for the increase of premiums at the start of the 6<sup>th</sup> policy year and authorize MassMutual to continue the surrenders thereafter until this authorization is revoked by the owner or terminated by the provisions stated above.

## 6 Signature Section

Refer to specific signature instructions and requirements in Section 7 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

### Corporate, Partnership or Trust Owned Signature Section

_____ Printed Name of Corporation, Partnership or Trust	_____ Date of Trust	_____ Date Signed
_____ Signature of Corporate Officer or Trustee	_____ Title	_____ Date Signed
_____ Signature of Corporate Officer or Trustee	_____ Title	_____ Date Signed

### Assignee Signature Section

_____ Printed Name of Assignee	_____ Signature & Title	_____ Date Signed
_____ Printed Name of Additional Assignee	_____ Signature & Title	_____ Date Signed
_____ Printed Name of Additional Assignee	_____ Signature & Title	_____ Date Signed

The following descriptions explain the signature requirements for each type of ownership and assignee arrangements.

- 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 stationary 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.**

Once you have reviewed and completed this form, return pages 1 and 2 for processing. To submit your request, 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

**Email Address**  
[ANNfax@massmutual.com](mailto:ANNfax@massmutual.com)

For additional information regarding your policy, 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