

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%. If dollar amounts are designated, the total under each class should equal the Face Amount of the Policy.):

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): \$ _____ 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"/> Cell	
Email address: _____	
Relationship to Insured: _____	

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): \$ _____ 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"/> Cell	
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/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): \$ _____ 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"/> Cell		
Email address: _____		
Relationship to Insured: _____		

4	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): \$ _____ 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"/> Cell		
Email address: _____		
Relationship to Insured: _____		

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 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.

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): _____ Sole Officer
 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: _____



