

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

A Disclosures

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

DCA will not assure you a profit and does not protect against loss in declining markets. Since a DCA program anticipates continued investment during periods of fluctuating prices, you should consider your ability to assume the financial risks of continuing DCA through periods of low price levels.

The start date you select in Section D, question 3 will be your recurring DCA Transfer Day.

The division named in section D, question 5 cannot be specified as a Transfer "To" division.

To ensure proper performance of the DCA function, it is imperative that sufficient funds are maintained in the Transfer "From" division (section D, question 5).

GPA is not a division of the Separate Account and cannot be selected as a Transfer "From" division in section D, question 5 in DCA.

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

If, on a DCA Transfer Day, the value of the "From" division (section D, question 5) is less than the specified Transfer Amount, the DCA will not occur. The DCA will occur on the next designated DCA Transfer Day as long as the amount designated to be transferred is available.

The initial account value of the Transfer "From" division (section D, question 5) must be at least \$1,000.

The minimum amount that may be transferred "From" is \$100.00.

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.
3. Email address:
Receive an email regarding the status of this request.
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):

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 (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: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time	Mail: MassMutual Attention: Life Hub PO Box 1865 Springfield, MA 01111-0001	Email: lifefax@MassMutual.com 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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