



Corporation/Partnership Name Change Request

Not for use with Qualified Plans or Keogh (H.R.10) Plan owned policies

1 **Policy Information** (Please print)

Policy Number(s) _____

Insured(s) Name(s) _____

2 **Corporate/Partnership Name Change** *Legal name changes must be recorded with the Social Security Administration to assure a match between the name and the taxpayer identification number (social security number or employer identification number). Failure to do so may result in a tax penalty.*

Notice is hereby given that the name of the owner, beneficiary, or assignee under the above numbered policy has been legally changed

From: _____

To: _____

- Said change is not: (Corporation) the result of any merger or sale of assets
 (Partnership) the result of the termination of the partnership interest of any partner or the creation of any partnership interest in a new partner.

_____ Printed Full Name/Title of Corporate Officer/Partner/Trustee <input type="checkbox"/> I am the sole officer of the above corporation.	_____ Signature of Corporate Officer/Partner/Trustee Title <u>required</u> with signature.	_____ Date Signed
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_____ Printed Full Name/Title of Corporate Officer/Partner/Trustee	_____ Signature of Corporate Officer/Partner/Trustee Title <u>required</u> with signature.	_____ Date Signed
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Massachusetts Mutual Life Insurance Company (MassMutual), 1295 State Street, Springfield, MA 01111-0001 and its subsidiaries: C.M. Life Insurance Company and MML Bay State Life Insurance Company, 100 Bright Meadow Boulevard, Enfield, Connecticut 06082-1981.

A Signature Instructions

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 stationery 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

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.

**** Copies of the legal document that established authority must be submitted with this form unless already on file.**

B Customer Service Information

Once you have reviewed and completed this form, please return page 1 for processing. To submit your request, please mail or fax this to:

For Traditional Life, Universal Life and Variable Life policies mail to:



MassMutual
Enterprise Document Management Hub
1295 State Street
Springfield MA 01111-0001

For Executive Benefits policies mail to:

MassMutual
LCM Document Management Hub
1295 State Street
P O Box 2488
Springfield MA 01101-2488



MassMutual Customer Service Center:

1-800-272-2216
Monday through Friday, 8 a.m. – 8 p.m. Eastern Time

Executive Benefits Customer Service Center:

1-800-548-0073
Monday through Friday, 8 a.m. – 5 p.m. Eastern Time



Fax Information:

Attention Life Hub
1-866-329-4527

Fax Information for Executive Benefits:

1-413-226-4054



Internet Service Connection:

www.massmutual.com