MassMutual

VUL Guard℠ & SVUL Guard℠ Portfolio Rebalancing Request

Refer to your prospectus for additional information about the divisions of the Separate Account and Information regarding Portfolio Rebalancing. Carefully review the Disclosures in section A before completing this form.

A Disclosures

You *may not* elect Portfolio Rebalancing if the Dollar Cost Averaging (DCA) option is in effect on your policy.

The account value in at least one of the selected divisions must vary from your chosen ratio by at least $25.00 in order for rebalancing to occur.

The premium allocation percentages must be in whole numbers and the sum of the allocation percentages must equal 100%.

All of the existing divisons will be rebalanced to the divisions designated on this form.

The Guaranteed Principal Account (GPA) is not a division of the Separate Account and is not eligible as a designated division in our Portfolio Rebalancing program.

If the Portfolio Rebalancing election is made while an earlier Portfolio Rebalancing election is currently in effect for the policy, the new election will supersede the current one as of the new effective date. Only one Portfolio Rebalancing election is allowed for a given Valuation Date.

B 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):* _____

C Owner Information

1. Full legal name: _____
2. 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.
3. 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
4. Is this policy collaterally assigned? ☐ Yes ☐ No

   If Yes, complete assignee information below. If No, skip to section D – Dollar Cost Averaging Information.

   ☐ 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):* _____

D Portfolio Rebalancing Information

Carefully review section A - Disclosures before completing the following questions. If a termination date is not provided, Portfolio Rebalancing will continue as long as your designated rebalancing divisions are available.

1. Frequency *(Select one):* ☐ Monthly ☐ Quarterly ☐ Semi-Annual ☐ Annual
2. Start date *(Enter 1st - 28th):* _____
3. End date *(Enter date (mm/dd/yyyy) or number of years):* _____

Massachusetts Mutual Life Insurance Company (MassMutual), and its subsidiaries, C.M. Life Insurance Company and MML Bay State Life Insurance Company, 1295 State Street, Springfield, MA 01111-0001.

Policy number(s): _____

E Divisions by Asset Class

Complete this section to identify the Portfolio Rebalancing elections. Values in the percentage column must be in whole numbers. The sum of all percentages entered in this section must equal 100%.

Percentage	Separate Account Divisions	Percentage	Separate Account Divisions
%	American Century VP Disciplined Core Value	%	Janus Henderson Forty
%	American Century VP Value	%	Janus Henderson Global Research
%	American Funds® Asset Allocation	%	MFS® Investors Trust
%	American Funds® Growth-Income	%	MFS® New Discovery
%	DWS Small Cap Index	%	MML Blend
%	Fidelity® VIP Contrafund®	%	MML Blue Chip Growth
%	Franklin Small Cap Value VIP	%	MML Equity
%	Goldman Sachs Strategic Growth	%	MML Equity Index
%	Invesco V.I. Capital Appreciation	%	MML Inflation-Protected and Income
%	Invesco V.I. Discovery Mid Cap Growth	%	MML Managed Bond
%	Invesco V.I. Global	%	MML Managed Volatility
%	Invesco V.I. Global Strategic Income	%	MML U.S. Government Money Market
%	Invesco Oppenheimer V.I. International Growth	%	MML Small Cap Equity
%	Invesco V.I. Main Street®	%	MML Small Cap Growth Equity
%	Invesco V.I. Core Plus Bond [1]	%	T. Rowe Price Blue Chip Growth
%	Invesco V.I. Diversified Dividend	%	T. Rowe Price Equity Income
%	Invesco V.I. Health Care	%	T. Rowe Price Mid Cap Growth [2]
%	Invesco V.I. Technology	%	Templeton Foreign VIP
%	Janus Henderson Balanced		
			100% of Separate Account Value

1 Effective after the close of the New York Stock Exchange on April 29, 2022, the Invesco V.I. Core Bond merged into the Invesco V.I. Core Plus Bond.

2 T. Rowe Price Mid Cap Growth division is not available as an investment option for policies issued on May 1, 2004 or later.

Policy number(s): _____

F Agreements & Signatures

We will only accept electronic signatures generated using a MassMutual-approved electronic signature process. Electronic signatures generated from personal accounts, software or applications will not be accepted.

Owner *(Required for all policies)*

By signing below, I acknowledge that I have read section A – Disclosures and understand the implications of this request. I certify that I am of legal age, and that the policy is not pledged or subject to any bankruptcy proceeding, attachment, lien or other claim. *If the Policy is assigned, the Assignee must sign this form.* If there is not sufficient space for all required signatures, make a copy of this Agreements & Signatures section. Submit the additional page of signatures with the completed form.

Signature of Policy Owner/Officer/Trustee: _____

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 Joint Policy Owner/Officer/Trustee or former spouse *(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):* _____

Assignee *(Required when the Policy is assigned)*

Signature of Assignee *(If applicable):* _____

Printed name: _____ Date: _____

Title *(If applicable, e.g. Trust or Corporate assigned):* _____ ☐ 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 assigned):* _____

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.*

G 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.

Phone:	**Mail:**	**Email:**
1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	MassMutual Attention: Life Hub PO Box 1865 Springfield, MA 01111-0001	LifeFax@MassMutual.com **Fax:** Attention: Life Hub 1-866-329-4527 *Retain this original and the fax machine confirmation statement for your files.*