

Use this form to transfer policy ownership to an individual on an existing MassMutual policy. As a result of an ownership change, the new owner may have the right to update the beneficiary. If section D – New Beneficiary Information is not completed or the Revocable Assignment of Benefits (FR1114) is not submitted for Disability Income policies, the existing beneficiary/recipient of benefits will remain. See section E – Disclosures for definitions and exceptions. Any existing automatic programs on the Policy will remain unchanged unless otherwise requested. To name a funeral home as owner and/or beneficiary, contact Customer Service at 1-800-272-2216.

A Policy Information

- 1. Policy number(s):
2. Insured's full legal name: First MI Last Suffix

Current Owner's Information

- 3. Full legal name: First MI Last Suffix
4. Phone number: Home Work Cell
5. Email address:
6. Is this Policy subject to a divorce obligation? Yes No

If Yes, former spouse must sign in section F. Note: MassMutual must comply with applicable state law when divorce proceedings have been filed. 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.

B New Individual Owner Information

- 1. Type (Select one):
Insured(s)
One individual Owner during his/her lifetime and thereafter the Insured
One individual Owner during his/her lifetime and thereafter the individual Owner's estate
One individual Owner during his/her lifetime and thereafter a contingent Owner and thereafter the Insured
Joint with Right of Survivorship
Joint with Tenants-in-Common

1Right of Survivorship means if an Owner dies, the deceased Owner's portion will pass to the survivor(s) equally, otherwise to the estate of whichever said Owners is the last to die.

2If your policy is a Survivorship Whole Life, this ownership type may require a complex arrangement. Contact us to prepare a form for you.

3Tenants-in-Common means if an Owner dies, the deceased Owner's portion will pass to the estate of that deceased Owner.

Policy number(s): _____

B New Individual Owner Information *continued*

2. Full legal name: _____
First MI Last Suffix

3. Date of birth (mm/dd/yyyy): _____

4. Taxpayer Identification Number (SSN/ITIN): _____

5. Residential address – **do not use PO Box** (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

6. Mailing address – **only if different than question 5** (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

7. Phone number: _____ Home Work Cell

8. Email address: _____

9. Relationship to Insured: _____

Complete for a Contingent/Joint Individual Owner

10. Full legal name: _____
First MI Last Suffix

11. Date of birth (mm/dd/yyyy): _____

12. Taxpayer Identification Number (SSN/ITIN): _____

13. Residential address – **do not use PO Box** (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

14. Mailing address – **only if different than question 13** (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

15. Phone number: _____ Home Work Cell

16. Email address: _____

17. Relationship to Insured: _____

C Transfer for Value & Premium Payor Information:

1. **Transfer for Value Certification.** The Current and New Owners certify that (Select one; if consideration left blank, assumed at \$0):
 The transfer is a gift or otherwise meets one of the exceptions to the “Transfer for Value” rule
 The transfer is not a gift and does not meet a “Transfer for Value” exception → Consideration: \$ _____

If the following questions are not completed, the Premium Payor will remain unchanged.

2. Is the Premium Payor changing as a result of this Owner change? Yes No (If No, skip to section D)

3. Will the new Owner become the new Premium Payor? Yes No (If No, complete questions 4 & 5)

4. New Premium Payor Information:

a. Full legal name: _____
First MI Last Suffix

b. Mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

c. Relationship to Insured: _____

Policy number(s): _____

C Transfer for Value & Premium Payor Information *continued*

5. Select desired billing type (Refer to section E - Disclosures for more information about premium payment options. If no election is made, the policy will remain on the current billing type and frequency.):

Direct Bill → Select bill frequency: Annual Semi-annual Quarterly

New Pre-Authorized Check (PAC) Premium Payment (Complete F6445)

Add to existing Group number: _____

New Group (Contact your MassMutual financial professional for help completing the Group Set Up form (F6748))

D New Beneficiary Information:

For entity beneficiaries, skip to question 3. For all beneficiaries within a class, the sum of the designated percentages must equal 100% or the sum of the designated dollar amounts must equal the total Face Amount of the Policy. If the distribution is blank, the death benefit will be divided equally between all beneficiaries within that class. To name additional beneficiaries, copy pages four or five as applicable. Be sure to submit all pages of this form to ensure accurate processing.

Individual Beneficiary Information

Complete this section to name an individual beneficiary. If both individual and entity beneficiaries are being named on this form, enter the entity information in question 3 on page 5.

1. Is any beneficiary being designated on this form considered a minor by the state in which they reside? Yes No (Default)

If No, skip to question 2. If Yes, continue to question 1a.

UTMA/UGMA. UTMA/UGMA refer to a state's law that governs the transfer of title to life insurance proceeds to a Custodian to manage for a minor until the minor reaches an age permitted by law. Under the UTMA/UGMA of the state designated in question 1d, the person designated in question 1a will be Custodian for the child(ren) named in this section. These custodial arrangements may only be used in U.S. states where permitted by applicable law. This does not extend to issue per stirpes, if selected.

a. Custodian's full legal name (First, MI, Last, Suffix): _____

b. Custodian's date of birth (mm/dd/yyyy): _____

c. Custodian's mailing address (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):

d. Minor's resident state: _____

2. **Beneficiary arrangement** (Complete one row per individual beneficiary. If percentages are designated, the total under each class must equal 100%. If dollar amounts are designated, the total under each class should equal the Face Amount of the Policy. If foreign beneficiary, also complete [W-8BEN](#).)

<p>Class (Select one):</p> <p><input type="checkbox"/> Primary</p> <p><input type="checkbox"/> Secondary/Contingent</p> <p><input type="checkbox"/> Tertiary</p>	<p>Distribution (Select one):</p> <p><input type="checkbox"/> Equal shares (Default)</p> <p><input type="checkbox"/> Specific percentage (Specify): _____ %</p> <p><input type="checkbox"/> Specific amount (Specify): \$ _____</p> <p>Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)</p>
<p>Full legal name: (First, MI, Last, Suffix): _____</p>	
<p>Date of birth (mm/dd/yyyy): _____</p>	
<p>Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN</p>	
<p>Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____</p>	
<p>Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>	
<p>Email address: _____</p>	
<p>Relationship to Insured: _____</p>	

Policy number(s): _____

D New Beneficiary Information *continued*

2	<p>Class (Select one):</p> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary	<p>Distribution (Select one):</p> <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____ Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	<p>Full legal name: _____</p> <p style="text-align:center;">First MI Last Suffix</p>	
	<p>Date of birth (mm/dd/yyyy): _____</p>	
	<p>Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN</p>	
	<p>Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):</p> <p>_____</p> <p>_____</p>	
	<p>Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>	
	<p>Email address: _____</p>	
	<p>Relationship to Insured: _____</p>	

Entity Beneficiary Information

Complete the table below to name an entity as beneficiary. If both individual and entity beneficiaries are being named on this form, enter the individual information in question 2 on the previous page. Note: If either the estate of the Insured or a corporation is being named as the sole primary beneficiary, the Owner cannot name a secondary beneficiary.

3. **Beneficiary arrangement** (Complete one row per entity beneficiary. If percentages are designated, the total under each class must equal 100%. If dollar amounts are designated, the total under each class should equal the Face Amount of the Policy. If foreign beneficiary, also Complete form [W-8BEN-E](#).)

1	<p>Class (Select one):</p> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary	<p>Distribution (Select one):</p> <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____
	<p>Type (Select one): <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Trust under Insured's Will (Skip to next beneficiary) <input type="checkbox"/> Estate of Insured (Skip to next beneficiary) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____</p>	
	<p>Full legal name: _____</p>	
	<p>Date Trust was established (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy): _____</p>	
	<p>Taxpayer Identification Number: _____ <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN</p>	
	<p>Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code):</p> <p>_____</p> <p>_____</p>	
	<p>Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell</p>	
	<p>Email address: _____</p>	

Policy number(s): _____

D New Beneficiary Information *continued*

2	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary	Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____
	Type (Select one): <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Trust under Insured's Will (Skip to next beneficiary) <input type="checkbox"/> Estate of Insured (Skip to next beneficiary) <input type="checkbox"/> Corporation <input type="checkbox"/> Other (Specify): _____	
Full legal name: _____		
Date Trust was established (Complete if Irrevocable Trust or Revocable Trust is selected above; mm/dd/yyyy): _____		
Taxpayer Identification Number: _____ <input type="checkbox"/> EIN <input type="checkbox"/> ITIN <input type="checkbox"/> SSN		
Mailing address (PO Box or Street, Apt. or Suite #, City & State/Country, ZIP/Postal Code): _____ _____		
Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell		
Email address: _____		

E Disclosures

If the Insured's name has changed, complete and submit a Change Request (F6070). Additional documentation is required.

General Provisions:

- MassMutual is only responsible to perform according to the terms of the Policy, and is not responsible for carrying out the terms of any trust or any trust agreement outside of this Policy.
- If a minor is named as a beneficiary and no custodian is designated, any money payable to a minor will be paid to the court appointed guardian of the estate of the minor. Only the legal guardian of the minor can exercise any rights given to a minor.

Policy Ownership Requirements. To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify and record information about our customers. This form asks for information and/or documents for ownership changes to help identify the new Owner. If the required information or documentation is not provided or this form is not completed entirely, this change may not be processed as requested.

Rights of the Owner on Transfer of Ownership. Every right, privilege, option and benefit granted by the Policy(ies) or allowed by the Company and the right to change the succession of ownership of the Policy(ies) are transferred to the new Owner by this amendment. Any encumbrance or demand (i.e. assignments, loans, Modified Endowment Contract status) also succeed to the new Owner by this amendment.

Impact on Policy if an Accelerated Death Benefit for Long Term Care Services Rider (LTCR) is attached to the Policy. (1) There can be only one Owner of the Policy; and (2) the Owner If Other Than Insured Disclosure form (FR2054) must also be completed if the new Owner is not the Insured.

Annuity Purchase Agreement Rider. If attached to the Policy, it will be cancelled as the result of any ownership change.

For Qualified Plan to Insured transfers. If personal beneficiaries were named previously, then they will remain the Beneficiaries as of the date of this amendment. If the trustee(s) of the Qualified Plan were named previously, then the Estate of the Insured will be the Beneficiary as of the date of this amendment, unless otherwise designated in section D.

Impact on the Beneficiary. Unless a new Beneficiary is designated in section D or the Revocable Assignment of Benefits (FR1114) for Disability Income, the prior designation will remain in force.

Premium Payment Information.

The new Policyowner has the right to elect the premium payment plan for the Policy.

- **Direct Billing.** Direct Billing is defined as a single bill generated for a single policy. The Policyowner elects the bill frequency and type.
- **Pre-Authorized Check (PAC) Premium Payment Service.** PAC is an (EFT) Electronic Funds Transfer arrangement that drafts from either a checking or savings account to pay the policy premium.
- **Group Bill.** Group Bill is a type of billing frequency that allows multiple policies to be billed on one statement, regardless of the due date, or Ownership of the policy. Group Billing may also be referred to as Invoice, Franchise, List Bill, and APM Billing.

