

**Use this form to transfer policy ownership to an entity 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 F – 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
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### Current Owner's Information

- 3. Full legal name: \_\_\_\_\_
- 4. Phone number: \_\_\_\_\_  Home  Work  Cell  
 Receive a text message regarding the status of this form. By checking this box, you agree to receive information regarding your form from MassMutual, which may be delivered to your mobile phone using 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 future notifications at any time.
- 5. Email address: \_\_\_\_\_
- 6. Is this Policy subject to a divorce obligation?  Yes  No

**If Yes, former spouse must sign in section E.** 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. In the event that the former spouse is not willing to sign this form, MassMutual requires the following from the divorce settlement agreement: the first page, any pages pertaining to the MassMutual Policy or life insurance, and the signature page with the signatures of all parties. If the submitted divorce obligation requires a specific beneficiary designation, MassMutual is required to comply with the agreement and not this submitted form, regardless of signatures.

## **B** New Entity Owner Information ::

**If an Accelerated Death Benefit for Long Term Care Services Rider (LTCR) is attached to the Policy, the [Owner If Other Than Insured Disclosure \(FR2054\)](#) must also be completed. Be sure all questions in this section are complete and all required supplemental forms are included to avoid any delays in processing the request.**

- 1. Type (Select one):
  - Trust** → Date established (mm/dd/yyyy): \_\_\_\_\_  
(Also complete [Certification of Trust, F6734](#); in New York, use [F6734NY](#))
  - Corporation**  
(Also complete [Corporate Resolution Form, FR2057](#); required for CURRENT and NEW owner)
  - Partnership, Limited Liability Company (LLC), or Limited Partnership**  
(Also complete [Certificate Form, F7833](#); required for CURRENT and NEW owner)
  - Qualified Plan** → Provide Qualified Billing Number: \_\_\_\_\_ Note: Plan is Beneficiary by default.  
(Also complete [Disclosure & Acknowledgment, F3678](#), and [Group Billing/Discount Request, F6748](#); for retirement plans, also complete the applicable version of [Life Insurance & Qualified Retirement Plans Disclosure & Acknowledgment FR2195](#) or [FR2197](#))
  - Viatical or Life Settlement Company, its successors or assigns**  
(Also complete [Corporate Resolution Form, FR2057](#); required for CURRENT and NEW owner)

Policy number(s): \_\_\_\_\_

**B** New Entity Owner Information continued .....

2. Full legal name of Entity/Trust/Qualified Plan: \_\_\_\_\_

3. Taxpayer Identification Number (SSN/ITIN/EIN): \_\_\_\_\_

4. Legal address – do not use PO Box (Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):  
\_\_\_\_\_  
\_\_\_\_\_

5. Mailing address – only if different than question 4 (PO Box or Street, Apt. or Suite #, City & State or Country, ZIP/Postal Code):  
\_\_\_\_\_  
\_\_\_\_\_

6. Contact name: \_\_\_\_\_  
First MI Last Suffix

7. Phone number: \_\_\_\_\_  Home  Work  Cell

8. Email address: \_\_\_\_\_

9. Type of citizenship (Select one):  U.S. Entity  Foreign Entity (**Complete form W-8BEN-E**)

**C** Transfer for Value & Premium Payor Information ::::::::::::::::::::

**Neither the Company nor any of its agents, employees or representatives are authorized to give legal or tax advice.**

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: \_\_\_\_\_

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))



Policy number(s): \_\_\_\_\_

**D** New Beneficiary Information *continued* .....

**Individual Beneficiary Information** continued

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

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

Policy number(s): \_\_\_\_\_

**D** New Beneficiary Information *continued* .....

**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	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary	<b>Distribution (Select one):</b> <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____
	<b>Type (Select one):</b> <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Trust under Insured's Will ( <b>Skip to next beneficiary</b> ) <input type="checkbox"/> Estate of Insured ( <b>Skip to next beneficiary</b> ) <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: _____		

2	<b>Class (Select one):</b> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary/Contingent <input type="checkbox"/> Tertiary	<b>Distribution (Select one):</b> <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % <input type="checkbox"/> Specific amount (Specify): \$ _____
	<b>Type (Select one):</b> <input type="checkbox"/> Irrevocable Trust <input type="checkbox"/> Revocable Trust <input type="checkbox"/> Trust under Insured's Will ( <b>Skip to next beneficiary</b> ) <input type="checkbox"/> Estate of Insured ( <b>Skip to next beneficiary</b> ) <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: _____		



Policy number(s): \_\_\_\_\_

## **F** Disclosures ::

If the Insured's name has changed, 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.
- When the Owner of the contract is not the Insured and the Owner is not the Beneficiary, there may be unintended income and gift tax consequences. The Owner should seek advice from personal legal or tax advisors.

**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.

### **Qualified Plans as Owners:**

- If the Policy is owned by a Qualified Plan, the Plan will be designated as the sole Owner and Beneficiary of the Policy and be subject to all terms and conditions set forth in the Policy.
- The Company shall not be responsible for administration of the Plan with respect to its ownership of the Policy, including, by way of example, tax withholding and reporting on any Plan distributions. The Company's responsibility will be limited solely to the administration of the terms of the Policy.
- Any distributions from the Policy will be made payable to the Plan as the Owner.

The Company recommends consulting with appropriate legal and tax advisors to understand all implications of an ownership transfer to a Qualified Plan.

**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 referred to as Invoice, Franchise, List Bill, and APM Billing.

**Beneficiary.** Unless otherwise requested, proceeds shall be paid equally and in one sum as follows:

- If there is no living or existing Beneficiary, the proceeds will be paid to the Owner or the Owner's estate.
- If there is no living or existing Beneficiary, and the Owner is an entity, the proceeds will be paid to the entity.
- For survivorship policies, if both Insureds are Owners and there is no living or existing beneficiary, the proceeds will be paid to the estate of the last to die of the Insureds.
- If distribution amounts/percentages are designated, and a Beneficiary predeceases the Insured, no longer exists or is no longer entitled to payment, that amount/percentage will be distributed to the surviving Beneficiaries in that class as per the ratio designated.
- If dollar amounts are designated, and the proceeds at the death of the Insured are greater or less than the total amount designated, then the proceeds payable to each Beneficiary will be adjusted so that the relative ratio between and among the Beneficiaries remains the same.
- If a revocable trust is the Owner, and the trust is not in effect at the death of the Insured, and there is no living or existing Beneficiary, the proceeds shall be paid to the designated grantor(s) equally, otherwise to the estate of whichever said grantors is the last to die.
- If a Trust under the Insured's Will is designated, then proceeds will be paid only if the Will is probated and if there is a trust in effect.
- If a corporation or a corporate entity is designated, such designation shall include the successors or assigns.

If "Issue per stirpes" is elected and a beneficiary dies before the Insured, any amount that would have been paid to that beneficiary, will be paid in one sum and in equal shares to the surviving children of that beneficiary, if any, before any other contingent beneficiary.

If "Issue per stirpes" is not elected and a beneficiary dies before the Insured, any amount that would have been paid to that beneficiary, will be paid in equal shares to the surviving primary beneficiaries, if any.

