

Use this form to request a dividend option change on your life insurance policy(ies). For additional information, contact your personal financial representative, tax advisor or the applicable MassMutual Customer Service Center as noted in section F – Submission & Contact Information.

IMPORTANT: If the Life Insurance Supplement Rider (LISR) or Supplemental Insurance Purchase Rider (SIPR) is currently attached to your policy, the dividend option cannot be changed until the LISR or SIPR rider is cancelled. Contact our Service Center at 1-800-272-2216 to obtain a Request for Amendment of Contract form (F5264) prior to requesting the dividend option change.

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: _____ Home Work Mobile

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 – Dividend Options.

- 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 Dividend Options ::

Not all options are available to all policy types. Check your policy before choosing a new dividend option. Any change request received more than 31 days after the anniversary date will be effective the following policy anniversary date.

Note: If premiums are payable monthly under the Pre-Authorized Check payment plan, election of any Reduced Premium dividend option is not allowed. The billing frequency must be changed prior to the election of a Reduced Premium dividend option.

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 change from these dividend options will not be processed unless the box below is checked:

I am aware that in changing 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.

Policy number(s): _____

C Dividend Options *continued* •••••

Complete for all products except Single Premium Whole Life with the Qualified Long Term Care Insurance Rider

1. New dividend option (Select one):
- Paid-up Additions (PD) (If Accelerated Death Benefit for Long Term Care Services Rider (LTCR)**, also complete question 2)
 - Reduce Premium with excess to Cash (RP) (Review question 1a)
 - Cash (CS) (Review question 1a)
 - Dividend Accumulations (DA)
 - Cancel One-Year Term Agreement (Effective on your next policy anniversary. Your previously-selected secondary dividend option will become your new dividend option unless otherwise specified here: _____ . Skip to section D.)

The following dividend options are **NOT AVAILABLE** for policies issued by Connecticut Mutual Life Insurance Company

- Reduce Loan Interest (RI) (Reduces interest, excess reduces loan principal. Review question 1a)*
 - Reduce Loan Principal (RN) (Reduces principal, excess reduces loan interest. Review question 1a)*
 - Reduce Premium with excess to Paid-up Additions (RPD) (Review question 1a. If LTCR**, complete question 2)
 - Reduce Premium with excess to Loan Interest (RRI) (Not available for Whole Life Legacy policies. Review question 1a)
 - Reduce Premium with excess to Loan Principal (RRN) (Not available for Whole Life Legacy policies. Review question 1a)
- a. If you elected one of the following dividend options - RP, CS, RI, RN, RPD, RRI or RRN, **and** the policy is subject to the terms of a Standing Dividend Order, Modified Payment Option or Alternate Payment Option, read the following statement and check the box preceding it. A request to change the dividend option will not be processed unless the box below is checked:
- I am aware that the dividend option I have requested will result in the cancellation of the Standing Dividend Order/Modified Payment Option/Alternate Payment Option arrangement.

The following option is **ONLY AVAILABLE** for policies issued by Connecticut Mutual Life Insurance Company

- Use of dividends as loan repayments:
- Revoke the authorization for loan repayment by dividends.
 - Add the authorization for loan repayment by dividends. By adding this authorization it is understood that the Company will change the dividend option to dividend accumulations, invoke the automatic premium loan provision and invoke the automatic application of dividends provision. If the premium and/or loan interest are not paid within the grace period, any amount due will be added to the loan principal, provided there is sufficient value in the policy.
- Effective date (Select one):
- As of the next policy anniversary
 - Withdraw accumulated dividends as of the next policy anniversary and apply toward the loan principal. Use future dividends to reduce the outstanding loan.

2. Complete if LTCR** is attached to your policy, and either the PD or RPD option was selected above.
- Add future paid-up additions purchased by base policy dividends to the Dividends Benefit Pool
 - Do not add future paid-up additions purchased by base policy dividends to the Dividends Benefit Pool

*Depending on the policy type, this option will revert to Paid-up Additions or Dividend Accumulations when the loan is paid in full.

**In Florida, this rider is known as Long Term Care Insurance Accelerated Death Benefit Rider.

Policy number(s): _____

E Agreements & Signatures *continued*

Assignee (Required when the policy is assigned)

▶ Signature of Assignee (If applicable): _____
 Printed name: _____ Date: _____
 Title (If applicable, e.g. Trust or Corporate owned): _____ Sole Officer*
 Printed name of Corporation/Partnership/Trust (If applicable): _____
 Date of Trust (If applicable): _____

▶ Signature of Additional Assignee (If applicable): _____
 Printed name: _____ Date: _____
 Title (If applicable, e.g. Trust or Corporate owned): _____
 Printed name of Corporation/Partnership/Trust (If applicable): _____
 Date of 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.*

F 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 all pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

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



State Withholding Requirements *continued*

If Withholding Applies

State	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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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 if 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