MassMutual

Joint Owner Transaction Authorization

Use this form with Jointly Owned contracts to authorize Owners to act individually, on behalf of both Owners, to perform investment/allocation requests and changes to Optional Programs. This form does not authorize an Owner to act individually to make any changes to your contract other than the ones referenced below. MassMutual and C.M. Life will be referred to herein as the "Company".

A Contract Information

1. Contract number(s): _____
2. Owner full legal name *(First, MI, Last, Suffix):* _____
3. Owner phone number: (____) _____ - _____ Extension: _____ ☐ Home ☐ Work ☐ Mobile
4. Joint Owner full legal name *(First, MI, Last, Suffix):* _____
5. Joint Owner phone number: (____) _____ - _____ Extension: _____ ☐ Home ☐ Work ☐ Mobile

B Agreements & Signatures

I hereby authorize the Company to accept instructions from either Owner named above, to act individually, in order to make the following changes:

- Transfers between sub-accounts and fixed accounts available with a variable annuity product or index accounts and fixed accounts available with a fixed index annuity product.
- Changes in future allocation instructions for additional Purchase Payments,
- Establish or making changes to the following:
  - Dollar Cost Averaging (DCA) Fixed Account
  - Automatic Rebalancing Program
  - Separate Account Dollar Cost Averaging (DCA) Program
  - Interest Sweep Option
  - Automatic Investment Program (AIP) and
- Changes to Systematic Withdrawal Program (SWP) *(other than those intended to comply with Internal Revenue Code 72(t)/72(q)).*

This authorization is in effect for the life of the contract(s) listed or until either Owner is removed from the contract(s). This Transaction Authorization may be canceled by either Owner by calling the Service Center or by providing written authorization. The Company will confirm all transactions in writing.

The Company is not liable for any loss, cost or expense for action on instructions which are believed to be genuine in accordance with these procedures. The Owner(s) is responsible for and bears the consequences of their instructions and other actions, including any limits on transfers. I understand that the Company reserves the right, in its sole discretion, to revoke this authorization at any time.

▶ Signature of Owner: _____

Printed name: _____ Date: _____

Title *(If applicable):* _____

▶ Signature of Joint Owner: _____

Printed name: _____ Date: _____

C Submission Instructions

For more information or general questions, use the resources below. Once you have reviewed and completed the form, return it for processing. We will only accept responsibility for forms that are submitted as indicated below.

Phone: (866) 645-2362 Monday through Friday, 7 a.m. – 7 p.m. Central Time **Fax:** (785) 286-6106	**Mail:** MassMutual PO Box 758511 Topeka, KS 66675-8550 **Email:** MassMutual.Services@se2.com	**Overnight Mail:** MassMutual Mail Zone 511 5801 SW 6th Ave Topeka, KS 66636-0001

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.