

Use this form to change the Beneficiary on an existing MassMutual policy. See section D – Disclosures for exceptions. Any existing automatic programs on the Policy will remain unchanged unless otherwise requested. For all beneficiaries within a class, the sum of the designated percentages must equal 100%. If the distribution is blank, the death benefit will be divided equally between all beneficiaries within that class. To name additional beneficiaries, copy pages three or four as applicable. To name a funeral home as beneficiary, refer to section F - Submission Instructions and contact Customer Service for your product. Be sure to submit all pages of this form to ensure accurate processing.

A Policy Information

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

Owner Information

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

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 the submitted FR2265, regardless of signatures.

B 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 section C – Entity Beneficiary Information on page four.

- 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:

Policy number(s): _____

B Individual Beneficiary Information *continued*

2. Beneficiary arrangement (Complete one row per individual beneficiary. If percentages are designated, the total under each class must equal 100%.)

1	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	Full legal name: _____ First MI Last Suffix	
Date of birth (mm/dd/yyyy): _____		
Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN		
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"/> Mobile		
Email address: _____		
Relationship to Insured: _____		

2	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	Full legal name: _____ First MI Last Suffix	
Date of birth (mm/dd/yyyy): _____		
Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN		
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"/> Mobile		
Email address: _____		
Relationship to Insured: _____		

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Policy number(s): _____

B Individual Beneficiary Information *continued*

(Continued from previous page)

3	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	Full legal name: _____ First MI Last Suffix	
	Date of birth (mm/dd/yyyy): _____	
	Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN	
	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"/> Mobile	
	Email address: _____	
Relationship to Insured: _____		

4	Class (Select one): <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	Distribution (Select one): <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (Specify): _____ % Issue per stirpes? <input type="checkbox"/> Yes <input type="checkbox"/> No (Default)
	Full legal name: _____ First MI Last Suffix	
	Date of birth (mm/dd/yyyy): _____	
	Taxpayer Identification Number: _____ <input type="checkbox"/> SSN <input type="checkbox"/> ITIN	
	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"/> Mobile	
	Email address: _____	
Relationship to Insured: _____		

Policy number(s): _____

C 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 section B – Individual Beneficiary Information on the previous pages. 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.

1	<p>Class (Select one):</p> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	<p>Distribution (Select one):</p> <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (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>Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile</p> <p>Email address: _____</p>	

2	<p>Class (Select one):</p> <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary	<p>Distribution (Select one):</p> <input type="checkbox"/> Equal shares (Default) <input type="checkbox"/> Specific percentage (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>Phone number: _____ <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile</p> <p>Email address: _____</p>	

Policy number(s): _____

D Disclosures ::

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 beneficiary, there may be unintended income and gift tax consequences. The Owner should seek advice from personal legal or tax advisors.

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 percentages are designated, and a beneficiary predeceases the Insured, no longer exists or is no longer entitled to payment, that percentage will be distributed to the surviving beneficiaries in that class as per the ratio designated.
- 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.

E Agreements & Signatures ::

I, the undersigned, have read all statements and answers and agree that the information provided is true, complete, and correctly recorded to the best of my knowledge and belief. I hereby consent to the beneficiary arrangement as indicated on this form.

▶ Signature of Owner: _____
 Printed name: _____ Date: _____
 Title (If applicable): _____
 Printed name of Corporation/Partnership/Trust (If applicable): _____

▶ Signature of Additional Owner or former spouse (If applicable): _____
 Printed name: _____ Date: _____
 Title (If applicable): _____
 Printed name of Corporation/Partnership/Trust (If applicable): _____

Witness (A witness, age 18 or older, must sign when the Owner resides in Massachusetts; all signature dates must match)

I, the undersigned, am a disinterested party (i.e. anyone other than the Owner, Insured or Beneficiary) and have witnessed the above signature(s).

▶ Signature of Witness: _____
 Printed name: _____ Date: _____



Policy number(s): _____

F Submission Instructions ::

For more information or general questions, use the resources below. For additional information regarding the Policy, visit www.MassMutual.com. Once you have reviewed and completed the form, return all pages for processing. We will only accept responsibility for forms that are submitted as indicated below.

Life		
<p>Phone: 1-800-272-2216 Monday through Friday, 8 a.m. – 8 p.m. Eastern Time</p>	<p>Mail: MassMutual Attention: Life Hub 1295 State Street Springfield, MA 01111-0001</p>	<p>Email: lifefax@MassMutual.com</p> <p>Fax: Attention: Life Hub 1-866-329-4527 <i>Retain this original and the fax machine confirmation statement for your files.</i></p>
Executive Group Life (EGL) Worksite Insurance		
<p>Phone: 1-800-548-0073 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time</p>	<p>Mail: MassMutual PO Box 2488 Springfield, MA 01101-2488</p>	<p>Email: LcMclientservices@MassMutual.com</p> <p>Fax: 1-860-562-6154 <i>Retain this original and the fax machine confirmation statement for your files.</i></p>
Institutional Insurance		
<p>Phone: 1-800-665-2654 Monday through Friday, 8 a.m. – 5 p.m. Eastern Time</p>	<p>Mail: MassMutual PO Box 2488 Springfield, MA 01101-2488</p>	<p>Email: LcMclientservices@MassMutual.com</p> <p>Fax: 1-860-562-6154 <i>Retain this original and the fax machine confirmation statement for your files.</i></p>