

Massachusetts Mutual Life Insurance Company (MassMutual)

A Policy Information

Complete this section for all cases

1. Name of Proposed Insured(s)/Annuitant(s) _____
2. Life Insurance Policy/Certificate/Annuity Contract Number (if known) _____

B Trust Information

Complete this section for all cases

1. Full Name of Trust _____
2. Date Trust was fully executed _____
3. The Trust is: Revocable Irrevocable
4. Situs of Trust (State or, if foreign, Country) _____
5. Names of all Trustees authorized to act on behalf of the Trust _____

C Grantor/Tax Information

Complete this section for all cases

1.

Name of Grantor(s)/Settlor(s)	Grantor(s) Citizenship	Grantor(s) Date of Birth	SSN of Grantor(s)
_____	_____	_____	_____
2. Residential Address of Grantor(s) (#, Street, Apt. #, City, State/Country, Zip) _____
3. Trust Taxpayer Identification Number (TIN) _____. Please check which of the following applies:
 - This is the Trust's Employer Identification Number
 - The Trust is a Grantor Trust for federal tax purposes and is using the Grantor's SSN as its TIN

D Owner Information

Complete this section if Trust is an Owner

1. Does the Trust authorize the Trustee(s) to purchase, own, and administer life insurance policies and/or annuity contracts on the life of the above Insured(s)/Annuitant(s)? Yes No
2. Does the Owner/Insured/Annuitant have a current agreement or commitment to sell, transfer, assign, or release this policy/contract - or any beneficial interest of this policy/contract or its ownership structure - to a life settlement company, viatical company, bank, investor, or secondary market provider? Yes No
3. *For life insurance policies only:* What is the relationship between the Grantor and the Insured(s)?:
 - Same (Insured(s) = Grantor) Spouse Child Employee/Employer Other (explain) _____

E Beneficiary Information

Complete this section if Trust is a Beneficiary

1. *For annuity contracts only:* Is any Beneficiary of the Trust (including a contingent beneficiary) a non-natural person? Yes No
In order for a trust beneficiary to be considered a designated beneficiary for purposes of the required minimum distribution rules, the trust must meet certain requirements including that all trust beneficiaries are natural persons.
2. *For life insurance policies only:* What is the relationship between each Beneficiary of the Trust and the Insured(s)?: (check all that apply)
 - Spouse Child Grandchild Employee/Employer Other (explain) _____

F Certification and Declaration by Trustee

Complete this section for all cases

The undersigned Trustee(s) ("Trustee"), solely in its capacity as a trustee and not individually, of the above referenced trust (the "Trust") represents, certifies and declares that the Trust is in full force and effect, and if the undersigned is the sole Trustee of the Trust, that the undersigned is not the sole beneficiary of the Trust. The Trustee acknowledges that Massachusetts Mutual Life Insurance Company (the "Insurer") may rely solely on this Certification, as well as the statements and representations made in the associated application, as a basis for issuing and/or performing obligations of the above-referenced policy/contract (the "Policy"), and that the Insurer will not be charged with any knowledge of the terms of the Trust beyond this Certification.

The Trustee agrees the Insurer's sole obligation is to perform under the terms of the Policy and that the Insurer shall have no responsibility regarding the use and the application of any funds paid to the Trustee. The Trustee agrees that the Trust is bound by this Certification, and that the Insurer may rely upon the direction of the authorized Trustee(s) until the Insurer receives written notification, at its Home Office, of a change of Trustee. The Trustee agrees to notify the Insurer within a reasonable time after such a change occurs.

If the Trust is the Owner of the Policy, the Trustee agrees the Insurer may rely solely on the signature(s) of the authorized Trustee(s) for the exercise of any rights or options with respect to the Policy, including, but not limited to, all ownership rights over the Policy, such as the right to receive cash values, loans, dividends and other benefits; to distribute, assign or sell the Policy; to select investment allocations for variable Policies; or to agree to any release, modification or amendment of the Policy. Furthermore, the Trustee acknowledges it has independently determined the suitability of the Policy for the Trust.

The Trustee further acknowledges and agrees that (a) neither the Insurer nor any of its agents, employees or representatives are authorized to give legal or tax advice; (b) the Trustee has not relied on any representations or advice of any of the Insurer's agents, employees or representatives with respect to the terms or validity of the Trust; and (c) the Trustee has had the opportunity to consult with its own legal and/or tax counsel in preparation of the Certification of Trust.

The Trustee acknowledges that the Insurer reserves the right to request and receive pertinent provisions of the Trust if it determines such is necessary. Before the Insurer makes any disbursement pursuant to the terms of the Policy, it may require proof that the Trust is then in full force and effect.

The Trustee further certifies that all documents pertaining to this policy/contract be signed by: **(check one)**

- ALL** authorized Trustees
- a **MAJORITY** of authorized Trustees
- ANY** authorized Trustee
- DESIGNATED** Trustee

Trustee Name: _____
(please print or type)

X _____
Trustee Signature (Date)

Trustee Name: _____
(please print or type)

X _____
Trustee Signature (Date)

Trustee Name: _____
(please print or type)

X _____
Trustee Signature (Date)

Trustee Name: _____
(please print or type)

X _____
Trustee Signature (Date)

For Corporate Trustees:

Title/Capacity of Signatory: _____

Trustee Name: _____
(please print or type)

Trustee Signature: **X** _____

(Date)